

IN-CAMERA SESSION

	ITEM	BY WHOM	TYPE	ACTION	TIME
	Discipline Committee training	B. Ellis	Presentation	Information	9:00 am

END OF IN-CAMERA SESSION

Council Meeting Agenda

Date and Time: June 26-27, 2017 at 11:15 a.m.

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

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

	ITEM	BY WHOM	TYPE	ACTION	TIME
1	Call to Order, Roll Call	M. P. Moore	Verbal		11:15 am
2	Conflict of Interest	M. P. Moore	Verbal	Decision	
3	Approval of Agenda	M. P. Moore	Verbal	Decision	
4	Approval of Minutes	M. P. Moore	Verbal	Decision	
5	<p align="center">Action Items from the March 27, 2017 Meeting</p> <ul style="list-style-type: none"> • Staff to review the posting of exam results on the website and provide relevant context and disclaimer for use of the data - Complete • Staff to consider outreach to faculty along with students during university visits • Cara Moroney to amend the definition of Support Personnel in the clinical supervision standard- Complete • Staff to present annual historical registration counts to Council for general and inactive classes- Complete 				11:20 am
6	CNO Governance Presentation	K. McCarthy	Presentation	Information	11:25 am
LUNCH					12:30 pm
7	Audited Financial Statements and Annual Report	Crowe Soberman/ C. McCleave	Document	Decision	2:00 pm
8	Executive Committee/President's Report	M. P. Moore	Verbal	Information	2:45 pm
9	Registrar's Report <ul style="list-style-type: none"> • Bill 87 • FHRCO 	B. Kritzer	Verbal	Information	3:00 pm

10	Reports Discussion a. Finance and Planning Committee - Q1 Interim Finance - Q1 Business Plan - Financial policies b. Registration Committee c. Inquiries, Complaints and Reports d. Discipline Committee e. Quality Assurance f. Patient Relations	M. P. Moore	Document	Information/ Decision	3:45 pm
ADJOURNMENT					4:15

DAY 2					
1	Call to Order, Roll Call	M. P. Moore	Verbal		9:00 am
2	Supervision and Education Practice Standard- Feedback	C. Moroney	Document	Decision	9:15
3	Alternative Dispute Resolution Policy	C. Moroney	Document	Decision	9:45
BREAK					10:15
4	Draft Specialties Assessment Framework	B. Kritzer	Document	Decision	10:30
5	Registration policies	U. Ifesi	Document	Decision	11:00
IN-CAMERA SESSION					
6	Registrar's Performance Review	M. P. Moore	Document	Information	11:30
END OF IN-CAMERA SESSION					
LUNCH					12:00 pm
7	Sexual Abuse Principles	C. Moroney	Document	Decision	1:00 pm
8	Fast tracking of sexual abuse complaints policy	C. Moroney	Document	Decision	1:15
9	Revisions to Mandatory Reporting Guideline	C. Moroney	Document	Decision	1:45
ADJOURNMENT					2:15

College of Kinesiologists of Ontario Council Meeting Minutes	
Date/Time of Meeting	Monday, March 27, 2017 at 9:10 a.m.
Chair	Steve Anderson
Timekeeper	Steve Anderson
Note taker	Zeina Yusuf
Present	Steve Anderson, Daniel Crete, Kalen Johnson, Fergal O'Hagan, Alexander Stephen, Graydon Raymer, Marilynn Bartlett, Ken Alger, Elwin Lau, Michelle Young, Michelle Meghie, Jennifer Pereira, Chad McCleave, Lori-Anne Beckford, Samantha Eyles (teleconference)
Regrets	Mary Pat Moore, Nicole DiFilippo, Gennady Vaserbakh
Staff in Attendance/ Guests	Staff: Brenda Kritzer, Lara Thacker, Cara Moroney, Ugie Ifesi, Magdalena Reder, Ryan Pestana, Zeina Yusuf Guests: Deanna Rudiak from CG Group, Stuart Moulton via teleconference from Ontario Kinesiology Association (OKA), Zoe Soper from the Ministry of Health and Long-term Care from 10:30 a.m. to 11:30 a.m.
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.
Conflict of Interest	None declared.
Approval of Agenda	UPON A MOTION duly made by Ken Alger and seconded by Lori-Anne Beckford, it was resolved that the agenda be approved. CARRIED.
Approval of Minutes	UPON A MOTION duly made by Fergal O'Hagan and seconded by Marilynn Bartlett, it was resolved that the Minutes of December 5, 2016 be approved. CARRIED.
	<p style="text-align: center;">Quality Assurance Program Policy Revisions</p> <p>Lara Thacker, Director, Quality Assurance and Kalen Johnson, Chair, Quality Assurance Committee presented on upcoming changes to the QA program.</p> <p>Continuing Professional Development: Prescribed Learning Module policy</p> <p>Council was presented with a draft policy on prescribed learning modules. Lara noted that the College is taking proactive measures to address its growing membership and pending legislative changes. The policy directs all members in the General Class to complete prescribed learning modules as part of their continuing professional development. Aggregate data from the modules will be used to identify practice areas in which members need further guidance.</p> <p>Steve presented a motion to approve the policy as circulated.</p> <p>MOTION</p> <p>Whereas the College is required under the <i>Regulated Health Professions Act</i>,</p>

1991, to have in place a Quality Assurance Program to help the College achieve its mandate of ensuring that the public of Ontario receives competent, safe and ethical kinesiology services; and

Whereas the peer and practice assessment is a legislated component of the Quality Assurance Program; and

Whereas the College views this as support for members and the public, and a priority for the College; and

Whereas the Peer and Practice Assessment: General Requirements Policy currently states Peer and Practice assessment will initially assess up to 1% of members annually; and

Whereas the Quality Assurance Committee has recommended increasing the scale of operations of this program component to the extent possible to proactively enhance individual members' competence and the performance of the profession as a whole;

Therefore, be it resolved that Council approves the recommended amendment to the Peer and Practice Assessment General Requirements Policy Statement: Assessing members' knowledge, skill and judgment is a priority for the College. The peer and practice assessment process is one of the key ways the College protects the public by ensuring that members are delivering competent, safe and ethical services. Each year, the College shall select General Class members to undergo peer and practice assessment.

Moved by Michelle Meghie and seconded by Ken Alger. CARRIED.

Peer and Practice Assessment (PPA) Policy Amendment

Lara and Kalen noted the success and efficacy of the PPA component. Members' and assessors' feedback, along with the data gathered from assessments has indicated that the program works well in identifying competency gaps and providing necessary practice support to members. As such, the policy revision proposes that the percentage cap of members randomly selected to participate in a PPA annually be removed to allow for more flexibility. Based on annual resources, the College will determine how many assessments will occur in each cycle.

Steve asked Council to approve the policy amendment as circulated.

MOTION

Whereas the College is required under the *Regulated Health Professions Act, 1991*, to have in place a Quality Assurance Program to help the College achieve its mandate of ensuring that the public of Ontario receives competent, safe and ethical kinesiology services; and

Whereas continuing professional development is a legislated component of the Quality Assurance Program; and

Whereas the Continuing Professional Development: General Requirements

	<p>Policy addresses continuing professional development which is self-directed; and</p> <p>Whereas the College will issue prescribed learning modules designed to introduce important general practice issues/topics, help members understand the fundamental concepts, and guide them in integrating the new knowledge into their practice;</p> <p>Therefore, be it resolved that Council approves the recommended amendment to the Continuing Professional Development: Prescribed Learning Modules Policy.</p> <p>Moved by Daniel Crete and seconded by Fergal O’Hagan. CARRIED.</p>
	<p style="text-align: center;">Executive Committee Report</p> <p>Steve Anderson, Vice-President, presented the Committee’s report on behalf of President, Mary Pat Moore.</p> <p>The Committee met in January to approve the engagement of an expert consultant to evaluate the education of specific applicants who applied through grandparenting and to conduct a review of the College’s Specialties Assessment Framework, and a draft proposal submitted by OATA for specialties authorization.</p> <p>A meeting was held in January with professional associations, including Ontario Kinesiology Association, the Association of Registered Kinesiologists of Ontario, the Ontario Athletic Therapist Association, and the Canadian Society for Exercise Physiology. Items discussed included recommendations from the Sexual Abuse Task Force (SATF) report and the pending legislative changes. The group discussed ways to educate and inform members on the upcoming changes.</p> <p>In December, the CKO - Universities Liaison Committee held its annual meeting. The Committee discussed the SATF report recommendations and how their respective institutions can incorporate topics on professional boundaries into the curriculum. The Committee agreed to have the College post examination results by institution on its website. Council suggested that some context should precede the results to provide clarity to students. It was recommended to include a disclaimer statement on the use of results and include an additional link on another page of the website for easy access. In addition, the College informed members of the Committee that examination results by institution will be posted on the College’s website.</p>
	<p style="text-align: center;">Briefing on Bill 87</p> <p>Cara Moroney, Director, Professional Conduct, presented on Bill 87, <i>Protecting Patients Act</i>.</p> <p>The significant section of Bill 87, an omnibus bill, is the government’s response to the SATF report and the need for transparency. The amendments pertain to reducing and eliminating sexual abuse by healthcare professionals, enhancing transparency and increasing ministerial powers.</p>

	<p>Cara noted where the College is taking proactive steps in response to this Bill. College standards, guidelines and the Jurisprudence e-Learning Module will be amended to reflect changes with regard to: offences leading to mandatory revocation, new mandatory self-reporting obligations, increased fines for failing to make a mandatory report and revised definition of patient. The College contributes annually to its Abuse Therapy reserve fund should a sexual abuse complaint arise. AS well, by law changes have already been implemented greatly increasing transparency regarding member information that would be relevant to public protection.</p> <p>The Bill affects the function of certain Committees, including adding prescribed functions of the Patient Relations Committee, instructing certain orders made by the Discipline Committee, and enabling earlier suspensions through the ICRC. Committee composition may also be mandated by the government.</p>
	<p style="text-align: center;">Registrar’s Report</p> <p>Brenda Kritzer, Registrar, reported on College activities in this quarter.</p> <p>The College has concluded its annual universities tour where staff present to students on the application process and self-regulation. Feedback from these presentations has been increasingly positive. Council suggested that during university visits, the College should consider meeting with faculty to increase their awareness and understanding of the College’s role.</p> <p>Brenda noted that the College is frequently contacted to share resources on risk management and Council effectiveness. She reported that she and Vice-President Steve Anderson will be conducting presentations at two regulatory colleges on the College’s Council Effectiveness Review Framework.</p>
	<p style="text-align: center;">Patient Relations Report</p> <p>Cara Moroney presented proposed amendments to the Clinical Supervision Standard.</p> <p>It was noted that as the standard was first approved prior to proclamation, there had been no opportunity for the membership to provide input. The standard is being renamed for clarity to Supervision & Education of Students and Support Personnel. A new section was added around kinesiologists’ responsibility to ensure support personnel maintain appropriate boundaries with clients. This addition is driven heavily by concerns set out in the SATF report.</p> <p>Council suggested that the definition of support personnel should clearly state “kinesiologist” instead of regulated health professional.</p> <p>Steve made a motion to approve for public circulation and comment the revised practice standard to the membership and stakeholders for a period of 60 days.</p> <p>Moved by Kalen Johnson and seconded by Jennifer Pereira.</p>
	<p style="text-align: center;">Finance and planning</p> <p>Chad McCleave, Chair, Finance and Planning Committee reported on the</p>

Committee's first meeting in March.

Appointment of Auditor

After receiving proposals from auditing firms, the College recommended that Crowe Soberman be retained for the 2016-2017 audit. The Committee recommended that next year the College procure a vendor to sign a three year agreement so that further cost-savings may be realized.

Chad presented a motion to approve Crowe Soberman as auditor for this fiscal year.

MOTION

Whereas, the College is required annually to provide audited Financial Statements to the Council and to the Minister of Health and Long -Term Care; and

Whereas, from time to time the Registrar will require advice on accounting and bookkeeping matters to ensure that College practices are consistent with other health regulatory bodies and carried out with due diligence and to meet both provincial and federal (CRA) government requirements; and

Whereas, the College practises due diligence by, from time to time, undertaking competitive procurement of services; and

Whereas, proposals were sought from six audit firms, to enable the College to ascertain whether it is receiving value for money in its purchase of audit services; and

Whereas, the College has determined through evaluation of proposals received that its current auditor, Crowe Soberman is competitively priced and offers the additional benefits of being familiar with the College, and has a record of good service to the College; and

Whereas, the College originally selected Crowe Soberman through a competitive procurement process and has been fully satisfied as part of the College's due diligence in ensuring value for money, services provided, timeliness, thoroughness and quality of services; and

Whereas, the College has recommended that Council re-appoint Crowe Soberman as the auditor for 2016-17;

Therefore, be it resolved that Crowe Soberman is appointed as the auditor for the College of Kinesiologists of Ontario for the period of April 1, 2016 through to and including March 31, 2017.

Moved by AJ Stephen and seconded by Michelle Meghie.

Budget 2017-2018

Chad presented the 2017-2018 budget for Council's approval. It was noted that

registration fee revenue projections for the next year were based on a 3%-4% growth in membership.

Chad McCleave noted increased expenses under Office and General (bank charges and professional development), Registration and Quality Assurance costs. The Committee recommended competitive procurement to reduce the cost of bank charges in the coming fiscal year. Additionally, the College seeks to continue investment into staff's professional development through attendance at regulatory conferences.

Costs under registration will see an increase due to work being done to the member database. Quality assurance costs will increase as the Peer and Practice Assessment program becomes a priority for QA.

Chad reviewed contributions made to the College's reserve funds to date and noted a \$20,000 allocation to the abuse therapy restricted fund in this fiscal year.

Operational Plan 2017-2018

Brenda Kritzer provided a briefing on the draft Operational Plan for 2017-2018. The plan outlines how the College will address strategic initiatives in the coming year.

The focus will primarily be to increase communication with employers and members on the value of registration. Additionally, the College will focus its efforts on building and revising practice resources for its members' professional development. Some operational priorities include revisions to content and design of the application and renewal forms as well as the public register.

The Finance and Planning Committee suggested the plan should incorporate a weighting system for each project to indicate priorities.

Chad presented a motion for Council to approve the budget and operational plan for 2017-2018.

MOTION

Whereas Council and Planning and Finance Committee have reviewed the Budget and Business Plan presented by the Registrar and considered whether provision has been made to meet the requirements of the College during the Fiscal year 2017-18; and

Whereas Council plans to continue with operations in a responsible 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 Budget and Business Plan as presented.

	<p>Therefore, be it resolved that Council approve the budget and business plan for 2017-2018.</p> <p>Moved by Michelle Meghie and seconded by Fergal O’Hagan. CARRIED</p>
	<p style="text-align: center;">Reports Discussion</p> <p>Council was provided with written reports from the following Committees: Registration, Quality Assurance, Discipline, Inquiries, Complaints and Reports (ICRC) and Patient Relations. Steve asked if Council had any concerns or clarifications relating to these reports.</p> <p>Lori-Anne Beckford asked that Council be presented with historical data on registration counts for the Active and Inactive classes to indicate the rate of membership growth.</p> <p>Q4 Interim Finance Report</p> <p>Steve presented a motion for Council to accept the Q4 interim financial and business plan update.</p> <p>Moved by Chad McCleave and seconded by Fergal O’Hagan. CARRIED.</p>
	<p style="text-align: center;">Public register by-law amendment</p> <p>In September 2016, the College proposed to delete a clause in the By-Laws requiring registration numbers to be posted on the public register. This was one measure to reduce the risk of fraudulent billing.</p> <p>Council approved a 60 day circulation of this proposal. Feedback indicated members were in favour of removing the numbers from the register and that registration numbers should not be readily available to the public and other healthcare professionals.</p> <p>Steve presented a motion to approve the removal of clause (iv) requiring that members’ registration numbers be posted on the register from By-law 21.06 (2).</p> <p>Moved by Ken Alger and Marilyn Bartlett. CARRIED.</p>
	<p style="text-align: center;">2017 Council Elections</p> <p>Steve noted that elections will be held on July 11-18 for Districts 2, 3 and 4. Daniel Crete, from District 2 indicated his interest in running again for Council and Fergal O’Hagan, from District 3 indicated that he would not be running again. Steve presented the following motion.</p> <p>MOTION</p> <p>Whereas the College is required under By-Law 10.06 to hold an election of members to Council in 2017 for the Council members from District 2 and District 3, and one Council member from District 4; and</p> <p>Whereas the Council is required under By-Law 10.07 to direct the Registrar to</p>

	<p>set the date for elections; and</p> <p>Whereas the Registrar has proposed the dates of election as July 11-18, 2017 to ensure consistency with the time period established for previous elections, and to allow kinesiologists ample time to vote;</p> <p>Therefore, be it resolved that Council directs the Registrar to publish immediately July 11-18, 2017 as the election dates in districts 2, 3 and 4.</p> <p>Moved by Kalen Johnson and seconded by Lori-Anne Beckford. CARRIED.</p>
	<p style="text-align: center;">Council Self-Evaluation</p> <p>Steve reminded Councillors that the Council self-evaluation is conducted every two years and was completed last year. The review covers the evaluation of Council as a whole and the President’s performance. The survey is conducted online using a confidential form and results are discussed at an in-camera meeting of Council. It was noted that this is the “off -year” and Council agreed that the Self Evaluation would be conducted in 2018.</p> <p>College staff will review the survey prior to distribution in 2018 to ensure relevant questions are covered and that ample space is provided for comments.</p>
	<p style="text-align: center;">Action Items</p> <ul style="list-style-type: none"> • Staff to review the posting of exam results on the website and provide relevant context and disclaimer for use of the data • Staff to consider outreach to faculty along with students during university visits. • Cara to amend the definition of Support Personnel in the clinical supervision standard. • Staff to present annual historical registration counts to Council for general and inactive classes.
Adjournment	Meeting adjourned at 2:30 p.m.

Vision 2020

Modernizing the College of Nurses of Ontario's Governance

College of Kinesiologists of Ontario

June 26, 2017

A close-up photograph of a person's hand holding a white rectangular sign. The sign has the text "VISION 2020" printed on it. "VISION" is in black, and "2020" is in red. The background is dark and out of focus. In the top left corner of the overall image, there are two vertical bars, one blue and one green. In the bottom right corner, there is a logo for CNO OTTO.

VISION 2020

We live in a moment in history where change is so speeded up that ...

we begin to see the present only when it is already disappearing.

R.D. Laing



Regulation

in the spotlight

thestar.com

News · Canada

Bad teachers: Ontario's secret list

A Star investigation finds the Ontario College of Teachers, the teachers' union, shields bad teachers from public scrutiny.



thestar.com

Opinion · Editorials

Police must improve transparency: Editorial

Public reporting is worthless if it's used to communicate only good news and positive

Opinion · Readers' Letters

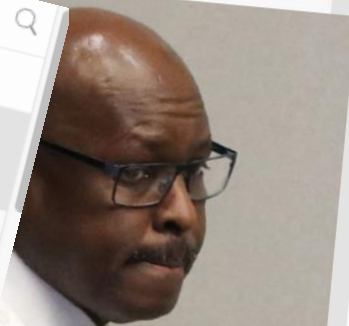
thestar.com

Toughen discipline in sex abuse of patients

Mon., Feb. 27, 2017



Re: Can a doctor



TRUST



Regulatory reform





**We oversee regulators to help
protect patients, service users
and the public**

Closer to home





Bill 87- Protecting Patients Act

Think

**of “regulation in the spotlight” from
your perspective.**



Governance in the public interest



Leading

in regulatory governance

Evelyn Kerr, RN, Chair



Don McCreesh



Rob Lapper



Ella Ferris, RN



Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with the following principles:

Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions
- We have a paramount responsibility to the public interest

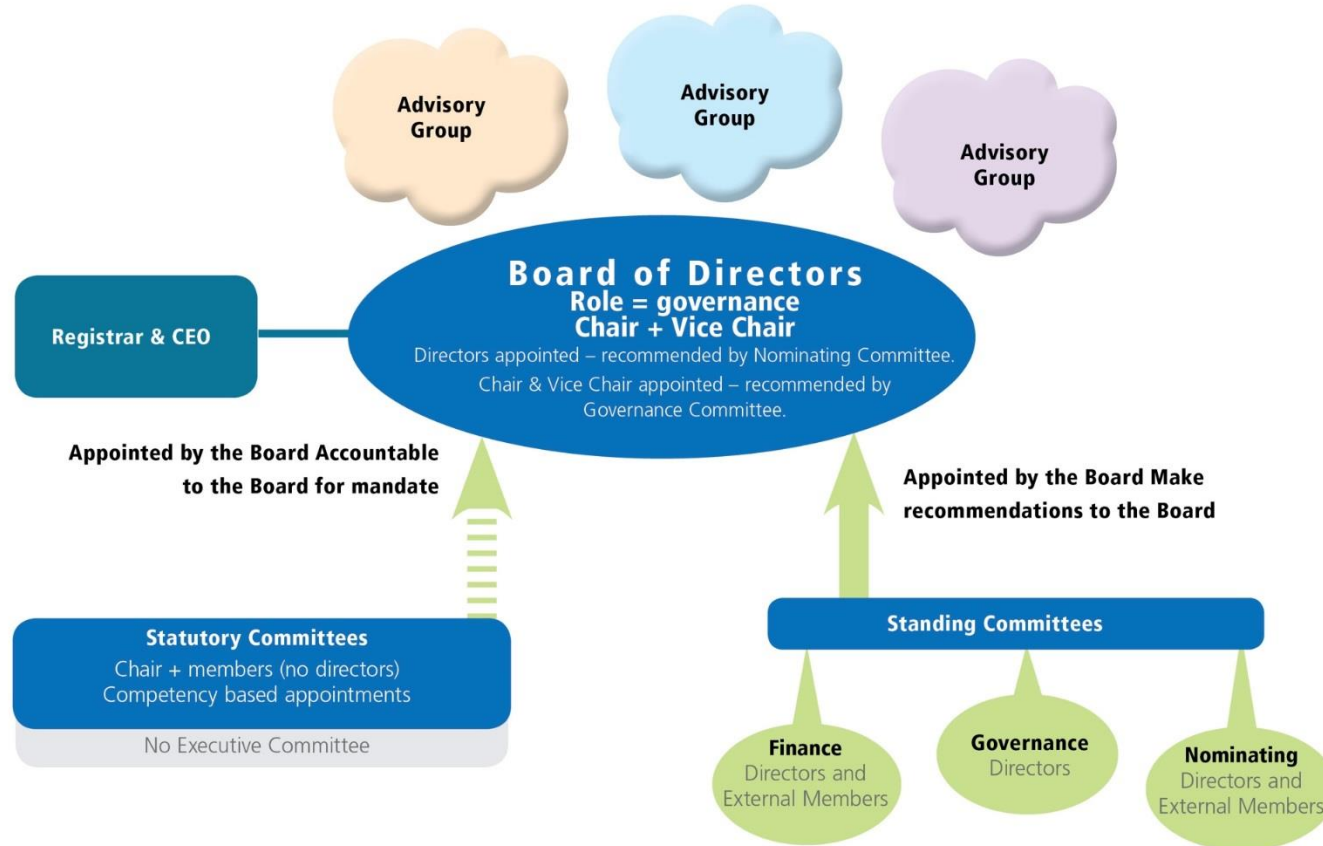


Self

assessment



Governance Model



FOUNDATION

Public Interest
Mandate

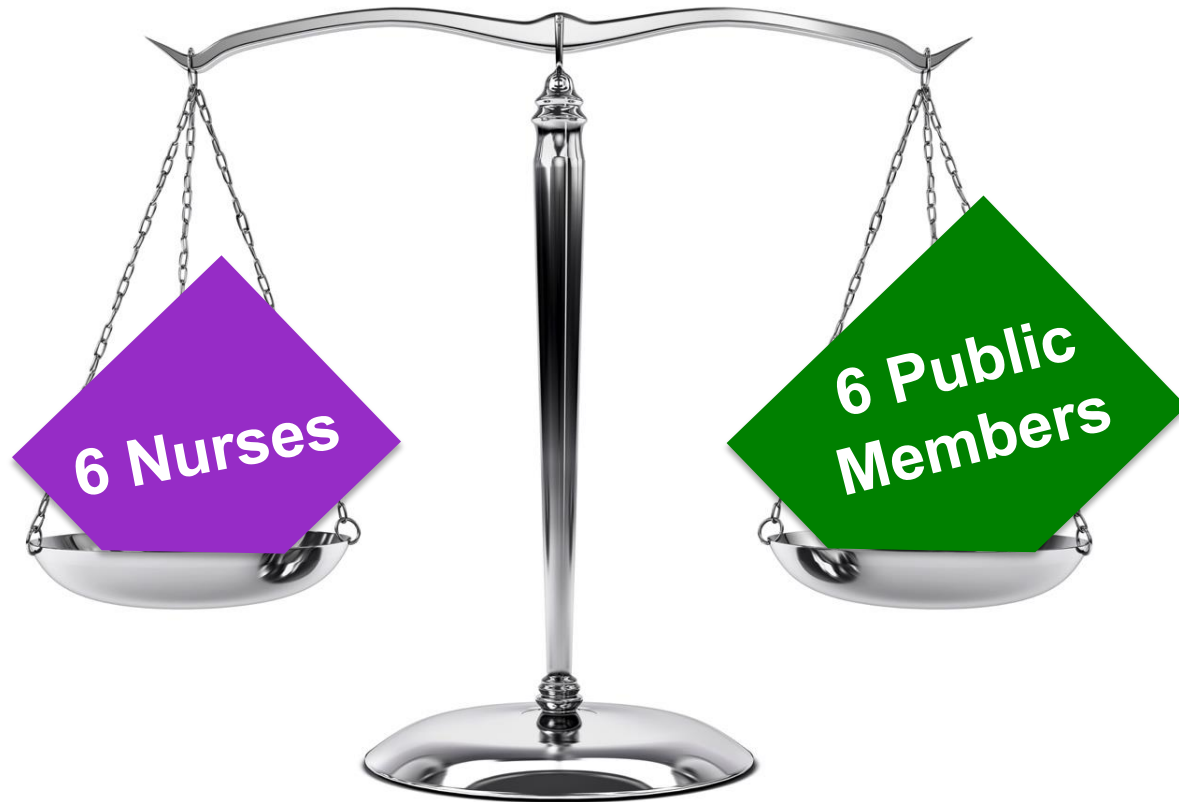
Governance
Principles

Evidence
Informed

Continuous
Improvement



Equal Numbers



Directors will be *appointed* to the Board based on competencies.



No more election.

Vision 2020



Diverse perspectives

Governance:

The Board and Committees

unique role

accountabilities

competencies



Eliminate

need for Executive Committee

Board of Directors **Role = governance** **Chair + Vice Chair**

Directors appointed – recommended by Nominating Committee.

Chair & Vice Chair appointed – recommended by
Governance Committee.

3 Standing Committees

Finance

Directors and
External Members

Governance

Directors

Nominating

Directors and
External Members



**Promoting
ongoing learning
and development**

**Evaluation is
also a best
practice**

every three years



Implementation



References

Governance Literature Review, available at: cno.org/council

Governance as Leadership: Reframing the Work of Nonprofit Boards
Richard P. Chait; William P. Ryan; Barbara E. Taylor



Reflect

on the model.

Identify key challenges moving forward, and possible solutions for managing the challenge.



The End

Questions + Advice



**COLLEGE OF
KINESIOLOGISTS
OF ONTARIO**



2016/2017 Annual Report

Table of Contents

President and Registrar’s Message	3
2016/2017 Highlights	5
College Council and Staff	6
Registration Committee Report.....	8
Membership Statistics	10
Quality Assurance Committee Report.....	14
Professional Conduct.....	16
Patient Relations Committee	18
Finance and Planning	19

President and Registrar's Message

We are pleased to present the College's achievements and successes from a busy but rewarding year. As we move forward in the coming years, we expect to see significant changes for health profession regulators. Some of this change we have been preparing for and in 2016/2017 we entered the second year of our three year strategic plan. The creation of a strategic plan in 2015 was an important milestone in the College's growth. It allowed us to better focus our work on continuing to help the public receive high-quality, patient/client-centred kinesiology services.

Transparency has always been a core value of this College. Making it one of our strategic priorities allowed us to critically examine steps needed to increase transparency and build public confidence. The College developed by-laws that came into effect on July 1, 2016 that make more information available about kinesiologists, such as criminal charges. To further increase transparency, we began posting Council meeting materials to our website in December 2016. We continue to look for ways to improve the quality and relevance of information we make available about kinesiologists and our processes.

Another priority for the College has been enhancing professionalism of kinesiologists. Concerns from the Ontario government raised the prevention of sexual abuse to a level of urgency and while we have had no sexual abuse complaints to-date, the College is committed to doing everything reasonably possible to keep patients/clients safe. As we work through the third year of our strategic plan, the College will be devoting even more resources to advancement of professionalism among kinesiologists with expanded peer and practice assessments and new training initiatives. The College firmly believes that these types of investments serve the public interest.

We also endeavour to engage the academic institutions providing kinesiology and related degree programs through the annual meeting of the CKO-Universities Liaison Committee. We are encouraged when noting that some institutions have responded with course offerings in ethics and professionalism, and new practical experiences for students considering careers in healthcare.

Finally, we continued efforts to educate the public on the role kinesiologists play in the healthcare system and how the College protects their interests. We created two new videos to explain the practice of kinesiology and how the public can find a kinesiologist. These videos were distributed via social media so that we could reach as wide an audience as possible. So far these two videos have garnered over 10,000 views. We also began a successful brochure campaign in doctors' offices and diabetes clinics across the province. The brochure explains in plain language what kinesiologists do and where they work, and what regulation means to the public. To date, over 21,000 brochures have been picked-up. In response to this level of interest and success, we are developing a new brochure for release and finding new ways of reaching the public with our story.

As we enter the final year of our strategic plan we will continue seeking innovative ways to increase public confidence and efficiency. We will develop new plans and strategies to respond to legislative changes, and will work with other colleges to achieve greater consistency and modernization of health profession regulation in Ontario. To our Council members, staff and volunteers, thank you for

your tireless efforts and dedication, and to kinesiologists, thank you for your continued confidence, support and involvement.

Mary Pat Moore, President

Brenda Kritzer, Registrar and CEO

2016/2017 Highlights

- The College developed and published the *Practice Guideline- Treating Family Members and Other Close Personal Relations*. The document provides guidance to kinesiologists on things to consider should they choose to treat a family member or someone they share a close personal relationship.
- By-laws related to the posting of the following information about kinesiologists took effect July 2016:
 - All findings of guilt made under the Criminal Code of Canada and the *Controlled Drugs and Substances Act, 1996*;
 - All charges laid under the Criminal Code of Canada and the *Controlled Drugs and Substances Act, 1996*;
 - Any restrictions that may limit a kinesiologist's ability to practise (i.e. bail conditions);
 - Any findings of incapacity, incompetence or professional misconduct from another regulated profession in any jurisdiction;
 - More information about a referral to the College's Discipline Committee and the status of the hearing; and
 - Outcomes from the Inquiries, Complaints and Reports Committee, including:
 - When a kinesiologist is required to appear before the Committee to be cautioned (cautions-in-person)
 - If a kinesiologist is directed to complete a specified continuing education and remediation program (SCERP)
- Focus groups were conducted with kinesiologists and stakeholders to help develop content for a sexual abuse prevention e-learning module.
- Council established the Planning and Finance Committee. The Committee provides guidance and advice on financial and planning matters to ensure the College meets its strategic goals.
- The College increased public protection efforts by more than doubling the number of kinesiologists who will be selected annually for a peer and practice assessment.
- Council approved the Prescribed Learning Modules Policy, which requires kinesiologists in the General Class to complete certain modules as part of the Quality Assurance Program.
- An Ethics and Professionalism e-Learning Module was developed. This mandatory training module is designed to help kinesiologists better understand how to apply the College's Code of Ethics in daily practice and the process of making ethical decisions.

College Council and Staff

Council

Mary Pat Moore- President
Steve Anderson- Vice-President
Ken Alger (since September 2016)
Marilyn Bartlett (since September 2016)
Lori-Anne Beckford
Rosario Colomba, R.Kin (until July 2016)
Daniel Crête, R.Kin
Nicole DiFilippo, R.Kin (since September 2016)
Jonathan Dubberley, R.Kin (until September 2016)
Samantha Eyles, R.Kin
Don Halpert (until July 2016)
Kalen Johnson
Lynn Kabaroff, R.Kin (until September 2016)
Elwin Lau, R.Kin (since September 2016)
Chad McCleave
Michelle Meghie
Fergal O'Hagan, R.Kin
Jennifer Pereira, R.Kin
Graydon Raymer, R.Kin (since September 2016)
Robert Ross, R.Kin (until September 2016)
Kathie Sharkey, R.Kin (until September 2016)
Alexander Stephen, R.Kin (since September 2016)
Gennady Vaserbakh, R.Kin
Michelle Young, R.Kin (since September 2016)

Non-Council Committee members

Rosario Colomba, R.Kin
Marc Davis, R.Kin
Justin Fabella, R.Kin
Jonathan Kwok, R.Kin
Chris Pizzimenti, R.Kin
Renee Raymond, R.Kin
Chris Serran, R.Kin

College Staff

Brenda Kritzer- Registrar and CEO
Susan James- Executive Assistant
Nancy Leris- Director, Operations and Financial Services

Zeina Yusuf- Administrative Assistant
Stamatis Kefalianos- Director, Registration (until December 2016)
Ugie Ifesi- Manager, Registration Services (since February 2017)
Magdalena Reder- Registration and Examinations Coordinator
Cara Moroney- Director, Professional Conduct
Lara Thacker- Director, Quality Assurance
Ryan Pestana- Communications Officer

Registration Committee Report

The Registration Committee is responsible for developing and implementing transparent, objective, impartial and fair registration practices that adhere to the policies approved by Council and the Registration Regulation. The Committee considers applications for registration that have been referred by the Registrar in situations where the Registrar:

- has doubts about whether an applicant has met the registration requirements;
- is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration; or
- proposes to refuse the application.

In 2016/2017, the Registration Committee reviewed and decided on the following:

Type of case	Number of cases	Decision
Application under the grandparenting provisions- experience requirement	1	The Panel directed the Registrar to issue a certificate of registration upon successful completion of the entry-to-practice exam.
Proposal for upgrading/remediation	6	Four remediation plans were approved. Decision on two remediation plans was deferred until more information is provided.
Application under the grandparenting provisions- Non-exemptible educational requirement	18	Five applications were approved for registration pending completion of specified training. 13 applications were refused
Reinstatement to the General Class after more than two years in the Inactive Class	1	Reinstatement granted

Applicants who are not satisfied with the decision of the Registration Committee may appeal the decision to the [Health Professions Appeal and Review Board](#) (HPARB). There were no appeals submitted to HPARB in 2016/2017.

Other Committee activities included:

- Submission of the annual [Fair Registration Practices Report](#) to the Office of the Fairness Commissioner of Ontario.
- The Office of the Fairness Commissioner conducted a [full assessment](#) of the College's registration practices.
- Review and revision of registration policies.
- Annual Committee Training.

Exam

472 applicants wrote the entry-to-practice exam in 2016, which is a 5.5% increase from the previous year.

The College administered two sittings of the exam in 2016.

	Registered	Wrote	Passed	% Passing
April	219	207	148	71
September	289	265	190	72

Examination Appeals Committee

The Examination Appeals Committee is responsible for hearing appeals from applicants who unsuccessfully completed the entry-to-practice exam and who meet the criteria for filing an appeal. In 2016, one appeal was received and granted.

Examination Committee

The Examination Committee is comprised of College members and faculty members from kinesiology programs across Ontario. The Committee approves test forms, sets the pass mark for each exam and ensures that the exam reflects the entry-level competencies. The Committee met three times in 2016.

Item Writing Committee

The Item Writing Committee is comprised of College members and faculty members from kinesiology programs across Ontario. Panels of the Committee develop exam questions that correspond to the Examination Blueprint. The Committee met in 2016 for two, four-day sessions and developed 138 new exam questions.

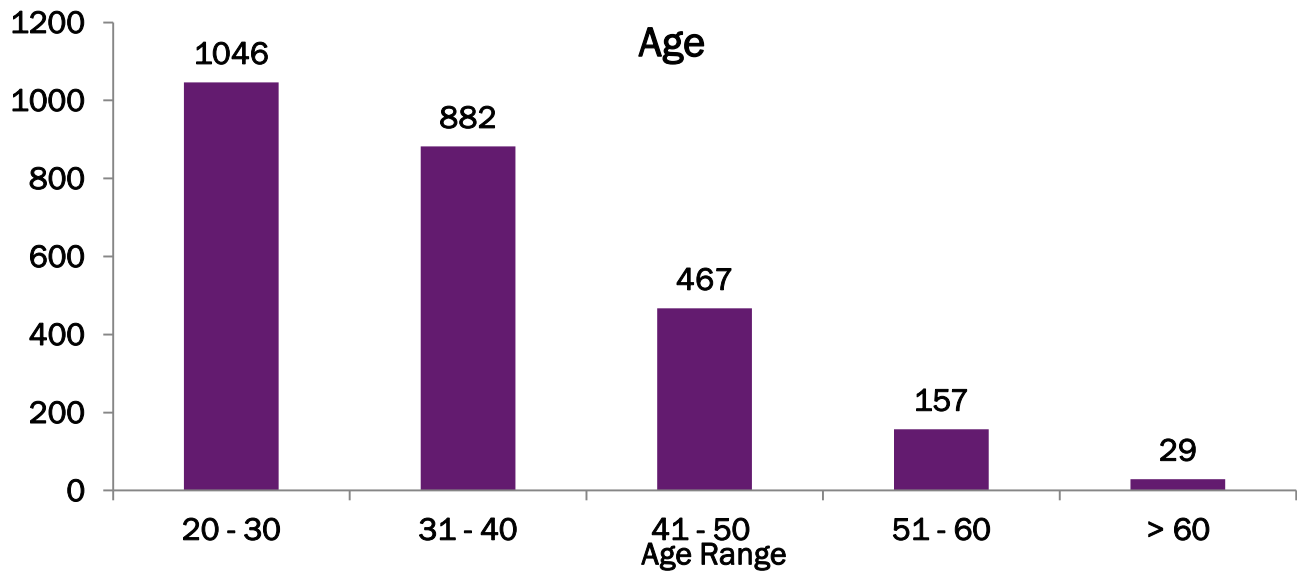
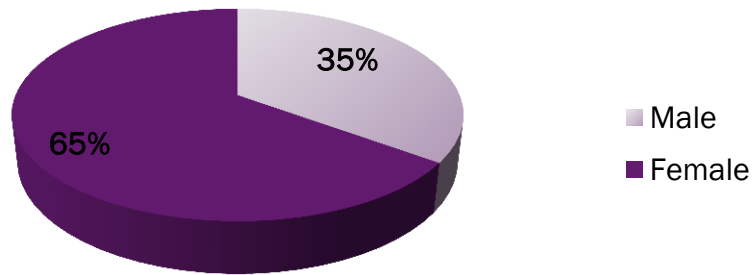
The College is grateful for the support of those who assisted with the preparation, development and administration of the exam. Their contributions are invaluable.

Membership Statistics

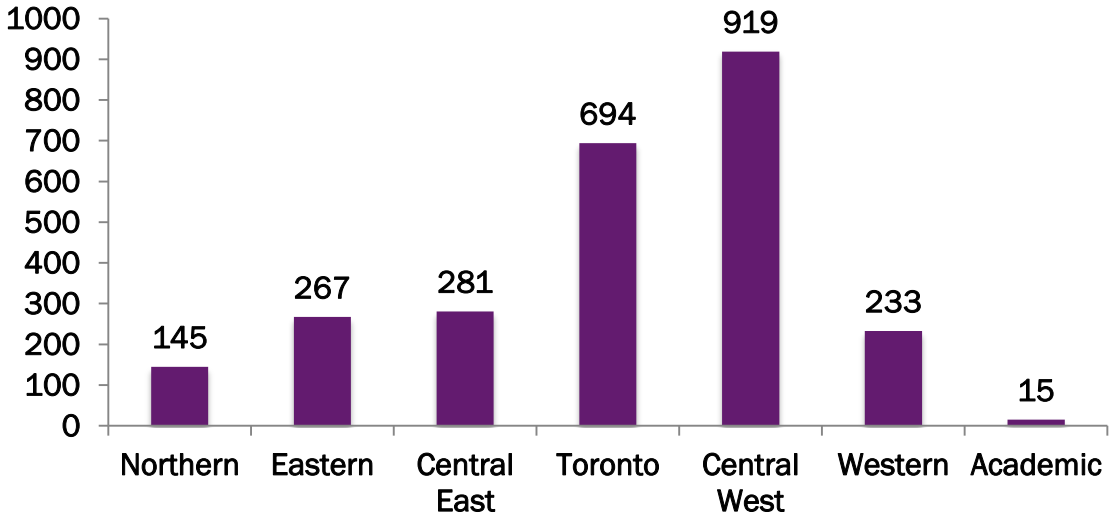
(All data is as of March 31, 2017 unless otherwise indicated)

Registration Status	Number of members
General	2294
Inactive	287
Suspended	16
Deceased	1

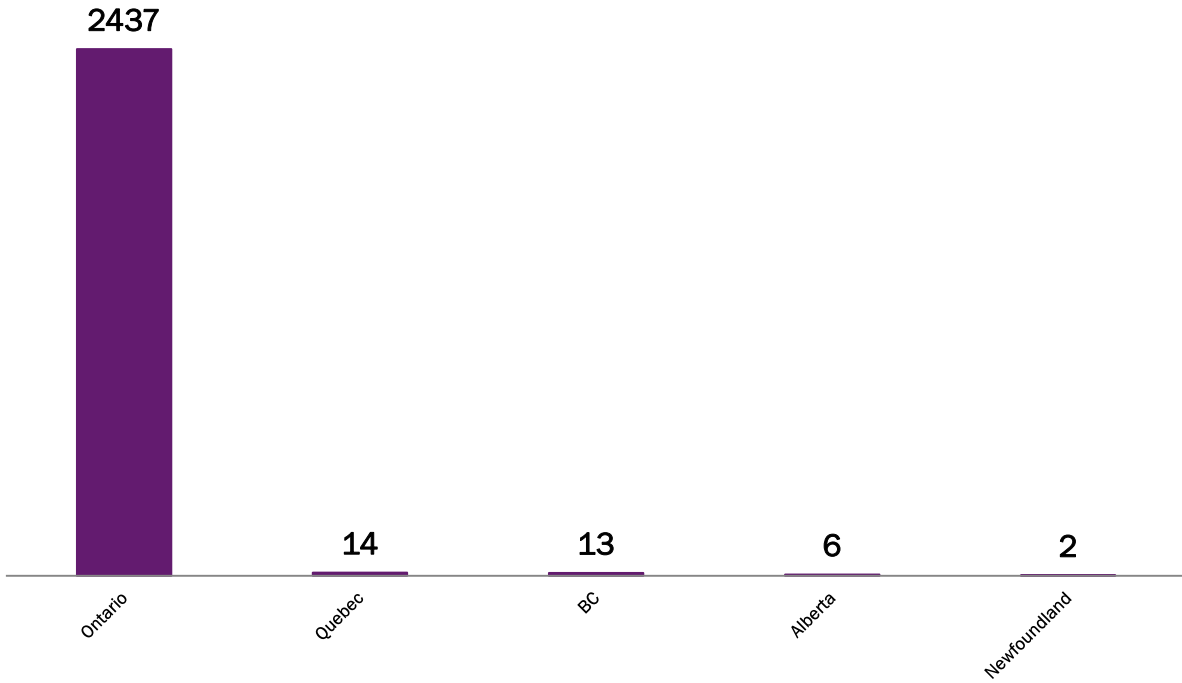
Gender



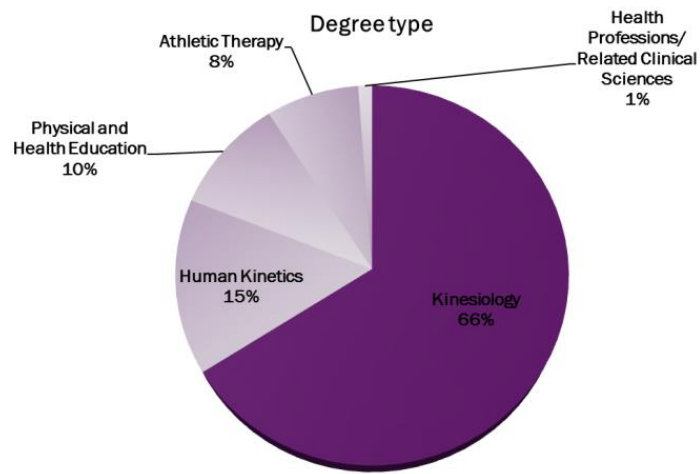
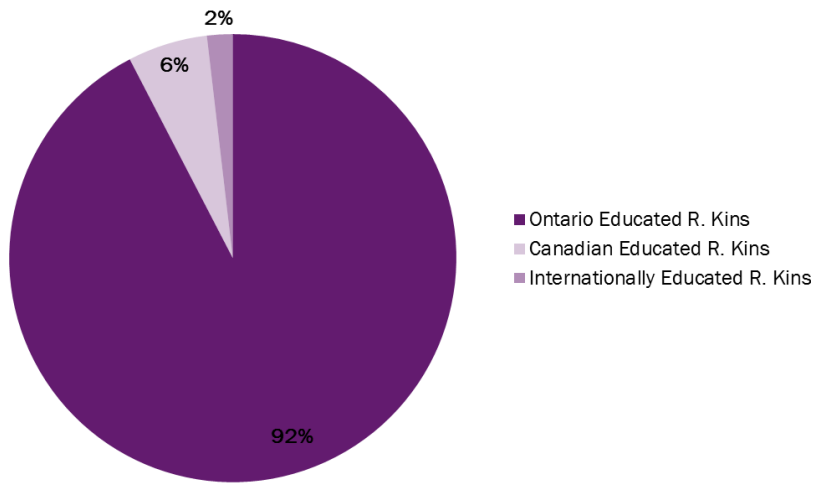
Distribution by College electoral district



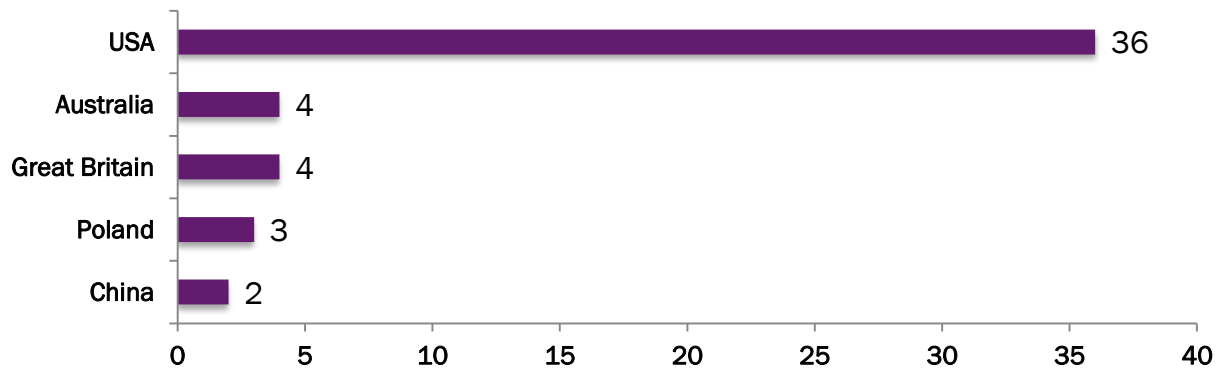
Top 5 provinces of practice



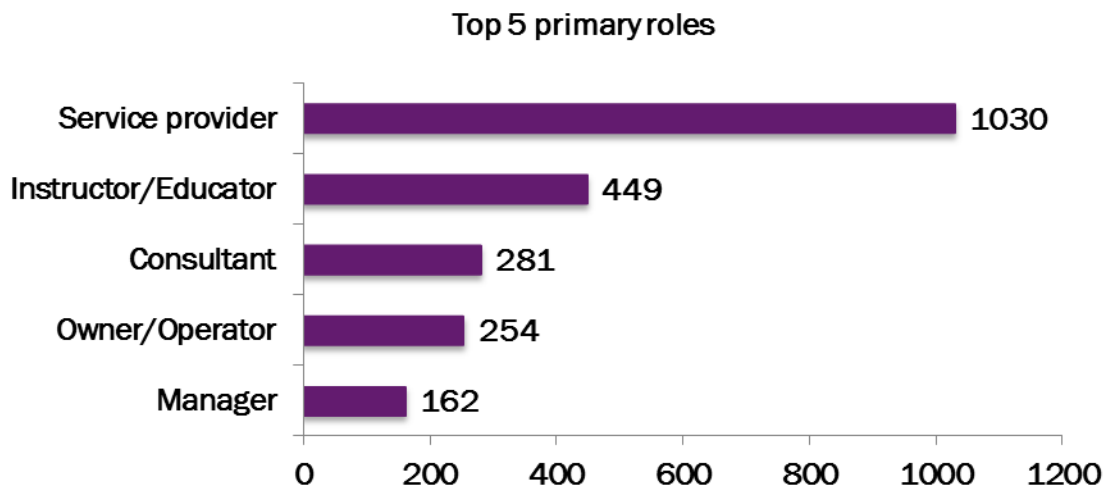
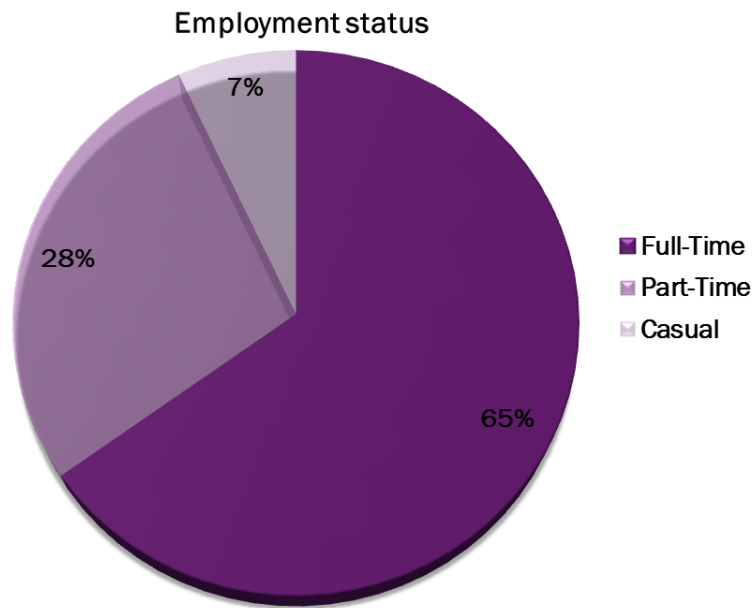
Place of education



Top 5 countries where international R.Kins were educated



(The following data was obtained from the renewal period)



Quality Assurance Committee Report

The Quality Assurance Committee administers programs that promote continuing competence and continuing professional improvement among kinesiologists. The Quality Assurance Program includes:

- Continuing professional development;
- Self-assessment and peer and practice assessment; and
- Mechanisms for the College to monitor kinesiologists' participation and compliance with the program.

All kinesiologists registered in the General Class must participate in the QA program and demonstrate commitment to continuous improvement and ongoing learning. The Program is intended to be educational and supportive in nature.

The QA Committee achievements for 2016/2017 included:

- Administration of the fourth annual self-assessment;
- Administration of 16 peer and practice assessments;
- Recruitment and appointment of 12 new peer assessors;
- Completion of the first QA mentorship program;
- Conversion of the Ethics and Professionalism e-Learning Module to an online format; and
- Development of content for a prevention of sexual abuse e-learning module.

The Committee recommended to Council and Council approved the following:

- The *Continuing Professional Development: Prescribed Learning Modules Policy*. The College is now able to periodically issue mandatory learning modules to introduce important general practice issues/topics, help kinesiologists understand the professional obligations, and guide them in integrating the new knowledge into their practice.
- Increasing the scale of operations of the peer and practice assessment to proactively enhance individual kinesiologists' competence and performance of the profession as a whole.

Self-assessment

Self-assessment is the foundation on which kinesiologists plan their professional development throughout the year. Self-assessment helps guide kinesiologists in reflecting on their practice in relation to the practice standards and essential competencies, and helps identify areas of knowledge, skill and judgment to strengthen.

- 95% of members completed their 2016 self-assessment on time.

- 10 members were referred to Inquiries, Complaints and Reports Committee for non-compliance with the 2015 Self-Assessment.

Peer and practice assessment

The peer and practice assessment is an educational opportunity designed to assess kinesiologists' knowledge, skills and judgment, and to help them identify areas of strength and opportunities for improvement within their practice.

	2015	2016
Randomly selected	14	16
Deferrals and exemptions granted	3	0
Peer and Practice Assessments conducted	11	16

Top areas for improvement identified through the PPA:

Rank	2015	2016
1.	Record keeping	Record keeping
2.	Consent	Consent
3.	Develops patient/client-centred recommendations, plan of care, and/or exercise prescription; and confidentiality and privacy	Communicates in a timely, accurate and effective manner
4.	Communicates in a timely, accurate and effective manner	Professional boundaries

PPA final decisions by the QA Committee:

Decision	2015	2016
No Further Action	6	16
Competency Enhancement – Demonstrated Change Report	2	0
Competency Enhancement – Mentorship Program	1	0
Total	9	16

Professional Conduct

The College receives complaints, concerns and reports about the practice or conduct of kinesiologists. All complaints are reviewed by the Inquiries, Complaints and Reports Committee (ICRC) and a decision is made on how to proceed. The Registrar may also initiate an investigation based on other information coming to the College's attention if there is reason to believe a kinesiologist has committed an act of professional misconduct, or is incompetent or incapacitated. Registrar's Reports are also reviewed and decided by the ICRC. Not all information received results in an investigation and some information is about individuals not registered with the College but who are using the restricted title "kinesiologist".

The ICRC is a screening committee and determines whether or not an allegation warrants a referral to the Discipline Committee for a hearing. If a referral is not warranted, there are other options available to the ICRC. These include ordering a kinesiologist to complete a specified continuing education or remediation program (SCERP), requiring a kinesiologist to appear before the Committee to be cautioned in person, or issuing written advice. The ICRC can also decide to take no action on a matter.

Matters received by the ICRC

	2015/2016	2016/2017
Complaints	3	1
Registrar's Reports- Investigations	3	3
Referral from the Quality Assurance Committee for non-compliance (self-assessment)	1	10
Total matters received by the ICRC	7	14

On the complaint received in 2016/2017, a panel of the ICRC took no action on five incidents and issued written advice on one incident. Of the 10 QA referrals, nine were dealt with informally by the ICRC and no formal investigation was initiated. One QA referral ended in an investigation where an oral caution was ordered. The three Registrar's Reports are still outstanding at the time of writing.

Health Professions Appeal and Review Board

Decisions made by the ICRC can be appealed to the [Health Professions Appeal and Review Board](#) (HPARB). The complaint from 2016/2017 was appealed and a hearing is pending.

Registrar's Inquiries

Any information that comes to the attention of the Registrar that is not a formal complaint from a member of the public, a kinesiologist or other healthcare professional is assessed as to whether a formal investigation is required. In some cases, informal measures are taken, such as meeting with a kinesiologist to discuss the concerns and provide direction, and the file is closed.

In 2016/17 the College received nine mandatory self-reports and five other non-mandatory reports from various sources. Three of these reports resulted in formal investigations. One report ended in a

resignation and agreement to never practice again. The remaining reports were either closed and no further action was taken, or involved meetings between the kinesiologist and the Registrar and/or the Director, Professional Conduct.

The College received 16 formal reports of misuse of title and followed up with the individual and/or the employer.

Discipline Committee

The Discipline Committee received its first referral in June 2016, which involved three different investigations about one kinesiologist. Even though the kinesiologist resigned in April 2016, the ICRC retains jurisdiction over any conduct that occurred before the resignation and the Discipline Committee has the full range of penalty options before it when the matter is heard.

The allegations involved submitting false and/or misleading invoices, failing to cooperate with the College's investigation, failure to keep records in accordance with the profession, and practising while suspended, among others. The [summary of the hearing](#) and the Committee's [decisions and reasons](#) is published on the College website.

The member received an oral reprimand. The penalty also included a 10 month suspension with a two month remission should the member fulfill the other terms of the penalty, which included meeting with a mentor and submitting to inspections. This penalty will only come into effect if and when the former member applies and is granted a new certificate of registration. One of the principles of penalty is to ensure that the penalty serves as a general deterrent to the membership at large and to educate the profession on the standards of acceptable practice and conduct. The penalty in this case will serve as a baseline should the Discipline Committee receive similar allegations in which they make findings.

Patient Relations Committee

The Patient Relations Committee develops measures for preventing or dealing with the sexual abuse of patients/clients. These include providing:

- education to kinesiologists
- guidelines for the conduct of kinesiologists with their patients/clients
- training for College staff
- information to the public

The Patient Relations Committee also administers the funding for therapy for sexual abuse victims.

In December 2016 the Ontario government introduced Bill 87, the *Protecting Patients Act*. The proposed changes will give colleges more power to deal with matters of sexual abuse. The Patient Relations Committee works proactively in preventing sexual abuse by advising the College on resources needed by kinesiologists to better understand professional boundaries and what constitutes sexual abuse. The Committee reviews information made available to the public to ensure it is relevant and easily understood. The Committee also identifies additional ways that the College can prevent sexual abuse, provide support to victims and provide education to kinesiologists.

The Committee met in March 2017 to review Bill 87 and directed that a strategic plan be developed for how the College will implement any legislative changes or make progress in other areas not affected by the new legislation. The Committee reviewed changes to the *Practice Standard- Clinical Education/Supervision/Delegation* and added a new section on kinesiologists' responsibility to ensure that those working under them maintain appropriate boundaries. The Committee also proposed to rename the standard to the *Practice Standard- Supervision and Education of Students and Support Personnel*.

Finance and Planning

The Planning and Finance Committee was established by Council in December 2016. The Committee provides guidance and advice on financial matters and oversight of planning activities aimed at achievement of the College's strategic goals. The Committee met for the first time in March 2017 to appoint the College's auditor, review the proposed 2017/2018 budget, and review the proposed business plan for 2017/2018.

**Ministry of Health
and Long-Term Care**

Health Workforce Planning and
Regulatory Affairs Division

12th Floor
56 Wellesley Street West
Toronto ON M5S 2S3

Tel.: 416 212-6115
Fax: 416 327-0167

**Ministère de la Santé
et des Soins de longue durée**

Division de la planification et de la réglementation
relatives aux ressources humaines dans le
domaine de la santé

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56, rue Wellesley Ouest
Toronto ON M5S 2S3

Tél.: 416 212-6115
Télééc.: 416 327-0167



MAY 19 2017

HLTC2968IT-2017-110

Dear Registrars:

As you are aware, the ministry has engaged Deanna Williams to undertake work relating to the recommendations of the Sexual Abuse Task Force. I am writing to let you know that Ms. Williams has officially begun her work with the ministry and may be reaching out to you in the coming weeks and months to seek your opinions and perspectives as regulators.

Ms. Williams will be providing advice and expertise to the ministry on four key areas:

1. Best practices in Ontario and other jurisdictions in the intake of complaints, investigation and discipline of misconduct matters, including sexual abuse.
2. Best practices in Ontario and other jurisdictions with regards to patient supports and patient relations provided at the college level.
3. Best practices in Ontario and other jurisdictions in college governance and college committee membership.
4. Review and analysis of the Task Force recommendations to establish independent bodies responsible for the investigation and adjudication of sexual abuse matters.

While thematically similar to the proposed amendments to the *Regulated Health Professions Act, 1991* (RHPA) included in Bill 87, the *Protecting Patients Act, 2016*, I want to stress that Ms. Williams' work is entirely independent from that Bill. The ministry anticipates that most of the advice resulting from her work would be implemented via policy and programmatic changes as well as through regulation-making authorities. The ministry is not contemplating, at this time, further amendments to the RHPA beyond the provisions currently being debated as part of the legislative process around Bill 87.

...2

I trust that you will provide Ms. Williams with the same support you have demonstrated to the ministry to date. I look forward to continued partnership and collaboration as we move forward.

Sincerely,



Denise Cole
Assistant Deputy Minister
Health Workforce Planning and Regulatory Affairs Division

803 81 1444

Enclosure

- c: Presidents, Health Regulatory Colleges
Dr. Robert Bell, Deputy Minister, Ministry of Health and Long-Term Care
Derrick Araneda, Chief of Staff, Office of the Hon. Dr. Eric Hoskins
Allison Henry, Director, Health System Labour Relations and Regulatory Policy
Branch

CAPITAL ASSET POLICY AND EXAMPLES

Purchase Authorisation

Capital purchases are authorised by the Registrar and/or Director of Operations. Controls are exercised through the budgeting process involving Council and the Planning and Finance Committee.

Generally the College exercises prudence in planning of Capital purchases and recommends the necessary allocation during the annual budget review and approval process. However, from time to time, unplanned capital expenditures may be required to address unforeseen circumstances such as repairs, computer failures, etc..

Capital purchases are made according to the attached policy on Procurement (revised in February 2016).

Capitalization (vs. Expenses)

The CKO classes any item that costs in excess of \$3000 as a capital asset. The cost of an item includes taxes, delivery and set-up. Items costing less than \$3000 are treated as an operating expense.

Amortization

Capital assets are amortized over the item's useful life, according to GAAP. These assets are recorded at cost less accumulated amortization. Amortization is recorded annually on a schedule which is designed to fully depreciate the items over their estimated useful lives, as follows:

- Furniture and Fixtures - straight line over 5 years - 20%
- Computer equipment - straight line over 3 years - 20%
- Computer Software - straight line over 3 years
- Leasehold improvements - straight line over 10 years

Deferred Rent

Deferred rent includes reduced rent benefits and tenant inducements received in cash.

The College would recognise rental expenses using the straight-line method whereby any contractual rents over the term of a lease are recognised into income evenly over that term. The difference between the rental expense recognized and rental payments made is shown as deferred rent. Lease incentives received in connection with leasehold improvements are amortized to income on a straight line basis over the terms of the lease.

Internally restricted funds and balances

The College has three internally restricted reserve funds for unplanned expenses or increases specific areas. Allocations are made to these reserves from time to time as operating surpluses are identified and as determined by Council on the advice of the Registrar and the Planning and Finance Committee.

1. Investigations and Hearings
2. Abuse Therapy
3. Property and Technologies

Property and Equipment

The College expenses normal wear and tear of the office under the operating budget line "Repairs and Maintenance" under Rent and Facility. For example, modest plumbing and electrical expenditures would be treated as operating expenses and not as capital expenditures.

Similarly, the College expenses computer peripherals pieces like keyboards, screens, and mouse. These items are considered as separate from the computer, and are therefore expensed.

Amortization

The capital cost which is amortized for any item includes the price of the asset along with any delivery, tax, set up and installation costs, - whatever expenditures were made in acquiring the item making it functional. Ongoing maintenance and training costs are not part of the capital cost and are therefore expensed as operating costs.

Examples:

- A) A new phone system is purchased for \$5000 and 15 new phones at \$300 each. The system plus applicable taxes would be capitalized along with delivery and installation charges. Training on the new system, warranties, and ongoing maintenance and training are operating costs, not capital costs and therefore are not part of the overall costs to be amortized over the life of the system.
- B) New computers are purchased with a price of \$1300 each along with two tablets at \$300 each and peripherals such as keyboards and cables. The computers would be amortized, the rest would be expensed as operating costs.
- C) Leasehold improvements are made when the College expands and when the College acquires additional space. It would need to be determined from the contractor what percentage of the work was repairs and maintenance (work to make the old space match the new) and what percentage was leasehold improvements (building out of the new space). The percentage that was repairs would be expensed, and the leasehold improvements would be amortized.

**COLLEGE OF
KINESIOLOGISTS
OF ONTARIO**



Draft Operational Plan 2017-2018

About the Operational Plan

The College of Kinesiologists is the regulatory body that governs the profession of kinesiology in Ontario. The College receives its authority from the *Kinesiology Act, 2007* and the *Regulated Health Professions Act, 1991*. It is governed by a Council, comprised of kinesiologists and members of the public appointed by the Ontario government, who ensure the College achieves its mandate to regulate the profession of kinesiology in the public interest. Council sets the College's strategic direction and develops the policies and standards that support achievement of the mandate. The College's daily affairs are managed by a Registrar and CEO, who is accountable to Council, and ensures that policies and procedures are implemented. The Registrar is supported by seven fulltime staff members.

The operational plan is an important document that details what the College is expected to accomplish during the year and it holds the College accountable for how it is achieving its mandate. The operational plan is presented to Council at the end of each quarter, with comments from staff that provide progress updates on work undertaken to achieve the objectives. The business plan is revised every year, and Council provides final approval of the document.

Vision: Our vision is a healthier Ontario through excellent kinesiology practice.

Mission: Our mission is to protect the public through governing and ensuring excellent professional practice of kinesiologists in Ontario.

Values: The College of Kinesiologists holds honesty and integrity as its guiding principles. The College is committed to operating in a fair and open manner and to treating its staff, members, the public and stakeholders with respect and dignity.

Strategic Goal One: *The value of the regulation of kinesiologists is demonstrated and recognized through public accountability.*

Strategic Objective 1): Public Awareness of and Confidence in the College

Strategic Initiatives:

- Begin outreach to employers of kinesiologists to support their understanding of reporting obligations, the standards that kinesiologists must adhere to and the benefits to the employer and their clients of regulation of health care professionals. This will be done by leveraging kinesiologists' high engagement with the College and using them to reach employers;
- Continue working with FHRCO on a Federation-wide public awareness campaign that promotes regulated health professions in Ontario and the benefits of regulation to the public;
- Continue the development of public awareness campaigns that highlights the role of kinesiologists in the healthcare system and how the College protects the public;

Strategic Objective 2): Retention of members and registration of unregulated practitioners

Strategic Initiatives:

- Outreach to leaders to encourage complementary approaches in communications and building the value proposition.

Strategic Goal Two: Members are supported by the College in maintaining and enhancing professional competence to improve the health of Ontarians.

Strategic Objective 1): The practice of kinesiology is enhanced by access to educational and professional development programs that provide information and training in technological and scientific advancements in the discipline and practice of kinesiology.

Strategic Initiatives:

- Encourage cooperative ventures among trainers to ensure broad access to training.
- Request all universities to respond to the educational requirements survey for 2017-18
- Ensure members have access to practice guidance through:
 - mentorship program
 - practice resources, webinars and workshops
 - online learning modules
 - regional educational sessions and employer sessions
- Encourage further enrichment of university undergraduate programs,
- Understand and help to address members' needs for professional development
- Provide meaningful opportunities to members for involvement in College initiatives

Strategic Objective 2): The College understands and responds in a flexible manner to members' learning needs

Strategic Initiatives:

- *Conduct inter-program analytics and report on trending*
- *Consider forum that engages universities and professional associations to collaborate on education/training opportunities*

Strategic Objective 3): Professional practice standards and guidelines are comprehensive, current and meaningful

Strategic Initiatives:

- Assess gaps or areas for improvement in practice by enhancing the analytics and trends assessment of data gathered by the College
- Address gaps in areas of practice and provide support by:
 - directing members to educational resources (internal and external)
 - consulting and collaborating with other colleges
- Conduct a comprehensive review of the standards (2016-2018)
- Revalidate the Jurisprudence e-Learning Module in 2017-18 with improved practice scenarios. Encourage further collaboration with other colleges to ensure standards are mutually supportive, and assist kinesiologists in working collaboratively with other health professionals

Strategic Goal Three: CKO is responsive to the public's need for information about its members, its policies and its practices.

Strategic Objective 1): The College publishes user-friendly, timely information about its decision-making processes, policies, and members such that the public is able to understand the extent and limit of college powers, and has sufficient information about members to make informed choices about their health care needs.

- *Strategic Initiatives:*
- Provide information to the public on the College's continuing transparency efforts – on-going
- Provide information publicly about decision-making processes and what decisions mean
- Collaborate with other Colleges to harmonize transparency practices and to align with or cooperate in developing policies and standards (e.g., streamlined record-keeping, clinic regulation)
- Reassess Kinesiology Core Competency Profile and blueprint in year 5 (2017-18)

Operational Plan 2017-18

Strategic Goal One: *The value of the regulation of kinesiologists is demonstrated and recognized through public accountability.*

Target	Measures	Status (Q1)
<p>Communications</p> <p>Public Begin outreach to employers of kinesiologists so that employers understand their reporting obligations, the standards that kinesiologists must adhere to and the benefits of regulation to the employer. This will be done by leveraging kinesiologists' high engagement with the College and using them to reach employers.</p> <p>Continue working with FHRCO on a Federation-wide public awareness campaign that promotes regulated health professions in Ontario and the benefits of regulation to the public.</p> <p>Continue the development of public awareness campaigns that highlight the role of kinesiologists in the healthcare system and how the College protects the public</p>	<ul style="list-style-type: none"> • Develop and distribute employer-focused brochure • Enhancements to website to include employer responsibilities • Distribution of brochure via e-newsletter to members, including background article • Support FHRCO's launch of new website in 2017-18 directed at increasing public awareness and understanding of health professions governance • Continue current brochure campaign using vendor's network of doctors' offices and the diabetes health network. • Consider additional mechanisms in which kinesiologists in practice can be profiled. Currently two videos aimed at the public are available through the website and You Tube. 	<ul style="list-style-type: none"> • Vendor engaged to design employer brochure and content developed. • New FHRCO website launched in May. Radio ad to begin airing June 1. The College will feature an article promoting the site in its June e-newsletter. • IDS Canada engaged to continue successful public awareness campaign in doctors' offices and diabetes clinics. Vendor engaged to develop second public brochure. Distribution will begin in July.

Strategic Goal Two: *Members are supported by the College in maintaining and enhancing professional competence to improve the health of Ontarians.*

Target	Measures	Status (Q1)
<p><u>Members</u></p> <p>Development of communications pieces directed to members that enhance their competencies (e.g. consent, reporting obligations, appropriate boundaries, ethics, etc.)</p> <p>Survey kinesiologists on the efficacy of College communications and how we can enhance communications</p> <p><u>Member Retention</u></p>	<ul style="list-style-type: none"> • Focused articles in @CKO throughout 2017 on mandatory reporting, maintaining boundaries, and obtaining consent • Release video on peer and practice assessment • Produce a video on consent • Release of videos on standards and professionalism • Develop online survey to gauge members’ feedback on the website and e-newsletter • Engage members in development of definition of “inactive” 	<ul style="list-style-type: none"> • Videos on the PPA, professionalism, and standards and guidelines released to the membership in April. Videos featured in the e-newsletter and promoted on social media. • Articles concerning Mandatory Reporting and survey questions completed in April and June newsletter.
<p><u>Quality Assurance</u></p> <p>Understand and address members’ needs for professional development and ensure access to mentorship program and practice resources</p> <p>Encourage further enrichment of university undergraduate programs</p> <p>Analyse and develop responses to QA program evaluation metrics</p> <p>Facilitate meetings with professional associations to collaborate on professional development opportunities and discuss approaches to membership engagement</p>	<ul style="list-style-type: none"> • Launch Ethics and Professionalism e-Learning Module And Prevention of Sexual Abuse e-Learning Module • Increase number of peer and practice assessments • Develop further practice resources internally (e.g. infographics, animated explainer videos, etc.) • Continue work with representatives of educational institutions to improve their understanding of students’ needs and to collaborate on education/training opportunities for members • Facilitate second College student placement in partnership with Ontario academic institution • Conduct program evaluation to measure impact of programming, relevance, and to identify efficiencies • Facilitate focus groups to solicit feedback on program components and stakeholder satisfaction. 	<ul style="list-style-type: none"> • Facilitated peer assessor training sessions in April and May (expanded assessor pool by 233%) • Peer and practice assessment notices sent to 13 members on May 1st • Launched Ethics and Professionalism e-Learning Module May 1st • Released Quality Assurance Report and Ethics and Professionalism e-Learning Module account to CKO-Universities Liaison Committee members and professional associations.

<p>Registration</p> <p>Registration processes are consistent with the Fair Access to Regulated Professions Act and the work of the Office of the Fairness Commissioner (OFC)</p> <p>Suspended and inactive class members understand and meet requirements to re-enter active practice</p> <p>Jurisprudence e-Learning Module reflects the changing practice and regulatory environment</p> <p>The College database (iMIS) responds to the needs of staff, applicants and members</p> <p>Development of Examination Blueprint</p> <p>The examination development process meets the College's needs and fairly evaluates the competency of potential measures</p> <p>Reassess Kinesiologist Core Competency Profile and blueprint in year 5 (2017/2018)</p> <p>Comprehensive Standards Review</p>	<ul style="list-style-type: none"> • Implement recommendations for improving registration practices (if identified by the OFC during Audit) • Revise application and renewal forms to ensure reporting of any instances of complaints relating to behaviours which would be considered disgraceful or dishonourable by the profession, particularly as such behaviours would relate to sexual abuse. • Revise policy on how Registration Committee will handle "good conduct" reviews. • Ensure that suspended members, and members facing revocation, are duly informed of suspension and implications of such. (This is for non-payment of fees) • Policy development on re-entry after revocation for non-payment. • Jurisprudence module revised and updated relating to sexual abuse with new practice scenarios. • Review and clean-up of data • Software upgrade • Re-design application and renewal forms to ensure alignment with MOHLTC requirements • Re-design applicant and member portals to enable greater self-service functionality • Implement process to register professional corporations • Develop new contract for provision of examination development and administration services. • Develop plan for updating Core Competency profile. • Revision of Education & Supervision Standard Schedule of Standards Review Plan 	<ul style="list-style-type: none"> • Included checklist for international applicants as recommended. • Moved the exam appeals policy to area on website containing other registration policies as recommended. • Good Conduct Policy revised for approval by Council in June. • Reinstatement after Revocation Policy developed for approval by Council in June. • Process for notification for suspended members will begin in June. • Data cleanup is being conducted. • Developing the process for professional corporation approval, renewal and publication on register • Initiated the process for contract negotiations for the development and administration of examination services. • Core competency profile update will not begin till Q3/Q4 which will be based on contract negotiations.
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Strategic Goal Three: *The College is responsive to the public's need for information about its members and stakeholders, its policies and its practices.*

Target	Measures	Status (Q1)
<p>Professional Conduct</p> <p>Provide opportunities for members of the public and all stakeholders to comment on bylaws, policies, programming and quality of College's website</p> <p>Provide information to the public on its members and on the College's continuing transparency efforts</p> <p>Collaborate with other Colleges to harmonize transparency practices and to align with or cooperate in developing policies and standards (e.g. streamlined record keeping, clinic regulation)</p> <p>Respond to legislative changes regarding transparency</p>	<ul style="list-style-type: none"> • Publish on college website and in Newsletter, how the College is actively working to prevent sexual abuse by members • Alternative Dispute Resolution processes established and communicated. • Review website to ensure that it is easy to navigate and to identify ways in which users can access information on our members, on policies and practices, and on new initiatives. • Review opportunities to participate in public meetings, publish on our website and newsletter, our availability to attend speaking engagements • Ensure public register provides the necessary information pursuant to transparency by-laws. • Review actions taken by others to enhance transparency and evaluate whether their methods are transferrable to the CKO • Analyse requirements of Bill 87 to ensure that we have met all requirements 	<ul style="list-style-type: none"> • Development of principles for approval by Council in June • Facilitator policy in development for review by Council in June • Website review continues and improvements are initiated to reflect new policies. • Review of Bill 87 and implications for the College continues. The College expects more analysis to be shared through FHRCO. • Governance considerations will be undertaken following further communications from the MOHLTC

Priority: College demonstrates good governance, ensures administration processes are efficient, sound risk management and strategic acuity

Target	Measures	Status (Q1)
<p><u>Administration/Management & Council</u></p> <p>Risk to the College’s reputation, viability, and mandate are understood by Council and mitigating strategies are in place to assure ongoing operations</p> <p>Council plans for the long term as well as the short-term and ensures that operational plans align with strategic goals and are responsive to the changing environment of health care governance</p>	<ul style="list-style-type: none"> • Risk Management Strategy re-evaluated to ensure that policy requirements re: sexual abuse therapy fund are addressed. • Council members will complete the Council Effectiveness Evaluation Framework and identify actions necessary by the Council or the College to improve effectiveness. • Collaboration with other regulators and the ministry regarding regulation to address issues in clinics • Development of performance measures through business planning and auditing 	<ul style="list-style-type: none"> • 2016/2017 Annual Audit completed



REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE PROJECTIONS FOR Q1, (APRIL - JUNE) FOR THE FISCAL YEAR 2017/2018

updated 31/05/2017

	1	2	3	4	5	6
CATEGORY	REVENUES EARNED 2016/2017	APPROVED REVENUE FORECAST 2017/2018	PROJECTIONS QTR 1 APR- JUNE 2017/2018	REVENUES RECEIVED QTR 1 APR - MAY (INTERIM)	VARIANCE	Q1
	\$	\$	\$	\$	\$	\$
Revenue:						
Jurisprudence Fee (\$48.25)	27,647	14,475	5,700	1,641	-	4,060
Application Fee (\$100)	52,900	30,000	7,500	2,600	-	4,900
Examination Fee (\$400)	197,315	120,000	2,400	800	-	1,600
Registration Fees*	1,557,363	1,656,563	19,538	17,674	-	1,864
Interest Income	3,289	3,000	750	552	-	198
TOTAL REVENUE	1,838,515	1,824,038	35,888	23,266	-	12,621
*		Approved Forecast	QTR 1 (Apr - Jun) Projections	Interim Actual (Apr- May)		QTR 1 Variance
		\$		\$		
New Registrants						
- Sept - Nov (\$650)		48,750	-	-	-	-
- Dec - Feb (\$487.50)		24,375	-	-	-	-
- Mar - May (\$325)		16,250	16,250	17,225	-	975
- Jun - Aug (\$162.50)		12,188	3,088	-	-	3,088
Renewal (\$650)		1,493,700		200		200
Inactive (\$200)		54,000	200	200		-
Inactive Late (\$50)		1,000	-	100		100
Registration Late Fee (\$100)		6,000	-			-
Re-instatement Fee (\$325)		300	-			-
Refunds				-	801	-
Total		1,656,563	19,538	16,925	-	2,613

These amounts are based on the draft Financial Statements for 2016/2017

Notes

All revenue categories are expected to exceed projections by end of Q1.

EXPENDITURES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST FOR Q1 (APRIL - JUNE) FOR THE FISCAL YEAR END 2017/2018

updated 31/05/2017

	1	2	3	4	5	6
CATEGORY	EXPEN- DITURES 2016/2017	APPROVED BUDGET (2017/2018)	PROJECTIONS QTR 1 (APR- JUN)	ACTUALS QTR 1 APR-MAY (INTERIM)	VARIANCE QTR 1	
	\$	\$	\$	\$	\$	\$
Expenditure:						
Council & Committees	65,796	60,500	7,200	1,003	6,197	
Professional Fees	36,280	29,125	20,373	13,359	7,014	
Communications & Media	161,093	145,700	60,712	16,272	44,440	
Rent & Facility Costs	211,740	224,421	54,607	35,124	19,483	
Office & General	112,264	108,910	12,089	5,883	6,206	
Salaries & Wages	828,637	895,903	223,976	129,244	94,732	
Registration	161,576	169,150	35,552	2,593	32,959	
Quality Assurance	46,710	82,170	22,200	12,001	10,199	
Professional Conduct	29,114	59,500	5,000	-	5,000	
TOTAL EXPENDITURE	1,653,210	1,775,379	441,709	215,478	226,231	

These amounts are based on the draft Financial Statements for 2016/2017 and does not

include amortization

Notes:

Council & Committees including Elections

Expenses for Council, Planning & Finance Committee, Quality Assurance Committee and Examination Committee meetings to happen by end of Q1. Disbursement in Q1 for ICRC case meeting.

Communications and Media

Expenses for the public awareness brochure distribution program in health care centres to happen by end of Q1.

Salaries & Wages

Staff increases to happen by end of Q1.

Registration

Disbursement for the April Examination and for maintenance of the database will happen by end of Q1.

Quality Assurance

Disbursement for Peer Assessor Training will happen by end of Q1. We will begin on the project on Prevention of Sexual Abuse Online Module project by end of Q1.

Professional Conduct

Expenditures for Investigations and Hearings and Legal Advice are demand driven. Although we make an allocation each quarter, expenditures may not happen in that quarter.

College of Kinesiologists Policies and Procedures Manual			
SECTION: FINANCIAL		POLICY #:	
POLICY: <u>Per Diems and Council and Committee Compensation</u>		COVERAGE: <u>Council, Committees, Task Forces, Workgroups, including, but not limited to, Oral Examiners, Examination Proctors, Registration Interviewers and Quality Assurance Reviewers</u>	
CREATED: _____	REVISED: _____	NEXT REVIEW: _____	PAGE #: <u>1 of 4</u>

POLICY STATEMENT:

The College shall provide Council and non-Council members of the College with a per diem for prescribed work done on behalf of the College.

Council members appointed by the Lieutenant-Governor-in-Council shall be paid a per diem by the Minister for work done on behalf of the College provided that the work performed is consistent with the requirements of RHPA and with the Government of Ontario directives and Ministry of Health and Long Term Care re-imbusement policies.~~*~~

~~*The College may pay a per diem in extraordinary circumstances to publicly appointed members where the Ministry of Health and Long Term Care will not pay and where the member's participation is deemed by Executive Committee to be essential.~~

PROCEDURE:

- ~~1. Members of Council and Committees, both statutory and also specified Committees whose members are appointed by Council, shall be paid a per diem as well as reasonable travel and accommodation expenses.~~
- ~~2. The Ontario Government defines and pays the per diem rates paid to public appointees. The Ontario Government also defines and pays the allowable travel and accommodation expenses which may be paid to public appointees. The College is not permitted to pay any per diem, honorarium or salary replacement costs to a public appointee.~~
- ~~3.~~
- ~~4. The College will pay per diems to its members performing prescribed work on behalf of the College, consistent with the rates set by the Ontario Government for Council members appointed by the Lieutenant Governor in Council. Such work includes preparing for and attending meetings as elected members of Council, appointed members of Committees, special meetings as determined by the Executive Committee or President in consultation with the Registrar, attending training on matters of the business of the College, acting in the role of Peer Assessor by carrying out assessments, preparing reports and attending meetings organized by the College.~~

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5. Unless otherwise determined by Council and set out in policy, the per diem rates paid to elected and appointed members described above shall correspond to the per diem rates paid to members appointed by Order-in-Council.

1.
PROCEDURE:

2. ~~In-person Meeting~~ Attendance (in-person or via teleconference) ~~Attendance at meetings~~ per diem ~~or honoraria~~ are paid as follows:

- ~~meetings scheduled for 30 minutes to 2 hours~~ quarter day per diem
- ~~meetings scheduled for 2 to 4 hours~~ less than three hours - half day per diem
- ~~meetings scheduled for 4 to 6 hours~~ three quarter per diem
- ~~meetings scheduled for over 6 hours~~ three hours or more - full day per diem
- Council/Committee members are paid at the following rates as of this date:
 - o Member: \$150 per day
 - o Vice Chair: \$175 per day
 - o Chair: \$250 per day

3-6. Meeting Cancellations

- i. If a meeting scheduled for one or more consecutive calendar days or consecutive business days has commenced and concludes in less than the scheduled time, the full per diem for the consecutive days scheduled will be paid ~~according to the above schedule (2).~~
- ii. If a meeting is cancelled ~~before it has commenced but less than 24 hours before it would have commenced~~ the per diem to be paid is half what would have been paid had the meeting gone ahead as scheduled 3 business days prior to the scheduled start time, a maximum of one per diem will be paid.
- iii. If a scheduled meeting is cancelled with more than ~~24 hours~~ 3 business days' notice, no per diem will be paid.
- iv. ~~Where a meeting is cancelled due to lack of a quorum, if a member has not provided 24 hours notice of absence and the cause of the absence is not weather related, a member who has failed to give notice shall not be paid a per diem.~~

4-7. Decision ~~w~~ Writing per diems are payable in half day increments to the Chair or other panel members of the Discipline Committee, ~~and~~ Fitness to Practice Committee and Registration Committee who writes the ~~d~~Decision ~~after a hearing~~ and reasons of a case.

5-8. Preparation time ~~for Meetings and Teleconferences~~ per diems are payable for meetings where which file materials reviews ~~were is~~ necessary.

- For each scheduled half meeting day (3 hours or less), ~~prorated in increments of 1/4 days up to 50% of 1 per diem~~ is allowed.
- For each scheduled full meeting day (more than 3 hours), ~~prorated in increments of 1/4 days up to 1 per diem~~ is allowed.
- Preparation time per diems are only payable at the regular member rate (\$150).

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6. ~~Ad Hoc Committees, Task Groups and other meetings (e.g. stakeholders, consultations, training sessions, conferences) all committee/group members and/or meeting participants:~~
- ~~Standard per diem described in 1, with prior approval by the President of the Council.~~

7.9. Other activity per diems ~~and honoraria~~ are payable as follows:

Where approved by Executive Committee, attendance by Council members at conferences, ~~attendance at~~ formal consultation meetings with stakeholders, training sessions and other special meetings where Executive Committee has determined that a per diem should be paid to a member.

~~Travel, meal and accommodation expenses~~ Time per diems ~~Travel time for those members who meet the definition of being in the Northern Travel area as defined by the Ontario Public Service Travel Directive,~~ will be paid according to College policy, the directive Ontario Public Service Remuneration Framework (2016).

- Travel: The College will only reimburse members for economy air and train travel fares. Members are required to attach receipts and booking material to support expense submissions.
- Accommodation: Members who are required to travel out of town and overnight for a College engagement may seek accommodation. Members are encouraged to obtain the lowest available hotel rate. The College can assist by providing information on local hotels offering government rates.
- Meals: Members may claim meal expenses where the meal has not already been provided by the College. All expenses must be accompanied by original itemized receipts. Reimbursements will be paid to a maximum of and include HST and reasonable gratuities:

<u>Meal</u>	<u>Maximum Amount</u>
<u>Breakfast</u>	<u>\$10.00</u>
<u>Lunch</u>	<u>\$12.50</u>
<u>Dinner</u>	<u>\$22.50</u>

8. ~~Special Per Diem for President~~ where the President is required to attend a meeting with stakeholders a per diem will be paid as outlined above.

10. Peer and practice assessor per diems: The College compensates assessors for their attendance at shadow assessments and all post-training assessments. Assessors may claim travel, meal and accommodation expenses incurred as part of their assessment per College policy. Assessors are compensated as follows:

	<u>Type</u>	<u>Reimbursement (per diem)</u>
1.	<u>Shadowing a clinical/mixed PPA (4 hrs. in person)</u>	<u>\$150 per assessment</u>
2.	<u>Shadowing a non-clinical PPA (2.5 hrs. telephone)</u>	<u>\$75 per assessment</u>
3.	<u>Clinical/mixed assessment</u>	<u>\$300 per assessment</u>
4.	<u>Non-clinical assessment</u>	<u>\$300 per assessment</u>

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Registration Committee Chair's Report

The Panels of Registration Committee met on March 15, 16 and 17, 2017. The three panels reviewed a number of files which had been referred by the Registrar who had doubts as to whether the applicants met requirements, specifically the education requirement set out in s.5(1) of the General Regulation of the *Kinesiology Act, 2007*.

The educational requirement in 5(1) is non-exemptible pursuant to s.5(3) of the Regulation:

Registration requirements, general class

5. (1) *An applicant for the issuance of a general certificate of registration must,*

(a) *either,*

(i) *have graduated from a program in kinesiology that was offered at the bachelor level at an Ontario university and which was at least four years in duration, or*

(ii) *have successfully completed a program which a panel of the Registration Committee considers to be substantially equivalent to a program referred to in subclause (i);*

(3) *The requirements in clauses (1) (a), (b) and (c) are non-exemptible.*

To support the review of the applications by the Panels, the College had retained the services of an educational expert to review the educational credentials of each of the applicants and to consider whether those credentials could be considered to be equivalent or substantially equivalent to a four- or five-year degree in kinesiology from an Ontario university.

The decisions of the Panels have been communicated to the applicants.

One of the most significant outcomes from the work of the panels was a set of key decisions which together will help to inform future evaluation of applications and also will ensure consistency and fairness in how future panels consider and assign weights to relevant education which is not at the university level.

Key guiding decisions included the following:

Diploma level courses are not equivalent to university Degree courses.

It was determined that diploma-level courses usually offer practical knowledge and often provide experiential learning opportunities; however, they lack the depth and breadth of university-level courses in the same subject areas. Most diploma-level courses are shorter than degree level courses, offering less time for the student to study and learn the necessary information to practise safely and competently at the entry level as a kinesiologist. In consequence, when a Panel considers the education information provided by an applicant, the Panel cannot weight diploma-level courses at the same weight as university-level courses.

Required Courses in assessment and exercise prescription.

The Panels of the Registration Committee affirmed that assessment of cardiorespiratory fitness and related exercise prescription for both healthy individuals and those with disease or injury, must be included in the course of study of any program that would be deemed to be substantially equivalent to a degree in kinesiology from an Ontario university. The Panel further affirmed that there can be no exemption from this specific education requirement as assessment and exercise prescription across a broad spectrum of health conditions and patient populations, are central to the practice of kinesiology. The Panel determined that while some assessment and exercise prescription may be offered in diploma programs and continuing education, only such courses taken in a university-level Kinesiology program should be deemed substantially equivalent.

Non-exemptible educational requirement.

Education serves as a defining and unifying feature of the kinesiology profession. It is the basis upon which practitioners may gain additional education and experience in a particular area of practice within the profession. The Panels of the Registration Committee affirmed that experience without the foundational education is insufficient to enable the College to assure the public that an individual has the competency to practise safely, ethically and to the full extent of the kinesiology scope of practice.

Professional development-oriented certificate programs.

The Panels of Registration Committee noted that professional development courses and workshops programs are insufficient to enable an applicant to meet the education requirements as these courses or workshops lack the depth and breadth of the undergraduate-level courses in university degree programs in kinesiology.

Registration Report

➤ Registration Committee

There has been 1 applicant referral to the Registration Committee since the last Council Report. The Committee dealt with an applicant's proposal for remediation requirements for approval to take their 3rd and final entry to practice examination. Also, the Committee approved, and forwarded four registration policies for approval by the Council.

The next Panel of Registration Committee meeting is scheduled for July 12, 2017.

➤ Examination Appeals Committee

There have been 2 applicants who requested an appeal to the Examination Appeals Committee since the last Council Report. The Committee considered and reviewed these appeals on June 12, 2017. These appeals were based on illness of the day of the examination.

➤ Annual Historical Examination Counts

Year	Examinees	Percentage of Examinees that passed
2013	224	73%
2014	394	65%
2015	445	70%
2016	472	72%
April 1, 2017	226	71%

➤ Spring Exam – April 1, 2017

The College 2017 Spring Entry-to-Practice examination was held on April 1, 2017.

A total of 226 candidates wrote the exam.

See below for breakdown:

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

➤ **Membership Update**

As of June 1, 2017 the College has 2637 total members registered. There are 2348 members in the General Class and 289 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



ICRC/Professional Conduct Report

A panel of the ICRC met on April 21 to consider 3 Registrar Reports investigations, and to deliver a caution-in-person to a member.

The Registrar's Reports dealt with the following:

- 1) Practising while suspended, which resulted in written advice/caution.
- 2) A finding of professional misconduct at another Ontario health regulator – no further action was taken.
- 3) A criminal conviction for driving while impaired, which resulted in written advice/caution.

With respect to the last two, transparency by-laws require posting of the conviction and professional misconduct finding on the members' public register profiles. The ICRC decisions are not published. These types of cases do not involve investigations of the underlying conduct but an assessment of whether the finding/conviction is relevant to the suitability to practise. Further, with respect to the criminal conviction, the panel had to look at the offence itself, regardless of any case specific factors, and whether it would raise a concern. In this case, the panel set a precedent that a criminal conviction for driving while impaired would not result in a 'take no further action'. The ICRC goes through a risk assessment on every case to help guide the decision-making process.

The panel also asked for a process to be established with respect to the delivery of cautions-in-person (oral cautions), which is complete and will be reviewed by the committee at the next meeting. The panel wanted to ensure members come prepared to provide some meaningful insight into their conduct/practice.

No new investigations have been initiated and no new meetings are set at this time.

There is an ongoing HPARB appeal and a case management conference is set for June. This is not the hearing and no final decision will be made. Cara Moroney will be representing the College via teleconference. She will provide any necessary updates at Council.

The College is continuing its work on developing a process for Alternative Dispute Resolution and a Volunteer Facilitator's Policy is in front of Council for approval during this meeting.

Committee Report

Committee: Quality Assurance
Prepared for: Council
Date: June 26, 2017

Committee met once since its last report to Council in March 2017.

Peer Assessor Training

Committee formally appointed twelve new assessors this winter, expanding the pool to 21 kinesiologists.

In April and May the Director, Quality Assurance facilitated two mandatory two-day assessor training sessions on behaviour based interview skill development and patient record reviews. New appointees practiced conducting assessments as well as undergo a PPA in accordance with the Assessor Selection Policy. Experienced assessors joined the second afternoon to share their insights and discuss emerging issues. New appointees will observe and shadow Spring cycle PPAs to provide more hands-on training and ensure consistency with scoring and inter-rater.

Peer and Practice Assessment (PPA)

Staff sent eleven decision and reasons for the remaining 2016 PPA cases reviewed at the March meeting.

In June, Committee reviewed a deferred PPA case and rendered an initial decision and reasons. In addition, Committee reviewed a second PPA case and rendered a final decision and reasons. Decision and reasons letters will be sent to members in the coming weeks.

Spring/Summer 2017 PPA selection notices were disseminated to members on May 1st. These members are required to participate as they were selected randomly, were granted a deferral in an earlier cycle or indicated that they had insufficient currency at annual renewal. The Spring/Summer 2017 cycle will run until the end of August.

Peer and Practice Assessment Video

Quality Assurance partnered with Communications to develop a video that gives viewers an inside look at the peer and practice assessment from the member and assessor's perspective. The video addresses the purpose of the PPA, how information is gathered, and clarifies common misconceptions. The video was filmed at the end of March, posted to YouTube, and members selected to undergo PPA are sent a link to the video.

Ethics and Professionalism E-Learning Module

The Ethics and Professionalism e-Learning Module is now live. All General Class members are required to complete the module by July 31, 2017. Certain topics, such as ethics, are critical to delivering competent, safe and patient/client-centred care, and require the College to encourage mandatory learning. The module will help members better understand how to apply the College's Code of Ethics in daily practice and the process of making ethical decisions. The module contains multiple choice practice scenarios to help them think about ethical dilemmas and identify opportunities for improvement.

Members may complete the module at their own pace individually or with a group, and completion may be counted as a learning activity towards their continuing professional development requirements. By completing this module, members are demonstrating their commitment to improving their practice, which increases the public's confidence in the kinesiology profession.



Patient Relations Committee Report

The Patient Relations Committee met on June 5, 2017 for a half day teleconference. From discussions taken from the annual training meeting in March, a more detailed strategic plan along with a planned schedule for standards review was examined by the committee. These plans are to provide some structure moving forward, but also flexibility to allow for the College to adapt to any new priorities that may arise. A draft Sexual Abuse Prevention Plan will continue to be worked on for possible future publication. At this point, it is an operational document only.

The committee also reviewed revisions to the Mandatory Reporting Guideline, which was approved for recommendation for Council at this meeting. Also recommended to Council are the sexual abuse principles, which will be posted on the website if Council approves today.

The College is now focusing on ensuring any standards and guidelines are revised to reflect the important changes from Bill 87. Some of these are in effect now, while others await proclamation. The College will be looking at all of its resources on professional boundaries and sexual abuse to ensure they are accurate and up-to-date. The committee will meet again in late summer or early fall to review these changes.

Cataloguing Information	
Number:	
Committee:	
Subject:	

Decision Note

Date: June 26, 2017

Issue: Revisions of Clinical Supervision Standard – re-titled – “Supervision and Education of Students & Support Personnel”

Background:

- At the Council meeting in March 2017, Council considered a revised Education & Supervision Practice Standard that had been reviewed and recommended by the Patient Relations Committee.
- The revisions to the standard were motivated by recommendations in the Sexual Abuse Task Force Report (SATF) regarding the need to protect patients from abuse by unregulated practitioners. The revised standard has a new section about kinesiologists’ accountability and responsibility for ensuring that students/support personnel also adhere to appropriate professional boundaries .
- The College is also going through a Standards review project as per the College’s strategic plan and other revisions were made to make the standard more clear and formatted according to how previous standards have been revised so far.
- The Council, after suggesting further amendments, approved the standard for circulation.
- The Council will consider the feedback in determining its final approval of the standard

The Feedback

- The standard was circulated to the membership (and stakeholders) as a stand-alone consultation item meaning it was not embedded in a newsletter where it may be overlooked.
- The College received considerable feedback and a high number of responses as compared to past consultations.
- Most of the feedback was positive and in favour of the revisions. Attached is a summary of the survey results for review.
- There were also many comments made. While it is not mandatory for respondents to identify themselves, the nature of the comments suggests that most, if not all, respondents were kinesiologists.
- There are some proposed changes in the standard (seen in track changes) to address some comments/feedback, however, much of the feedback was either not applicable or appropriate for revisions to be made.
- Some questions were also too specific to be addressed in a Practice Standard. The College will be publishing an article when the final approved standard is published. This article will seek to explain and answer some questions raised in the feedback.

Cataloguing Information	
Number:	
Committee:	
Subject:	

- The article also strives to provide members with an understanding of the nature of practice standards as broad, principle-driven documents, and not situation specific answers.
- The article tackles the following 5 questions that have been collated from the feedback.
 - *What is meant by expectation #6 - Documenting training and evaluation of students/support personnel?* This has been partially addressed in the standard, but it is generally too context specific.
 - *Why did the College not allow for student/support personnel to obtain informed consent?*
 - *What would a kinesiologist do if their electronic charting system only allows the kinesiologist's signature to appear?*
 - *How can kinesiologists be responsible for the behaviour of others if they have the intent to abuse a patient/client and/or the kinesiologist is unaware?* This has been partially addressed in the standard by adding the phrase "making reasonable efforts" with respect to ensuring student/support personnel maintain professional boundaries.
 - *What does it mean to "take immediate and appropriate action"?*

Motion:

- To approve the revised Practice Standard –Supervision & Education of Students & Support Personnel for publication

Decision of Council/Committee:

Moved by_____. Seconded by_____

Date:_____

Practice Standard- Supervision & Education of Students & Support Personnel

Intent

The College encourages members to participate in the preparation of students/support personnel for future practice. As regulated health professionals, kinesiologists must be aware of their responsibilities and accountability when they are acting as a supervisor.

Standard Statement

Members bear responsibility and accountability for the care/services provided by students/support personnel under their supervision and for their behaviours in the workplace setting. Members must balance the following priorities:

- the need to encourage a student's/support personnel's autonomy and learning;
- a level of supervision appropriate to the assignment;
- the knowledge, skill and clinical reasoning of the student/support personnel; and
- the patient's/client's level of comfort in working with students/support personnel.

Performance Expectations

A member demonstrates the Standard by:

1. Maintaining professional accountability for all aspects of care/service which they assign to students/support personnel including:
 - initial assessment and evaluation;
 - interpretation of referrals;
 - development, evaluation and modification of the treatment plan;
 - documentation and billing;
 - maintaining professional boundaries (*see below for more details*).
2. Evaluating the knowledge, skill and judgment of the student(s)/support personnel being supervised prior to any assignment.
3. Ensuring that the duties assigned to students/support personnel are appropriate and take into consideration the complexity of the practice environment along with their:
 - knowledge, skill and judgment,
 - level of education,
 - experience, and
 - Confidence.

4. Ensuring that the student/support personnel is competent to perform any intervention, service or activity that is assigned to them.
5. Conducting ongoing training and evaluation of students/support personnel to ensure that:
 - they are competent to perform any intervention, service or activity that is assigned to them; and
 - their performance of assigned clinical interventions, services and activities meets the standard of practice of the profession.
6. **Documenting training and evaluation of students/support personnel** [which is conducted at appropriate intervals related to the placement/position, duration of employment, experience of the student/support personnel and any other relevant factors.](#)
7. Minimizing risk of harm to the patient/client by ensuring that s/he supervises students/support personnel at an appropriate level based on consideration of the activities to be performed and assessment of the level of competency of the student/support person. [This does not mean that all students/support personnel must be in the presence of the kinesiologist and under direct observation at all times. It will depend on the student's/support personnel's level of knowledge, skills and judgment](#)
8. Obtaining informed consent from patients/clients or their substitute decision-makers prior to involving students/support personnel.
9. Ensuring that patient/client records and related documentation reflect accurately who has entered what information/notations and who has provided what services or performed which acts described in the notes.
10. Ensuring that patient/client records and related documentation written or completed by students/support personnel include a formal acknowledgment that the information has been reviewed by the supervising member.
11. Immediately discontinuing student/support personnel involvement in circumstances where their actions or deficient knowledge, skill or clinical reasoning place the patient/ client or public at risk, or where the patient/client withdraws consent for their involvement.

The following activities are not to be assigned to students or support personnel:

1. Obtaining informed consent for a course of treatment and/or a change in the course of the treatment
2. Discharging a client from treatment and creating a discharge plan.

Education regarding professional boundaries

Members are not only accountable for the care/service provided by students/support personnel, but are also responsible for [making reasonable efforts at](#) ensuring that professional boundaries are maintained between the student/support personnel and the patient/client. Members are expected to:

- Educate students/support personnel on the nature of the therapeutic client relationship;

- Provide instruction and advice on how to establish and maintain professional boundaries and the warning signs of boundary violations;
- Demonstrate professional boundaries with all patient/clients and professionalism with all colleagues;
- Provide the appropriate learning resources to students/support personnel, such as the College's practice standards and guidelines on professional boundaries;
- Take appropriate and immediate action where a student/support personnel is not able to manage professional boundaries;
- Advocate for standards and protocols on how to address issues of professional boundaries involving students/support personnel within the employment setting where appropriate.

Definitions

Student: Currently enrolled in a university level kinesiology or related program, and as part of that education, is seeking work experience.

Support Personnel: An unregulated person who is working under the direct or indirect supervision of a regulated health professional, whose activities are the responsibility of the regulated health professional.

Indirect Supervision: Where a kinesiologist is not directly assigning care about a specific patient/client, but is in a managerial or oversight role over staff and/or practice environment.

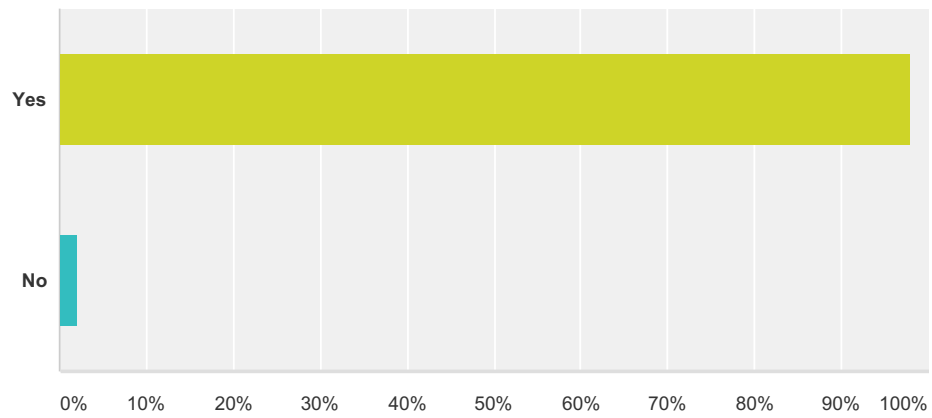
Comment [CM1]: There was a comment that this should be expanded to include high school students. The College does not support the provision of kinesiology services by high school students who are not under the direct and complete supervision of the responsible kinesiologist.

Legislation

Regulated Health Professions Act, 1991

Q1 Is the standard clear and comprehensive in terms of its expectations?

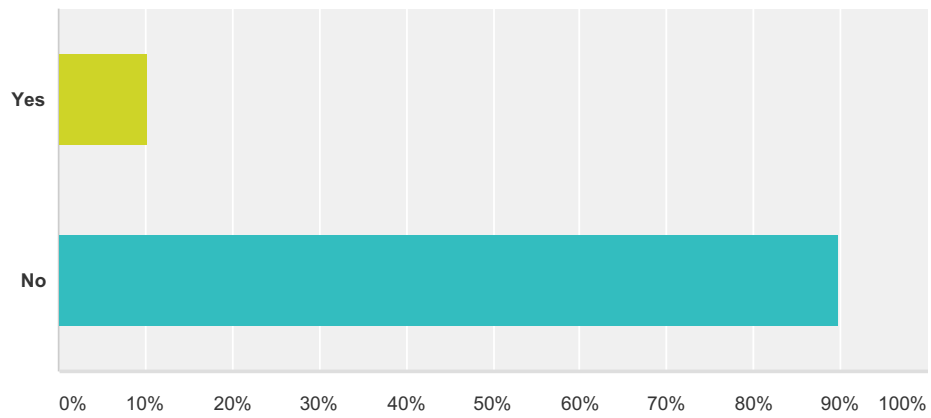
Answered: 235 Skipped: 0



Answer Choices	Responses
Yes	97.87% 230
No	2.13% 5
Total	235

Q2 Are there any statements or terms that require further explanation?

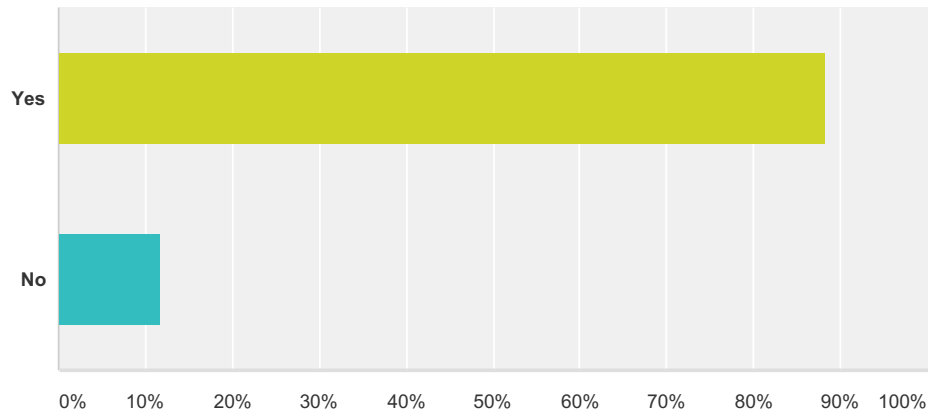
Answered: 234 Skipped: 1



Answer Choices	Responses
Yes	10.26% 24
No	89.74% 210
Total	234

Q3 If you are currently in a supervisory position, are you able to meet the expectations in the standard?

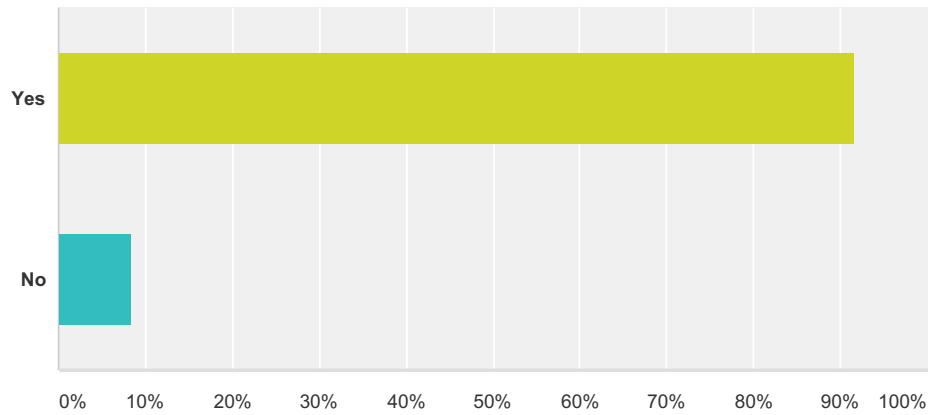
Answered: 170 Skipped: 65



Answer Choices	Responses
Yes	88.24% 150
No	11.76% 20
Total	170

Q4 Will the revisions to this standard help in the College's efforts to prevent sexual abuse?

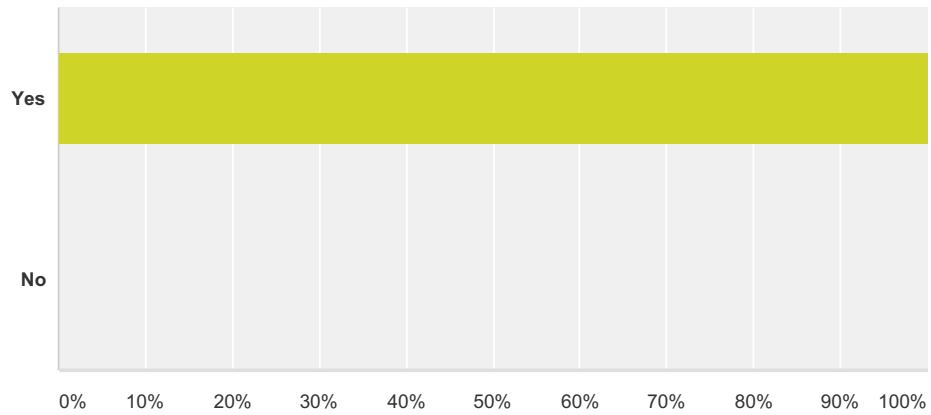
Answered: 227 Skipped: 8



Answer Choices	Responses
Yes	91.63% 208
No	8.37% 19
Total	227

Q5 Is the standard consistent with the College's mandate to protect the public interest?

Answered: 235 Skipped: 0



Answer Choices	Responses
Yes	100.00% 235
No	0.00% 0
Total	235

Q6 Additional comments:

Answered: 21 Skipped: 214

May 31, 2017

Ms. Cara Moroney
College of Kinesiologists of Ontario
160 Bloor Street East, Suite 1402
Toronto ON, M4W 1B9 |

Dear Ms. Moroney:

RE: Practice Standard- Clinical Education/Supervision/Delegation

The Ontario Kinesiology Association (OKA) Board of Directors has reviewed the draft document "Practice Standard- Supervision and Education of Students and Support Personnel" and would like to commend the College in its efforts to clarify and strengthen the current practice standard.

The Ontario Kinesiology Association is supportive of the proposed changes as outlined and has no additional comment or suggestions at this time.

Sincerely,

ONTARIO KINESIOLOGY ASSOCIATION



Sabrina Francescut, R.Kin
President

Cataloguing Information	
Number:	
Committee:	
Subject:	

Decision Note – ADR Facilitator Policy

Date: June 27, 2017

Issue: Approval of the ADR Facilitator Policy for circulation and comment to stakeholders

Background:

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

ANALYSIS

Why the Roster?

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

¹ There is a Frivolous & Vexatious option, which is rarely used

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

Policy development and key features

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

Mandatory Mediation Program which is administered by the Ministry of the Attorney General and involves civil litigation cases.

- Finally the policy has been reviewed by the College's legal counsel and no major revisions were suggested

Risks and Opportunities

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

Quality control & resource management

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

Addressing the risk

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

College reputation and fulfilling the mandate

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

Addressing the risks

- The policy is designed to be rigorous enough to establish an appropriate standard for the type of work being conducted by volunteer facilitators.
- Again, as noted above, facilitators will only be assigned low risk complaints
- Further, the requirement that facilitators attend training by the College will ensure they understand the health regulatory context, such as, the relevant provisions of the RHPA, the role of ICRC and any statutory limitations on what can be agreed to by parties.
- The ADR Process Policy also ensures that, should facilitators have questions relating to the clinical nature of kinesiology practice, appropriate resources will be available

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

Inefficiency and delays

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

Addressing the risks

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

Financial/liability

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

Addressing the risks

- The College has always demonstrated sound financial judgment and conservatism. Expenses by facilitators must be pre-approved, which would reduce the risk of high cost facilitations

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

Outcome Desired:

- To approve the draft policy: ADR Facilitator Policy for circulation to stakeholders for a period of 60 days

Decision of Council/Committee:

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

Moved by _____ seconded by _____

Date: _____

College of Kinesiologists Policies and Procedures		
SECTION: Professional Conduct		Policy #
POLICY: ADR Facilitator Roster Policy		COVERAGE: College
CREATED: March 2017	REVISED:	NEXT REVIEW:

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

Introduction

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

Facilitator Qualifications

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

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

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

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

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

Criteria

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

- Has undertaken at least 40 hours of basic mediation/negotiation training in a course approved by the College¹
- Individuals with additional advanced or specialized mediation/negotiation training beyond the basic 40 hours training will be given preference
- Has completed² at least:
 - two matters utilizing an alternative dispute resolution process as the lead facilitator; or
 - three matters utilizing an alternative dispute resolution process as a co-facilitator;
- If the candidate is part of any regulated profession or trade, the candidate must be in good standing³ with that organization.

Process

Application

- 1) The candidate must complete and/or submit the following to the College:
 - A completed application form;

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

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

³ Good standing means the candidate is in good standing administratively (i.e. has paid all their fees) and has no disciplinary history

- A resume which lists all post-secondary education, as well as any professional degrees, certificates and/or designations;
 - A copy of any and all supporting documentation, including proof of completion of ADR training and completion of a matter(s) utilizing ADR;
 - A letter of good standing from any professional regulatory bodies;
 - At least two reference letters from relevant sources.
- 2) Once the application is reviewed and is determined to meet the initial requirements, the candidate will be interviewed by an appropriate College staff member
 - 3) If a candidate passes the interview phase, they will be required to take part in the College's regulatory training.
 - 4) A candidate will be required to read and understand the College's confidentiality policy and sign the College's Confidentiality Agreement.

Selection on a matter

- If all the above steps are completed, the candidate will be added to the roster as a facilitator
- If a case is assessed as being suitable for ADR, a facilitator will be contacted to determine whether they are willing and able to provide their services
- A conflict check will be undertaken before the facilitator is formally assigned to the case, which includes, but is not limited to, a facilitator not being a member of the College or from a College from which the complainant is a member
- Once the facilitator has been formally assigned and the parties notified, the facilitator will be required to make contact with the parties within 7 days

The facilitation

- The facilitator may conduct a mediation in-person or electronically and may use shuttle diplomacy in order to facilitate a settlement
- The facilitator will be required to ensure that both parties are fully informed about the process and provide informed consent to participate in the process through the course of the ADR process
- The facilitator will be required to respond to any College requests for updates on the matter and estimated timelines within a reasonable time
- A facilitator will not disclose any content of the discussions with any College staff unless there is a statutory duty to disclose information⁴
- The facilitator will have the necessary practice resources available to them including a practice advisor to answer any questions of a clinical or regulatory nature if required

⁴ Facilitators will be trained as to the various statutory exceptions to confidentiality

- The facilitator will be required to draft the settlement agreement on a template form provided by the College and submit it to the College with all the required signatures
- Facilitators will be expected to follow the College's Code of Conduct and all other relevant policies and procedures
- The facilitator, in consultation with the Director, Professional Conduct (or designate), will secure an appropriate and private location at a reasonable cost, which will be borne by the College. Any cost for the location must be approved by the College first.

Compensation

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

**COLLEGE OF
KINESIOLOGISTS
OF ONTARIO**



SPECIALTIES

Authorizing a specialty of the profession

Contents

SECTION A:	1
Definition	1
SECTION B:	1
Requirements for Recognition of Kinesiology Specialties	1
ACCREDITATION OF A SPECIALTY TRAINING PROGRAM	3
SECTION A:	3
Validation of the Sector Recognized Certification Program	3
SECTION B:	3
Submission of an Application	3
SECTION C:	4
Application Requirements	4
SECTION D:	5
Application Review and Approval Process	5

Appendix 1

ACCREDITATION STANDARDS	i
Standards for Accreditation of Certificate and Diploma Programs Relating to Specialty Areas of Practice Authorized by the College of Kinesiologists of Ontario	i
ACCREDITATION STANDARD 1: ADMINISTRATIVE STRUCTURE	i
ACCREDITATION STANDARD 2: RESOURCES	ii
ACCREDITATION STANDARD 3: EDUCATIONAL PROGRAM	iii
ACCREDITATION STANDARD 4: COMPETENCY-BASED ASSESSMENT OF TRAINEE PERFORMANCE	iii

REVIEW AND APPROVAL FRAMEWORK FOR AUTHORIZATION OF A SPECIALTY

SECTION A: Definition

Definition –To be authorized as such by the College, a specialty must be a discrete and well-defined focus of practice which requires in-depth knowledge and skills beyond those commonly possessed by registered kinesiologists (defined by the registration and renewal requirements of the College of Kinesiologists of Ontario). A specialty builds on the knowledge within the discipline and strengthens and enriches evidence-based practice of kinesiology. A specialty responds to defined needs of members of the public.

Practitioners of an authorized specialty within the field of kinesiology will have gained advanced competency within the specified area of practice, through study and supervised practice as a trainee. This study and supervised practice will have been conducted by a program or programs accredited by the College of Kinesiologists of Ontario or its delegate to provide certification, a diploma or a degree that is recognized by the College.

SECTION B: Requirements for Recognition of Kinesiology Specialties

1. Defined scope

The scope of the proposed specialty requires advanced knowledge and skills that: (a) are recognized as part of a kinesiology special area of practice, or combination of recognized kinesiology special areas of practice; and (b) cannot be adequately represented to the public and to members of other healthcare professions solely through the use of the R. Kin title plus addition of the designation used by those qualified in the special area of practice.

- Builds upon the defined essential competencies of the profession in a distinct area by adding increased depth of knowledge, and by increasing the skills of the practitioner within the area of specialty;
- Adheres to the Standards of Practice and defined Essential Competencies Profile
- Demonstrates the competencies required to provide advanced and specialized kinesiology services.
- Responds to a recurrent set of well-defined situations/problems/needs related to a defined population
- Typically, specialists practise in the area exclusively.

2. Evidence of need

The specialty applicant must document scientifically, by valid and reliable statistical evidence/studies, that the applicant: (a) actively contributes to new knowledge in the field; (b) actively contributes to professional education; (c) actively contributes to research needs of the

Authorization of Specialties

profession; and (d) provides kinesiology services for the public; all of which are currently not being met by general practitioners or another authorized specialty of kinesiology.

3. Impact on existing practice of kinesiology

The recognition of specialties within a profession acknowledges and leads to advancements in practice, research, and technology. Improvements within the field serve the public interest by enabling more informed decision-making and enable members of the profession to make necessary referrals within the profession to respond to particular patient/client needs.

Specialties are authorized only in those areas identified and accepted by the profession where advanced knowledge and skills are essential to maintain or restore health or to provide the required support to the development of the profession.

- Authorization of the speciality enhances and strengthens the public's access to necessary and effective kinesiology services.
- The profession has demonstrated that authorization of the specialty is consistent with the goal of protecting the public, that it nurtures the practice and science of kinesiology, and that it improves the quality and accessibility of care.
- The specialty demonstrates unique integration of care with other areas of kinesiology and/or other areas of health service.

4. Advanced Education and Training

Formal advanced education and training programs pertaining to a specialty must be verifiable by the College. The Program must provide education and training beyond what is attained in the four or five-year kinesiology degree from a recognized Ontario university or equivalent degree program. 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.

5. General Characteristics

- Specified knowledge and skills within kinesiology
- Specialized constellation of competencies that build on essential competencies
- Structured program of study and/or training which is not part of a baccalaureate degree, typically requiring a minimum of 1000 curriculum hours and 800 supervised practise/practicum hours.
- Certification requires an exam by a sector-recognized certifying body
- Continual evaluation of specialty skills at adequate intervals by the accepted certifying body.

A program which is desirous of providing a certificate or diploma to qualify members to practise as a specialist within an authorized specialty of kinesiology, must be accredited by the College or an organization to which the College has delegated the authority to accredit for the purpose of providing training in a specialty of kinesiology.

ACCREDITATION OF A SPECIALTY TRAINING PROGRAM

SECTION A:

Validation of the Sector Recognized Certification Program

The application for authorization to use a specialty title requires submission of documentation relating to the education and certification process undertaken by the member to achieve the required level of competence to practise as a specialist in the specialty area. The education and training must be provided by a program which is recognized by the sector and the profession and which has been accredited by the College or its delegate.

SECTION B: Submission of an Application

A program which meets the following criteria may submit an application for accreditation:

- i) A dean/program director/program administrator, as applicable, has been employed at the time the application is submitted and at least six (6) months prior to a projected site visit.
- ii) The program meets the accreditation requirements attached to this document and can be demonstrated, at the time of the application.
- iii) A strategic plan/outcomes assessment process, which will regularly evaluate the extent to which the program's stated goals and objectives are being met, is developed and available for review.
- iv) The long and short-term financial commitment of the institution to the program is documented and demonstrates viability of the program.
- v) Contractual agreements are drafted and signed providing assurance that any program dependent upon the resources of a variety of institutions and/or extramural clinics and/or other entities has adequate support.
- vi) A defined admission process and due process procedures exist to verify that applicants for admission to the program meet entry requirements.
- vii) Due process procedures including examinations are in place to ensure that trainees achieve the required competencies to practise at an advanced level within a specific area of the field of kinesiology.
- viii) Qualifications, assignments and appointment dates of faculty are provided.
- ix) An explanation is included of how the curriculum was developed including who developed the curriculum and the philosophy underlying the curriculum. If curriculum materials are based on or are from an established education program, there must be documentation that permission was granted to use these materials.
- x) The curriculum with general course and specific instructional objectives, learning activities, evaluation instruments (including, as applicable, laboratory evaluation forms, sample tests, quizzes, and grading criteria) is provided.
- xi) Class schedule(s) noting how each class will utilize the facility are developed.

Authorization of Specialties

As there is no accrediting body currently in place that is able to assure the College of the qualifications of an applicant for provision of training in a specialty within the practice of kinesiology, such applications must be made to the College with payment of required fees.

SECTION C:

Application Requirements

1. General Information

- i) What is the name of the proposed specialty?
- ii) Describe the relationship between the specialty and general kinesiology practice
- iii) Is there a national organization which provides certification or regulates through a legislative framework, the proposed specialty?
- iv) Are there any other national or provincial organizations with similar scopes? If yes, what is the relationship between the organizations?

2. Specific Information

- i) Describe (in detail) the unique nature of the proposed specialty. Provide information on the following:
 - (a) A list of well-established and validated Standards of Practice or Core Competencies, the methodology used to develop and validate the standards and competencies. Every standard or competency should relate to the uniqueness of the proposed specialty area.
 - (b) A statement of values and beliefs reflected in the practice of this specialty area, which must be reflected throughout the proposal.
 - (c) A description of the recurrent situations/problems/needs which the specialty area addresses.
 - (d) A description of key phenomena that relate to practice, such as, technologies, physical set-up, practice setting, and any other external influencing factors that relate to the uniqueness of the specialty area.
 - (e) A written role description for practitioners within the specialty.
 - (f) A list of well recognized and current journals, publications, research studies which support the speciality.
 - (g) A list of healthcare practitioners or other individuals who have acknowledged, relevant knowledge or expertise who support the creation of the specialty and provide reasons for their support.
- ii) Describe the client population which this specialty primarily serves and how it benefits from this specialty practice.
- iii) Is this specialty recognized by another jurisdiction, if yes, for how long?
 - (a) For each jurisdiction, describe how the specialty is structured.
- iv) For each jurisdiction, describe how it is recognized (e.g. examination?)
- v) Describe the requirements for recognition of practitioners in this area.
- vi) How are practitioners in this area assessed/confirmed?

Authorization of Specialties

- vii) What are the continuing competency requirements for practitioners to maintain their specialty certification?
- viii) How will the recognition of this proposed specialty affect general practitioners and any other related specialties? (please include both positive and negative implications)
- ix) Would any component of the specialty training be taken as part of the training for general practice? (E.g. streamed university programs). (Please describe how this would be handled by the training program in the specialty area)
- x) How would recognition of this specialty area affect the following:
 - (a) Delivery of general kinesiology services?
 - (b) Meeting health care needs?
- xi) Estimate how many practitioners are currently practising in the proposed specialty area
- xii) Outline future projected work force needs for those practising in this area (5-10 years)
- xiii) Why is authorization by the CKO essential for the proposed specialty? How public protection is improved or how is the practice of kinesiology enhanced?
- xiv) Identify any organizations and stakeholders (within Canada) who should be consulted including other professions where holders of the specialty certification or education may practise.
- xv) Outline the implementation process for the proposed specialty.

SECTION D:

Application Review and Approval Process

Stage 1 – Internal Review

- i) Receipt of submission
- ii) Preliminary review by College to ensure completeness
- iii) Council establishes a special-purpose Committee on Specialties
- iv) Submission sent to COS co-Chairs (Committee on Specialties) and reviewed

Stage 2 – COS Review

- i) Review of application
- ii) Provide direction to staff regarding verification of claims, commitments made in the proposal, current practice focus and structure for those most likely to be impacted within the membership of the College
- iii) Decision –COS decides whether to accept the proposal and to begin the consultation process potentially leading to authorization of specialty.
- iv) 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?

Authorization of Specialties

Proposals passing this stage will be reviewed according to the Standards for Accreditation described in Appendix 1.

Stage 3 – Stakeholders Consultation

- i) Consultation with the proponents to discuss the application, the consultation process, and outcomes from stakeholder consultations
- ii) Consultation by the College with the MOHLTC and with health profession regulators regarding proposal of profession for authorization of specialty. The College will consult with the public, with the Ministry of Health and Long-Term Care, with its members, with all other regulated health professions, and with stakeholders, to verify need and claims of enhanced public protection.
- iii) The period of consultation shall be ninety days unless it is determined that there is urgency to the matter in which case the period of consultation shall be sixty days.
- iv) Upon review of comments submitted during the consultation, if substantial concern is raised, then a further consultation of sixty days will be undertaken.
- v) Feedback to specialty group representatives to address any proposal shortcomings or issues
- vi) Further consultation with membership and key stakeholders as deemed necessary by COS
- vii) Consultation submissions reviewed by COS
- viii) COS directed meetings with individual stakeholders as necessary.
- ix) COS decision – requires further clarification; decision to recommend approval; decision to recommend against approval. Rationale provided to support recommendation.
- x) COS considers and drafts implementation plan if recommendation is to proceed with specialty.

Stage 4 – Ratification

- i) Review by Executive Committee
- ii) Executive Committee receives the recommendation of the Committee on Specialties. Considerations of Executive Committee include cost implications for the College, communications requirements, impacts if any on regulation, impacts on membership, and feedback received through consultation process.
- iii) Executive Committee comments– specialty designation is (is not) required to enhance public protection; implementation plan is (not) feasible.
- iv) Review by Council
- v) Council receives the recommendation of the Committee on Specialties and comments from Executive Committee.
- vi) Decision on whether to authorize a specialty designation and implementation plan.
- vii) Implementation (addressed in application)

APPENDIX 1

ACCREDITATION STANDARDS

Standards for Accreditation of Certificate and Diploma Programs Relating to Specialty Areas of Practice Authorized by the College of Kinesiologists of Ontario¹

The preceding is a process for authorizing a specialty. Individuals or organizations submitting a proposal to provide a program which trains candidates in an authorized specialty will be assessed to ensure they meet accreditation standards at the end of Stage 2 in the College's Review and Approval Process described above.

ACCREDITATION STANDARD 1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure.

Interpretation

- i) There must be a program director who has authority and accountability for the operation of the certification or diploma program.
 - (a) The program director must have demonstrated specialty expertise gained through advanced education, training and experience in the area of focused competence.
 - (b) The program director is accountable to a board of directors capable of such oversight. There must be coordination between the board of directors, and the professional associations for kinesiology and the area of specialty practice and universities in Ontario offering degrees in kinesiology to ensure the certification or diploma program does not negatively impact on the quality of education provided in these programs and offers learning experience at a level which is advanced beyond the bachelor degree level for Ontario universities.
 - (c) The program director must be assured of sufficient time and support to administer the program.
- ii) If more than one type or level of advanced training certification is offered by the corporation, there must be a program committee for each certification program, to assist the program director in the planning, organization, and supervision of the program.
 - (a) The members of this committee must include at least one trainee chosen by the trainees in the program.

¹ Adapted from *The Royal College of Physicians and Surgeons of Canada*. General Standards for Areas of Focused Competence (AFC) Programs 'C' Standards

Authorization of Specialties

- iii) The program director, assisted by the program committee, must administer and maintain an educational environment conducive to educating experienced kinesiology practitioners in the area of focused competence.
- iv) The program director and committee must:
 - (a) Oversee and ensure the quality of didactic and practical education in all sites that participate in the certification or diploma program.
 - (b) Approve the selection and teaching assignments of program faculty as appropriate.
 - (c) Select candidates for admission to the program.
 - (d) Develop and monitor an evaluation process that provides documented, regular feedback for trainees and includes an appeal mechanism.
 - (e) Ensure compliance with relevant college (CAAT) or university policies where the program is offered by a college or university.
 - (f) Evaluate, on a regular basis, the overall educational environment of the program, and each of its components.
 - (g) Assess, on a regular basis, the teachers participating in the program.
- v) There must be an environment of inquiry and scholarship, including an active research component, in the organization sponsoring the certification or diploma program.

ACCREDITATION STANDARD 2: RESOURCES

There must be sufficient resources including teaching faculty, the number and variety of practical assignments, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all trainees in the certification or diploma program to achieve the educational objectives and receive full training as defined by the certification requirements.

Interpretation

- i) There must be a sufficient number of qualified staff to teach, supervise and assess the trainees.
- ii) There must be a sufficient number and variety of appropriate practical assignments to meet the educational needs of the trainees.
- iii) Practical assignments and other resources used for teaching and learning must be organized to achieve their educational objectives.
 - (a) Learning environments must include experiences that facilitate the acquisition of the advanced competencies required to achieve certification or be granted a diploma.
- iv) The physical and technical resources available to the program must be adequate to meet the needs of the program as outlined in the Training Requirements.

Authorization of Specialties

1. Supporting facilities and services must be available to allow each trainee opportunity to meet the certificate/diploma requirements.

ACCREDITATION STANDARD 3: EDUCATIONAL PROGRAM

There must be a defined educational program that includes practical training, academic and scholarly content relevant to kinesiology and specific to the area of specialty practice. The program must be designed to ensure that each trainee is able to achieve all the competencies necessary to practise at an advanced level, safely and competently without endangering the public.

Interpretation

- i) The goals and objectives of the overall certification or diploma program must be written using the Essential Competencies of Kinesiologists framework.
- ii) There must be specific educational objectives for each educational experience based on the relevant Essential Competencies of Kinesiologists.
 - (a) The educational objectives must be designed to permit attainment of competence and be reflected in the planning and organization of the educational experience.
 - (b) At the beginning of each educational experience, individual learning strategies to meet the objectives must be jointly developed by the trainee and the supervising faculty.
- iii) There must be an academic program that provides educational opportunity to demonstrate application of the Kinesiologist Essential Competencies relevant to the area of focused competence. This must be sufficient to permit each trainee to acquire the appropriate expertise and skills to function as a kinesiologist practising at an advanced level in the area of focused competence.
- iv) The certification/diploma program must be organized such that trainees are both appropriately supervised and given appropriate responsibility according to their level of training, ability/competence, and experience.
- v) Teaching and learning must take place in environments which promote trainee safety and freedom from intimidation, harassment and abuse.
- vi) Service demands must not interfere with ability of the trainee to follow the academic program.

ACCREDITATION STANDARD 4: COMPETENCY-BASED ASSESSMENT OF TRAINEE PERFORMANCE

There must be mechanisms in place to ensure the systematic collection and Interpretation of assessment data on each trainee enrolled in the program.

Interpretation

Authorization of Specialties

- i. The in-training assessment system must be based on the goals and objectives of the program and must clearly specify the methods by which trainees will be assessed and the level of performance expected of trainees at each stage in the achievement of these objectives.
 - (a) There must be regular, timely, documented feedback on the progress of the trainee.
 - (b) Feedback sessions to trainees must include face-to-face meetings as an essential part of evaluation.
- ii. Assessment must collect evidence of achievement of competencies as set out in the Competency Training Requirements approved by the College and the Competency Portfolio for the certification or diploma.

Cataloguing Information	
Number:	
Committee:	
Subject:	

Decision Note
Specialties Assessment Framework

Date: June 26-27, 2017

Issue: Development of a Specialties Assessment Framework

Background:

Council has before it, the outstanding matter of the draft Specialties Assessment framework.

The College has addressed to Council on several occasions the matter of specialties within the profession. We have noted that the *Kinesiology Act, 2007* allows for the College to authorize use of a specialty title:

Restricted titles

[7. \(1\)](#) No person other than a member shall use the title “kinesiologist”, a variation or abbreviation or an equivalent in another language. 2007, c. 10, Sched. O, s. 7 (1).

Representations of qualification, etc.

[\(2\)](#) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a kinesiologist or in a specialty of kinesiology. 2007, c. 10, Sched. O, s. 7 (2).

On September 21, 2015, Council ordered that the Draft (#1) Specialties Assessment Framework be circulated for public consultation. In addition, Council ordered that the Ministry of Health and Long Term Care be consulted to determine whether they had views on the matter of creation of specialties within the regulated practice of kinesiology. Other health professions regulators and a number of professional associations were specifically consulted. In addition, the Ontario universities with programs whose graduates apply to the College were briefed and invited to provide input to the draft framework.

Results from Public Consultation

June 2016

At the Council meeting in June 2016, the Registrar presented a summary of feedback from the draft Specialties Assessment Framework public consultation. The framework was circulated to kinesiologists, universities, various professional associations, health professions regulatory colleges, the Ministry of Health and Long-Term Care, and the public.

The document described how the College would recognize and authorize a specialty within kinesiology. It outlines what criteria an organization would have to meet to be considered a speciality program. The framework notes that specialties are created by the profession and recognized by the College.

Response from the membership was mostly supportive. Health professions regulators advised the College to consider specific competency profiles for members to attain and maintain their specialty. There was also concern that the model proposed was time based in contrast to the competency based assessment for entry to practice.

Specific comments of note:

- For the most part, responders seemed supportive of the College authorizing the use of specialty titles.
- It was evident that there is not a clear understanding of the role of the College in “authorizing” use of a title.
- Some comments assumed that existing organizations which carry out certification would be the organizations which would accredit specialty training programs. This indicates that there is not a good understanding of conflict of interest.
- Notations were provided suggesting additional work that would be required including development of practice standards,
- York University noted that the time-based requirements may not reflect current practice in advanced education and that a focus on competencies would be more in keeping with the competency basis of assessment for entry to the practice of kinesiology.
- Some questions were raised concerning which areas of practice would be considered as potential areas for specialty practice.

The Registrar noted that considerable re-working of the Specialties Assessment Framework might be required and that this would be followed by further consultation with stakeholders. As part of the consultation package, and in all correspondence and presentations relating to the draft Framework, the College has explained that additional expertise might be required to complete the draft Framework.

Expert Review of Framework

To assist the College in determining how to respond to some of the comments received during the public consultation, concerning design of the accreditation process, Executive Committee approved in January 2017, the hiring of an educational expert with extensive experience in accreditation, expert knowledge of the practice of kinesiology and the post-secondary educational and training system concerning kinesiology. The consultant hired has not only the above credentials but also experience with the health professions regulatory system, with the requirements in Ontario for accrediting post secondary education programs in kinesiology, and with the specific curriculum requirements for kinesiology and other health professions in Ontario.

The consultant was provided with the draft Framework together with reference materials used by the College in developing the draft Framework, and the comments received from stakeholders, members, and members of the public. The consultant had ready access to the complete curriculum from two Ontario university kinesiology programs, and was provided with curriculum from Sheridan College’s recently accredited program.

Finally, the consultant was also provided with a copy of the draft proposal received from the Ontario Athletic Therapist Association in response to the draft Framework, and was asked to provide comments as follows:

- 1) Review and comment on the draft Specialties Assessment Framework which was circulated in 2016 to the public for comment. Advise the College on the following:
 - a) the adequacy and reasonableness of the accreditation requirements described;
 - b) changes to the requirements in the accreditation requirements which would be appropriate to ensure rigour, reasonableness, logical process, sufficiency to ensure only specialty level programs may be accredited;
 - c) approaches to implementation of a program accreditation process.

- 2) Review and comment on the draft proposal received from the Ontario Athletic Therapist Association (OATA) regarding accreditation and authorization of the title of Athletic Therapist as a specialty. In undertaking this review, comment on possible impacts on the profession of kinesiology in Ontario, as well as whether the submission has addressed all of the requirements set out in the draft Framework.

Expert Opinion Regarding the Draft Specialties Assessment Framework

Quoted from the Consultant's Report, March 2017:

I have been contracted to review and comment on the draft Specialties Assessment Framework which was circulated in 2016 to the public for comment, and to advise the College on the following:

a) The adequacy and reasonableness of the accreditation requirements described.

Let me state from the outset that I found the Framework document to be excellent. It is well organized, clearly written and has obviously benefited from a thorough review of the Specialty requirements of other regulated health care colleges.

The section **Requirements for Recognition of a Specialty** addresses: *defined scope; evidence of need; impact on existing practice of kinesiology; advanced education and training; general characteristics of a specialty.*

I found the content of each section to be comprehensive, yet succinct, and provided a clear description of what a specialty within the College should be, the potential impact on the existing practice of kinesiology and the educational and training requirements. In my view, the accreditation requirements described are more than adequate, and highly reasonable.

b) Changes to the requirements in the accreditation requirements which would be appropriate to ensure rigour, reasonableness, logical process, sufficiency to ensure only specialty level programs may be accredited.

In line with my previous comments, I do not have any meaningful suggestions for changes in the accreditation requirements. I was pleased to note 1. (b) which addresses specialty versus the R.Kin designation plus external certification/designation. I suspect this will be a controversial issue when future applications for specialty status within the

College are received. The statement “Typically, specialists practise in the area exclusively” was also an important inclusion.

c) Approaches to implementation of a program accreditation process.

The section on **Accreditation of a Specialty Training Program** is extremely thorough, and reflects accepted best practices. It addresses: *validation of the sector recognized certification program; submission of an application; application requirements; application review and approval process; ratification.*

In my view, this section is an excellent template for implementation of a program accreditation process and I am hesitant to suggest an alternative. My only concern is the immense amount of work and consultation that will be required to operationalize the process, particularly in a young College with somewhat limited staffing resources. I anticipate this will be a source of discussion within the Council, and as it likely falls outside the scope of my review I will make no other reference to it.

The second part of this consultant’s assignment will be reported at a later date. It is important to note however, that the OATA was informed that their proposal would be reviewed by the consultant as part of this project both as a test case to identify gaps and problems with the Framework, and secondly, to provide an initial identification of shortcomings in the proposal itself.

Other Considerations

While undertaking this work, including the public consultation, engagement of stakeholders and acquiring expert advice, the College has been cognizant of pending developments in the regulatory system signaled by the Ministry of Health and Long Term Care. Bill 87 has proceeded and while many changes are focused on prevention of and response to sexual abuse of patients by their health care providers, provision is made for future regulatory changes determined by the Ministry.

The ministry provided no comments on the draft Framework and it is not expected that they would see issues with its approval.

It is noteworthy that while there are certifying organizations which currently provide certifications of various names and various skills acquisitions, and that some of these are recognized internationally, at this time, none purport to certify a specialty of kinesiology. The Canadian Athletic Therapists Association (CATA) currently offers its own accreditation program.

Next steps

The College is presenting the draft Specialties Assessment Framework to Council for approval as a policy.

It is expected that work will continue on refinement of the Specialties Assessment Framework as policies and procedures are developed to describe how the Framework would be operationalized. Further analysis will result as the College responds to the draft OATA proposal, and determines a process of more formal review and consultation with the College membership and other concerned stakeholders. Substantive changes would be brought back to Council for consideration and approval.

Resolution– Draft Specialties Assessment Framework

Whereas the College developed the draft Specialties Assessment Framework in response to enquiries from stakeholders as to how the College would recognize requests for authorization to use a specialty title; and

Whereas the draft Specialties Assessment Framework was circulated to legal counsel, members, and stakeholders for comment for a period of 90 days; and

Whereas the College also sought advice and comments from an educational consultant with expertise in kinesiology education programs, post-secondary accreditation, and extensive knowledge of the Ontario kinesiology profession and the health care system; and

Whereas a draft proposal has already been received and reviewed by the expert consultant as a test case to determine whether the draft Framework is sufficiently rigorous to better enable the College to protect the public through authorization of the use of a specialties title; and

Whereas the College is prepared to take the next step and requires the Framework to be approved as a policy framework within which it may continue its work and provide detailed feedback to the Ontario Athletic Therapists Association regarding the draft proposal which it submitted on behalf of its members who are members of the College;

Therefore, be it resolved that Council approves:

- the draft Specialties Assessment Framework as a Policy Framework;
- that the College may continue to refine this policy Framework as it consults with other organizations experienced in accreditation;
- that the College may consider further the policies and procedures that would be necessary to operationalize this policy Framework; and
- that the College will advise Council further of necessary substantive changes to the Framework and public consultations necessary to ensure that the Framework is sufficient to protect the interests of the public.

Moved by: _____

Seconded by: _____

Date: June 27, 2017

Briefing/Decision Note

Prepared for: Registration Committee
Date: June 27, 2017
Issue: Professional Liability Insurance Policy

Background:

The *Regulated Health Professions Act, 1991*, requires all practising regulated health professionals to carry professional liability insurance as follows:

- *Insurance requirements*
(2) A member mentioned in subsection (1) shall comply with the requirements respecting professional liability insurance or protection against professional liability specified by the College and prescribed in the regulations made under the health professions Act governing the member’s health profession or set out in the by-laws.

Analysis

College staff have received numerous calls and emails regarding the professional liability insurance requirement, and specifically employer-provided insurance and these proposed amendments address some of the concerns and questions raised.

Comparison

The College of Respiratory Therapy also had a similar approach to employer-provided insurance coverage. Therefore, the College of Respiratory Therapy was consulted.

Employer-provided Insurance Coverage

- The *Health Professions Procedural Code* requires that members practising a health profession be “personally insured”. This means that a member must ensure that their employer’s insurance policy covers not just the organization, but also the member as an individual.
- The employer’s insurance policy must specify that it covers the “employees” of the organization as “added insureds”.
- If the employer does not insure the member to the minimum requirements outlined in the professional liability insurance policy, the member is required to get additional top-up insurance.

Member Insurance Coverage Expectations

Members should ascertain the following regarding the employer’s insurance policy:

- Whether it covers reimbursement of legal or criminal defense expenses?
- Will the plan provide for the cost of legal representation in the event the member is subpoenaed to appear as a witness?
- What type of coverage does the employer's policy provide e.g., Malpractice, Errors & Omissions, and Legal Expenses?
- What is the liability aggregate limit?
- Is the employer's insurance an "occurrence" type of policy (covers claims that occur after the policy has lapsed) or "claims made" policy (only covers an employee for claims made during the term of the policy)? If the employer's policy type is "claims made" (which is the most common form of liability insurance today) the member must ensure that they have enduring coverage (often called "tail insurance") to protect against any claims made after leaving or after the particular insurance policy ends.
- What are the "exclusions" under the policy? Exclusions should be standard provisions that do not materially detract from comprehensive professional liability.

Approval

The Registration Committee approved the amendment to the Professional Liability Insurance policy.

Recommendation

The Registration Committee recommends to Council approval of the revised Professional Liability Insurance Policy.

Policy

Type:	Registration		
Number:			
Name:	Professional Liability Insurance Policy		
Status:	Final	Version #:	±2
Date Approved:	June 18 th 2012	Date Revised:	June 27, 2017

Background

Liability insurance protects both Kinesiologists and the public they serve. Liability insurance enables a client to have adequate compensation should harm occur as a result of error, omission or a negligent act and it protects the Kinesiologist by providing legal and financial support should a client make a claim against them. Members may obtain liability insurance from any source, including their employer, the professional association, or directly from an insurance company.

The *Regulated Health Professions Act, 1991*, requires all practising regulated health professionals to carry professional liability insurance as follows:

- *Professional Liability Insurance*
13.1 (1) No member of a College in Ontario shall engage in the practice of a health profession unless he or she is personally insured against professional liability under a professional liability insurance policy or belongs to a specified association that provides the member with personal protection against professional liability.
- *Insurance requirements*
(2) A member mentioned in subsection (1) shall comply with the requirements respecting professional liability insurance or protection against professional liability specified by the College and prescribed in the regulations made under the health professions Act governing the member's health profession or set out in the by-laws.
- *Professional Misconduct*
(3) In addition to the grounds set out in subsection 51(1), a panel of the Discipline Committee shall find that a member has committed an act of professional misconduct if the member fails to comply with subsection (1) or (2).

In addition, *section 2(1) 12 of the Registration Regulation* requires that members provide proof of professional liability coverage specified in the bylaws of the College, or provide an undertaking to provide proof of such coverage within 30 days of being registered.

Policy

General

1. Registrants are responsible for their own actions and activities. In the event of committing a fault, error, omission, or negligent act while practising kinesiology, professional liability insurance must be in place to facilitate an appropriate level of accountability to the public.
2. Each member upon being registered for the first time, must sign an undertaking to provide proof to the College within 30 days of registration, that the member holds a policy of professional liability insurance that meets the requirements prescribed by the by-law.

Proof of Liability Coverage

3. Members are required to provide the College with a copy of their insurance certificate which includes a policy number and expiry date.
4. At annual renewal, members must provide updated information on applicable insurance coverage to maintain registration with the College.

Minimum Liability Insurance Requirements – General Certificate of Registration

5. The CKO by-law requires that active members engaged in the practice of kinesiology carry minimum liability insurance as follows:
 - a. A minimum amount of \$1,000,000 per occurrence,
 - b. A minimum aggregate amount of \$3,000,000 per year,
 - c. A deductible of no more than \$1,000 per occurrence,
 - d. The member shall have enduring (tail) insurance to provide coverage for at least five years after the termination of practice; and
 - e. The provider must either be licensed as an insurer with the Financial Services Commission of Ontario or must be in the form of membership in a protective association acceptable to the Registrar that provides equivalent protection.
6. At a minimum, coverage should also include conduct or omissions within the scope of practice of kinesiologists as defined in section 3 of the *Kinesiology Act*, the *Regulated Health Professions Act* and the Standards of Practice of the profession. The insurance coverage should only have standard exclusion clauses that do not materially detract from comprehensive professional liability coverage, for example, criminal or deliberate acts.

Employer-provided Insurance Coverage

If a member is covered by his/her employer's professional liability insurance plan in the amounts and coverage set out in the by-law (see above), the member is not obliged to obtain additional liability insurance coverage, although the member may wish to do so. Members should note that it is not sufficient for the employer's policy to cover the employer or the

facility. The *Health Professions Procedural Code* requires that members practising a health profession be “personally insured”. This means that a member must ensure that is/her employer’s insurance policy covers not just the organization, but individual employees as well. The policy does not have to list the member individually by name but must specify that it covers the “employees” of the organization as “added insureds”.

Where a member is covered by an employer’s insurance plan, the member must ensure the necessary individual coverage as described above. The member is advised to request a letter from the employer confirming coverage. If the employer’s insurance is insufficient in any way, the member must obtain additional insurance to meet the requirements stated by the College.

Liability Insurance Requirements – Inactive Certificate of Registration

7. For members moving to inactive status from the General class, professional liability insurance which is enduring (tail) that was in place at the time of conversion shall provide protection to members of the public. The member applying to move to Inactive class must provide a declaration on his or her renewal form that he or she:
 - a. Is requesting an exemption from the professional liability insurance requirement on the grounds that he/she is not currently engaged in the practice of kinesiology;
 - b. Has enduring tail insurance coverage for five years; and
 - c. Has read and understood the College’s Policy on professional liability insurance and will obtain insurance before practising.

Ensuring the requisite Insurance Coverage

The College recommends that all kinesiologists review their liability insurance coverage from time to time, whether it be an individual plan or one provided by an employer, for paid or volunteer work. Members should be satisfied on the following:

- Does your plan cover reimbursement of legal or criminal defense expenses?
- Will your plan provide for the cost of legal representation in the event you are subpoenaed to appear as a witness?
- What type of coverage does your policy provide e.g., Malpractice, Errors & Omissions, and Legal Expenses?
- What is the liability aggregate limit?
- Do you have an "occurrence" type of policy (covers claims that occur after the policy has lapsed) or "claims made" policy (only covers you for claims made during the term of the policy)? If you

have a “claims made” policy (which is the most common form of liability insurance today) you should ensure that you have enduring coverage (often called “tail insurance”) to protect against any claims made after you leave or the particular insurance policy ends.

- What are the “exclusions” under the policy? Such exclusions should be standard provisions that do not materially detract from comprehensive professional liability

Decision Criteria for Registrar – initial members (for a General Certificate of Registration)

8. An applicant who is approved for registration must provide a declaration that he/she is eligible for professional liability insurance coverage and that he/she will submit the insurance policy to the Registrar within 30 days after his/her registration is approved.
9. A member or person approved for registration may meet the requirement by providing a copy of their certificate of insurance to the College which confirms the purchase of the insurance and includes the policy number and expiry date. This may be provided as a hard-copy, a photocopy/a fax, or a PDF. The policy content must demonstrate that it meets the College’s requirements

Decision Criteria for Registrar – members (General Certificate of Registration)

10. If for any reason the member ceases to hold professional liability insurance or the policy expires, the member must notify the Registrar in writing within two business days.
11. The Registrar may suspend the member’s certificate of registration if the member is in violation of the *Regulated Health Professions Act* and the regulations made under the *Kinesiology Act*, if he/she practises or is holding out as a regulated health professional. The member is required to cease practising if insurance is not in place.
12. The member cannot begin practising again until he/she provides proof of professional liability insurance coverage and, if suspended, until his/her certificate is reinstated.

Resolution– Professional Liability Insurance Policy

Whereas the College is required under the *Regulated Health Professions Act, 1991*, to ensure that all practising regulated health professionals carry professional liability insurance or protection against professional liability; and

Whereas the professional liability insurance is a legislated component of Registration into the College; and

Whereas the College views this as important for members and the public, and a priority for the College; and

Whereas the Professional Liability Insurance Policy currently states that active members engage in the practice of Kinesiology carry minimum liability insurance; and

Whereas the Registration Committee has recommended adding employer-provided insurance coverage to address some of the concerns and questions raised by members who have employer insurance as a whole;

Therefore, be it resolved that Council approves the recommended amendments to the Professional Liability Insurance Policy and that it be posted immediately on the College's website.

Moved by: _____

Seconded by: _____

Date: June 27, 2017

Briefing/Decision Note

Prepared for: Registration Committee
Date: June 27, 2017
Issue: Inactive Certificate of Registration and Reinstatement to the General Class Policy

Background

The amendments proposed in this policy include the process for registration into the general class after two years of registration in the Inactive class. The purpose of this policy is to describe the conditions imposed on the Inactive Certificate of Registration and to establish a reinstatement process.

Analysis

The purpose of an Inactive Class of registration is to accommodate members who do not intend to practise for a period time due to parental leave, sick leave, or educational leave, those practising in other jurisdictions, and those practising in another non-kinesiology related profession who still wish to maintain their membership in the College of Kinesiologists of Ontario.

Members who return from the inactive class to the general class within two years are considered by the Registration Committee to have current knowledge, skill and judgement relating the practice of the profession of Kinesiology.

After two years of registration in the inactive class:

Members wishing to return from the inactive class to the general class after two consecutive years will be referred to a Panel of Registration Committee for consideration.

Approval

The Registration Committee approves the Inactive Certificate of Registration and Reinstatement to the General Class Policy.

Recommendation

The Registration Committee recommends to Council approval of the Inactive Certificate of Registration and Reinstatement to the General Class Policy.

Policy

Type:	Registration		
Number:			
Name:	Inactive Certificate of Registration and Reinstatement to the General Class Policy		
Status:	Final	Version #:	2
Date Approved:	May 14 th 2013	Date Revised:	June 27, 2017

Background

Under the College's Registration Regulation, members who hold a Certificate of Registration in the General Class are permitted to apply for a Certificate of Registration in the Inactive Class provided they meet the requirements under the Inactive Class, which include agreeing not to engage in direct patient care, supervising the profession or claiming any competency in the practice of kinesiology.

The purpose of the Inactive Class of registration is to accommodate members who do not intend to practise for a period time due to **parental leave, sick leave, or educational leave, who are practising outside of Ontario, or who are practising in another non-kinesiology related profession** and still wish to maintain their membership in the College of Kinesiologists of Ontario.

The purpose of this policy is to outline the **Inactive Certificate of Registration application process**, describe the conditions imposed on **the Inactive Certificate of Registration** and to establish a **reinstatement process**.

Policy

Application Process to the Inactive Class

1. Any member wishing to apply for an Inactive Certificate of Registration must complete the [Inactive Application Form, sign the undertaking](#) and submit it to the Registration Department at info@coko.ca.
2. The member must meet the following **non-exemptible requirements** according the College's Registration Regulation:
 - i. The applicant must be a member holding a general certificate of registration.
 - ii. The applicant must sign an undertaking in which the applicant agrees to comply with the following conditions:
 - a. The member will not engage in providing **direct patient care**;
 - b. The member will not use any title or designation other than R. Kin (Inactive);
 - c. The member will not supervise the practice of the profession; and
 - d. The member will not make any claim or representation to having any competence in the profession.
3. The applicant must not be in default of any fee, penalty or other amount owing to the College.
4. The applicant must have provided the College with any information that it has required of the applicant.
5. The applicant must be in compliance with any outstanding requirements of the College's Quality Assurance Committee or any outstanding orders or requirements of Council, the Executive Committee, the Inquiries, Complaints and Reports Committee, the Discipline Committee and /or the Fitness to Practise Committee.

Fees

1. There is an application fee of \$50.
2. Reimbursement fund for the member's General annual membership dues **will be pro-rated**. The yearly membership fee for the Inactive **Class is \$200**.

Conditions

1. As per the second requirement listed above in "Application Process", the College will provide the applicant with a statement of undertaking to be signed that will include the conditions that the member must abide by while Inactive. The following are conditions of a Certificate of Registration in the Inactive Class. The member shall not:
 - engage in providing **direct patient care**;

- use any title or designation other than what is specified for an Inactive Certificate of Registration set out in the regulation (i.e., R. Kin (Inactive));
 - supervise the practise of the profession; or
 - make any claim or representation to having any competence in the profession.
2. Members registered in the Inactive Class will continue to be required to comply with all other requirements imposed on members registered in the General Class except any Quality Assurance requirements, such as:
- Annual renewal of registration;
 - ~~Reporting in adherence to s. 85.1, 85.3, of the Health Professions Procedural Code; and~~
 - The requirement to make any mandatory reports, including the Duty to self-report any offence findings, professional negligence/malpractice or misconduct as per the College's Guideline on Mandatory Reporting.

Reinstatement to the General Class

1. A member who holds a certificate in the Inactive Class may apply for reinstatement to the General Class if the member:
- i) ~~applies in writing to the Registrar for reinstatement~~completes the Application for Reinstatement for;
 - ii) pays any fee, penalty or other amount owed to the College;
 - iii) provides the College with any information that it has required of the member; and
 - iv) satisfies a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practise of the profession that would be expected of a member holding a Certificate of Registration in the General Class.
2. ~~Applications for reinstatement will be considered on a case by case basis. However,~~ Inactive members who have been registered in the Inactive Class for **less than two years** as of the date of application for reinstatement will be deemed by the Registration Committee to have satisfied requirement iv) listed directly above unless there exist other extenuating factors which would require further review.
3. Inactive members who have been registered in the Inactive Class

for *more than two years* as of the date of the application for reinstatement ~~will~~ may be referred by the Registrar to a Panel of the Registration Committee for consideration.

4. Inactive members who have been registered in the Inactive Class for more than two years as of the date of the application for reinstatement will be required to complete ~~an~~ the Application for Reinstatement into the General Class after Two Years form as well as complete the Additional Information questions for to review by a Panel of the Registration Committee ~~and provide any other information specified in the Application or by the Registration Committee.~~ ~~(upon review)~~

~~5.~~ An Inactive Member referred to a Panel of the Registration Committee will receive a notice of the referral and will **have 30 days** to provide any additional information for consideration by the Panel.

~~5.~~ The Additional Information Questions include the following criteria the Panel of the Registration Committee may consider:

- time elapsed since active practice as a kineisologist.
- nature and intensity of last practice.
- nature of intended practice.
- quality and quantity of efforts to maintain currency while not practising in Ontario.

~~6.~~ The panel of the Registration Committee, upon review, may ask the inactive member for additional information before making a determination on the application for reinstatement.

~~6.7.~~ _____ The following are possible outcomes from the Panel's review:

- The Panel may direct that a Certificate of Registration in the General Class be issued where the Panel is satisfied that the **member possesses current knowledge**, skill and judgment relating to the practice of the profession that would be expected of a member holding a Certificate of Registration in the General Class.;
- An inactive member may be required to successfully complete **a training/education program** defined by the Panel prior to reinstatement;
- The Panel **may impose terms, conditions and limitations** on the member's Certificate of Registration in the General Class;
- ~~The Panel may determine that the Registrar is to refuse~~

~~the reinstatement of the General Class certificate direct the inactive member to take the entry-to-practice examination or an examination approved by the Registration Committee.~~

8. The member may appeal the decision of the Panel of the Registration Committee to the Health Professions Appeal and Review Board.

~~8. The following criteria may be used by the Registration Committee to determine which outcome is most appropriate:~~

- ~~• time since last practice,~~
- ~~• nature and intensity of last practice,~~
- ~~• nature of intended practice,~~
- ~~• quality and quantity of efforts to maintain currency while not practising in Ontario,~~
- ~~• the applicant's application for reinstatement.~~

9. Members are not authorized to resume practising until their reinstatement application to the General Class has been approved, in writing, by the Registrar or Registration Committee.

10. Upon reinstatement, the member will be expected to pay the annual membership dues for the General Class on a pro-rated basis.

Resolution– Inactive Certificate of Registration and Reinstatement to the General Class Policy

Whereas the College is required under the College’s Registration Regulation to ensure that all general class members have current knowledge, skill and judgement relating to the practice of the profession of Kinesiology; and

Whereas Inactive Certificate of Registration and Reinstatement to the General Class is a component of College’s Registration Regulation; and

Whereas the College views this as important for members and the public; and

Whereas the Inactive Certificate of Registration and Reinstatement to the General Class Policy currently states that members who return from the inactive class to the general class within two years are considered by the Registration Committee to have current knowledge, skill and judgement relating to the practice of the profession of Kinesiology; and

Whereas the Registration Committee has recommended that members wishing to return from the inactive class to the general class after two consecutive years be referred to a Panel of Registration Committee for consideration as a whole;

Therefore, be it resolved that Council approves the recommended amendment to the Inactive Certificate of Registration and Reinstatement to the General Class Policy and that it be posted immediately on the College’s website. For the Inactive Certificate of Registration and Reinstatement to the General Class Policy is one of the key ways the College protects the public.

Moved by: _____

Seconded by: _____

Date: June 27, 2017

Briefing Note/Decision Note

Prepared for: Registration Committee
Date: June 27, 2017
Issue: Good Conduct Policy formerly known as Police Background Check Policy

Background:

As part of its mandate to protect the public interest, the College must consider the qualifications of all applicants and members, including their character and good conduct. The College must be reasonably assured that all members will practise safely and ethically without endangering the public.

Therefore, the College requires all applicants and members to notify the College of any information about previous conduct that may call into question their ability to practise safely and ethically.

This policy outlines the information required of applicants and members and the process that the Registration Committee or ICRC follows when reviewing information that raises doubts as to an applicant's or member's good character.

Analysis

- This policy has been revised and re-titled from “Police Background Check Policy” to the “Good Conduct Policy”. This change in title indicates the main impetus for the changes – to expand the policy to cover any issues of conduct, not just criminal conduct. It is also expanded to include not just applicants, but members as well who may disclose during the year, or at renewal, that there is a potential conduct issue.
- S.3 of the General Regulation outlines the information all applicants must provide upon initial application. It lists not only criminal offences, but also findings by other regulators, civil negligence, and includes an inclusive clause at the end stating: “*Any other event that would provide reasonable grounds for the belief that the applicant will not practise kinesiology in a safe and professional manner*”.
- The College’s By-laws and annual renewal form also require certain information to be disclosed and do not limit this to criminal offences.
- The policy therefore, should reflect the full spectrum of conduct that may be reviewed by the Registration Committee or the Inquiries, Complaints and Reports Committee. Also, there are certain factors and surrounding circumstances that may assist the Registration Committee or the Inquiries, Complaints and Reports Committee in reaching a decision.
- Applicants who have a positive police record check, or disclose information about concerns with their past practice or conduct will be referred to the Registration Committee for a conduct review.
- If a member discloses a practice or conduct concern, the Registrar may refer the matter to the Inquiries, Complaints and Reports Committee (ICRC).

- The existence of previous conduct concerns is not an automatic bar for applicants to gain entry into the profession. However, such circumstances require consideration by the Registration Committee to make a careful assessment of whether an applicant should be registered, registered with terms, conditions and/or limitations, or have their application refused.
- Therefore, it is helpful for applicants and members to provide full and accurate details of the conduct and to offer as much relevant information as possible on subsequent events.
- An applicant who makes a false or misleading statement on their initial application may have their registration revoked by the Registrar.

Requirements for Police Record Check

The requirements for applicants to obtain police record checks are outlined to Appendix 1 which states the timing requirements for new applicants, the report requirements and cost.

Approval

The Registration Committee approved the Good Conduct Policy with all changes, revisions and additions.

Recommendation

The Registration Committee recommends the revised policy on Good Conduct to Council for approval.

Policy

Type:	Registration		
Number:	103		
Name:	Police Background Check Policy		
Status:	Final	Version #:	1
Date Approved:	June 18 th 2012	Date Revised:	

Background

The Council of the College of Kinesiologists of Ontario affirms that all Ontario citizens have the right to receive and/or provide health care in a safe environment, free from intrusions or threats to their dignity or person. This right applies equally to all members of the public, kinesiologists, and regulated health professionals.

While acknowledging the fact that a criminal record screening does not guarantee the good character of applicants, the College asserts that as part of its legislated mandate to regulate kinesiologists in the public interest, its duty is to help ensure the safety of all participants.

Criminal convictions call into question an applicant's character, fitness to practice and actual or potential danger to the public.

As part of its mandate to act to protect the public, the College of Kinesiologists of Ontario must consider the qualifications of all applicants, including character, and be assured that all registrants can be expected to practice safely, with integrity and without endangering the public. Hence, all registrants must notify the College of any criminal convictions. And all applicants must disclose any information which should be considered including any previous findings against themselves or any current or pending proceedings against them that would call into question their suitability to practise the profession safely and professionally.

This policy requires applicants for registration to have a police reference check completed and a report sent to the College prior to registration. The College supports the principles of openness and accountability. A criminal record check provides official confirmation of information already self-reported by Kinesiologists on their applications for a certificate of registration.

The College further acknowledges that the result of a criminal record check does not guarantee that there is no future risk of injury to clients or of unethical conduct. Nevertheless, the College requires the police reference check policy as part of its efforts to promote the safety and quality of the health care environment.

Requirements

General

1. All applicants for registration with the College of Kinesiologists of Ontario must submit with their application form a Police Criminal Record Check Report using the database of the Canadian Police Information Centre (CPIC) operated by the RCMP.
2. Suspended or revoked Kinesiologists seeking reinstatement may also be required to provide a Police Criminal Record Check Report to the College upon applying for reinstatement.

Timing

3. The Report must show that the search of the CPIC database was conducted no more than six months before the date of application.

Report Requirements

4. The report must include records of discharges which have not been removed from the CPIC system in accordance with the Criminal Records Act and records of outstanding criminal charges of which the police are aware.
5. The name on the Report must match the name that appears on the applicant's registration application.
6. The report must indicate that a search was completed on all names the applicant is currently using or has used.
7. The date of birth that appears on the Report must match that of the applicant.
8. Online checks by commercial vendors will not be accepted.

Positive Reports - documentation

9. If the Report indicates a criminal record, applicants are required to submit sufficient documentation regarding the criminal charge/s to facilitate an assessment of the Report by the College.
10. Sufficient documentation includes, but is not limited to:
 - a. Court transcripts and proceedings, particularly sentencing transcripts;
 - b. Parole Officer's report;
 - c. Probation Officer's report;
 - d. The circumstances of the charge(s) or conviction and particulars of the offence;
 - e. Efforts made at rehabilitation, likelihood of recurrences, and accomplishments since the offence;
 - f. Length of time since the offence occurred;
 - g. Any other documentation requested by the Registration Committee.

**Positive Reports –
assessment process**

11. The Registrar shall refer an application for registration to the Registration Committee and notify the applicant of the referral and his/her rights to make written submissions within 30 days if
 - a. The report on the applicant indicates a positive finding; and/or
 - b. The Registrar and/or the Registration Committee becomes aware that an applicant has intentionally provided false or misleading information, or that there has been a previous failure to disclose criminal convictions on the registration application or renewal forms.

12. In determining the applicant's eligibility for registration if they have a criminal record, the Registration Committee must consider:
 - a. The nature of the behavior for which the conviction was made, and any possible threat to client/patient safety – at the time of application for registration, not at the time of the offence.
 - b. The ability of the applicant to provide kinesiology services safely, competently and ethically.
 - c. Any matters that may affect the applicant's fitness to practice and the College's actions in the public interest

13. In making its decision, the Registration Committee will take into consideration all relevant factors including:
 - a. How long it has been since the applicant was convicted.
 - b. The age of the applicant at the time of offence
 - c. The seriousness of the offence.
 - d. Mitigating circumstances.
 - e. Conduct of the applicant in the intervening years
 - f. Other evidence of good or bad character.
 - g. The relevance of the offence to the practice of the applicant as a Kinesiologist.

14. Where action is required the Registration Committee will determine:
 - a. Whether the applicant will or will not be registered with the College.
 - b. Whether any conditions or restrictions should be placed on the registration and/or registration renewal.
 - c. Whether to report the matter to the College or another health regulatory college, if the criminal conviction was related to previous practice as a registrant, and/or
 - d. Whether to deny the registration, and/or renewal of registration due to a real or potential risk to public safety.

Privacy

15. Information regarding criminal records provided by an applicant will be held in strict confidence by the College and not made public.

Costs

16. The costs relating to obtaining a Police Criminal Record Check Report will be borne by the applicant.

Policy

Type:	Registration/Professional Conduct		
Name:	Good Conduct Policy formerly known as Police Background Check Policy		
Status:	Draft	Version #:	2
Date Approved:	June 18 th 2012	Date Revised:	June 27, 2017

Background

As part of its mandate to protect the public interest, the College of Kinesiologists of Ontario (the College) must consider the qualifications of all applicants and members, including character and good conduct to be assured that all members can be expected to practise safely and ethically without endangering the public.

Applicants are required to disclose any information about previous conduct that may call into question their ability to practise safely and ethically and declare that all the information provided is true and accurate. Applicants are also required to provide a police department criminal record check at the time of application (See Appendix 1). Further, any applicant who is registered in another profession must provide a letter of good standing from that regulator. Upon being registered, members have an ongoing duty to disclose various practice or conduct concerns. These requirements are outlined in s.3 and 4 of the General Regulation of the Kinesiology Act, 2007 (HYPERLINK)

Applicants who have a positive police record check, or disclose information about concerns with their past practice or conduct will be referred to the Registration Committee for a conduct review.

If a member discloses a practice or conduct concern, the Registrar may refer the matter to the Inquiries, Complaints and Reports Committee (ICRC).

The purpose of the good conduct policy is to protect the public by maintaining high ethical standards, and consequent public confidence in the Kinesiology profession. The existence of previous conduct concerns is not an automatic bar for applicants to gain entry into the profession, but allows the Registration Committee to make a careful assessment of the information to determine whether an applicant should be registered, registered with terms, conditions and/or limitations, or have their application refused. It is helpful for applicants and members to provide full and accurate details of the conduct and to offer as much relevant information as possible on subsequent events. An applicant who makes a false or misleading statement on their initial application can have their registration revoked by the Registrar.

Procedure

The Registrar shall refer an Applicant to the Registration Committee, or a Member to the ICRC, if

- a. The applicant or member reports a criminal finding of guilt; and/or
- b. The applicant or member discloses a finding of professional misconduct by another regulator; and /or
- c. The applicant or member discloses information that raises reasonable grounds to believe that the applicant may not practice Kinesiology in a safe and ethical manner; and /or;
- d. The Registrar and/or the Registration Committee becomes aware that an applicant has provided false or misleading information, or that a member failed to make report as required by the legislation or College By-laws.

The applicant or member will be notified of the referral and given a minimum of 30 days to provide additional information.

In considering the conduct, the Registration or ICR Committee may request additional information from the applicant or member, including but not limited to:

- a detailed account of the conduct;
- relevant documents related to the conduct (e.g., records, court documents, regulatory agency files);
- an explanation from the applicant/member, including efforts at rehabilitation;
- evidence of prior and subsequent behaviour;
- a completed professional portfolio detailing past work history, volunteer work, education and continuing education and professional development;
- reference letter(s) from past and current employers, professional colleagues and other sources;
- statements/reports from relevant persons, such as, Parole Officers, Probation Officers, College Registrars, victims, employers;
- letter(s) of good standing from any other regulators;
- current police check;
- details of actions taken to address the conduct; and
- any other relevant documents.

Considerations upon review

The Registration or ICR Committee will consider a number of factors related to the type and nature of the conduct, including but not limited to:

- is the conduct a criminal offence;
- does the conduct relate to the practice of kinesiology or another regulated health profession;
- was there a termination, suspension or limitation of employment as a result of this conduct; and
- was there a revocation, suspension or limitation of a professional licence or a denial of a licence or certificate of registration as a result of this conduct.

The Registration or ICRC will also consider a number of circumstances surrounding the conduct, including but not limited to:

- the degree of dishonesty or breach of trust;
- the motive for the conduct or behaviour;
- duration;
- isolated or repeated incident;
- prior history and/or warning;
- any concealment or obstruction surrounding the conduct after the fact;
- violence related to conduct;
- intoxication or impairment; and
- issues related to physical or mental capacity

The Committee will also consider a number of factors related to the applicant's or member's behavior subsequent to the conduct, including, but not limited to:

- The applicant's or member's degree of insight into the inappropriate nature of the conduct and how it relates to his/her suitability to practise kinesiology;
- The applicant's or member's willingness to accept accountability;
- Degree of cooperation with the relevant authorities;
- The applicant's or member's compliance with the College's reporting requirements;
- Implementation of changes in behaviour to prevent repetition of the conduct;
- The length of time that has passed since the conduct occurred;
- Participation in any treatment, education or other remedial activities;
- Other evidence of good or bad conduct;
- The age and/or number of years of practice of the applicant or member.

Decisions by the committees:

Following consideration of all relevant information, the Registration Committee may:

- Direct the Registrar to register the applicant;
- Direct the Registrar to register the applicant with terms, conditions and limitations;
- Direct the Registrar to register the applicant, after requiring the applicant to sign an undertaking agreeing to terms conditions and limitations;
- Defer the decision pending receipt of additional information; or
- Direct the Registrar to refuse to register the applicant.

The ICR Committee may take any action consistent with its powers under section 26 of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*.

Both committees may also direct the Registrar to disclose the information to another relevant body, such as another regulator, should the seriousness of the applicant's or member's conduct warrant it.

An applicant may appeal any decision of the Registration Committee or the Inquiries, Complaints and Reports Committee to the Health Professions Review and Appeals Board.

Appendix 1 - Requirements for a police record check

- | | |
|----------------------------|---|
| General | 1. All applicants for registration with the College of Kinesiologists of Ontario must submit with their application form a Police Criminal Record Check Report using the database of the Canadian Police Information Centre (CPIC) operated by the RCMP. Suspended or revoked Kinesiologists seeking reinstatement may also be required to provide a Police Criminal Record Check Report. |
| Timing | 2. The Report must show that the search of the CPIC database was conducted no more than six months before the date of application. |
| Report Requirements | 3. The College must receive the original copy of the record check in order to verify its authenticity.

4. The report must include records of discharges which have not been removed from the CPIC system in accordance with the Criminal Records Act and records of outstanding criminal charges of which the police are aware.

5. Applicants are also required to report any pardons they have received.

6. The name on the Report must match the name that appears on the applicant's registration application.

7. The report must indicate that a search was completed on all names the applicant is currently using or has used.

8. The date of birth that appears on the Report must match that of the applicant.

9. Online checks by commercial vendors will not be accepted. |
| Costs | 10. The costs relating to obtaining a Police Criminal Record Check Report will be borne by the applicant. |

Resolution– Good Conduct Policy formerly known as Police Background Check Policy

Whereas the College’s mandate is to protect the public; and

Whereas the College is required under the General Regulation of the *Kinesiology Act, 2007* to consider the qualifications of all applicants and members, including their character and good conduct.;

And

Whereas the College must be reasonably assured that all members will practise safely and ethically without endangering the public; and

Whereas the Good Conduct Policy is a component of the College’s Registration Regulation that requires all applicants and members to notify the College of any information about previous conduct that may call into question their ability to practise safely and ethically; and

Whereas the College views this as important for members and the public, and a priority for the College; and

Whereas the current Police Background Check Policy currently covers only applicants’ criminal conduct issues; and

Whereas the Registration Committee has recommended changing the Police Background Check Policy to Good Conduct Policy to cover any issues of conduct, and to include not just applicants, but members as well, who may disclose during the year, or at renewal that there is a potential conduct issue;

Therefore, be it resolved that Council approves the new Good Conduct Policy and that it is posted immediately on the College’s website. For the Good Conduct Policy is one of the key ways the College protects the public.

Moved by: _____

Seconded by: _____

Date: June 27, 2017

Briefing/Decision Note

Prepared for: Registration Committee
Date: June 27, 2017
Issue: Policy on Reinstatement to the General Class after Administrative Revocation

Background:

- The College's General Regulation, s.19, outlines circumstances in which a member may have their certificate of registration administratively revoked after 3 years of suspension. Those circumstances are as follows:
 - Failure to pay renewal fees (s.18 – the most common)
 - Failure to have the requisite professional liability insurance (s.17)
 - Failure to provide information to the College as requested or required by College by-laws or annual renewal form (s.16)
- As a result of these provisions, the regulation also outlines the conditions for reinstatement after revocation in s.20. The conditions are that the member:
 - a) *has satisfied a panel of the Registration Committee that he or she has the knowledge, skill and judgment to practise the profession in a safe and professional manner;*
 - b) *has paid any fees required under the by-laws for lifting the reinstatement of the certificate of registration which he or she previously held; and*
 - c) *meets the requirements of subsection 16 (2) or 17 (2) or section 18, as appropriate, with all necessary modification*
- The Registrar will be notifying the first set of members this coming year about impending revocation as a result of non-payment of fees for 3 consecutive years.
- It will be important for these members to be aware of the policy and process they will face if they wish to be reinstated after revocation.

Analysis

- Members that have been revoked, have this recorded on the public register, which attaches a degree of stigma to the former member, unlike those members who made a conscious choice to resign their certificate of registration. Therefore, it is important that former members be given a fair and transparent process in which they can potentially be reinstated without going through a new application process.
- The authority to revoke and reinstate (members suspended for administrative infractions) lies with the Registrar. The role of the Registration Committee in this regard is to provide its

opinion to the Registrar on the former member's current knowledge, skill and judgement. At this initial stage, this is not a referral by the Registrar of the application for re-instatement. Thus, the Registration Committee does not have the authority to render a decision under s.18 of the *Health Professions Procedural Code* (the Code). This means they cannot direct the issuance of a certificate, refuse a certificate, put terms, limits or conditions, etc.

- The determination of currency requires case-by-case analysis. The purpose of the policy is to explain the several factors and information to be considered by the Committee. This policy is consistent with the College's Inactive Policy, which also speaks to the Committee's need to determine knowledge, skill and judgement.
- In the reinstatement process, the Committee is not determining whether or not the former member has met the requirements for reinstatement – that responsibility lies with the Registrar. If the Registrar has doubts that the former member meets the requirements for reinstatement [which may include not meeting s.20(a)], the Registrar must then refer the former member's application to a Panel of the Registration Committee. The purpose of the referral is to seek a determination of whether the former member meets the requirements of knowledge, skills and judgement.
- If the Panel determines that the former member does not possess current knowledge, skill and judgement, then the Registrar is required to refer the application of the former member to a Panel of the Registration Committee for consideration of the application for re-instatement.
- In the instance of a referral of the application for re-instatement, a Panel of the Registration Committee has the full selection of options under s.18 of the Code. This means, by way of example, that an applicant for re-instatement who does not have current knowledge, skill and judgement for purposes of reinstatement by the Registrar under s.20, may satisfy a Panel that with appropriate terms, limits and conditions, may return to practice.
- The Panel that determines whether a former member has current knowledge, skill and judgement may or may not review the referral of the application for re-instatement.
- It is important to note that the Registrar and/or the Registration Committee cannot deny a former member a certificate of registration on the basis that they were suspended or revoked. This would be unduly harsh and would undermine the intention of the regulation and this policy. A former member could only be denied a certificate of registration if there were intervening conduct issues or circumstances surrounding the suspension or revocation that raise doubts about the former member's good character as it relates to their ability to practise safely and ethically.

Approval

The Registration Committee approved the Policy on Reinstatement to the General Class after Administrative Revocation.

Recommendation

The Registration Committee recommends approval to Council of the proposed policy on Reinstatement to the General Class after Administrative Revocation.

Policy

Type:	Registration		
Number:			
Name:	Policy on Reinstatement to the General Class after Administrative Revocation		
Status:	Draft	Version #:	1
Date Approved:		Date Revised:	June 27, 2017

Background

Pursuant to s.16, 17 or 18 of the General Regulation, a member who has been suspended for three consecutive years, will have their certificate of registration revoked.

A member who has been suspended and/or revoked is not permitted to use the title kinesiologist or hold out as a kinesiologist.

Members who have been suspended will have received notice and confirmation of the initial suspension as well as correspondence confirming the on-going suspension (at the time of renewal).

At least sixty days before the revocation is to take effect, members will receive notice of the impending revocation. Pursuant to s. 19 of the General Regulation, if members do not take steps to have the suspension lifted, the revocation will take effect three years after the members were initially suspended. Members will receive confirmation once the revocation takes effect.

A former member whose certificate of registration has been revoked may apply for reinstatement and be granted a new certificate of registration by the Registrar if they meet the following requirements, as per the College's General Regulation s.20:

- (a) satisfied a panel of the Registration Committee that he or she has the knowledge, skill and judgment to practise the profession in a safe and professional manner;*
- (b) paid any fees required under the by-laws for lifting the reinstatement of the certificate of registration which he or she previously held; and*
- (c) meets the requirements of subsection 16 (2) or 17 (2) or section 18, as appropriate, with all necessary modification*

The purpose of this policy is to outline the application process for reinstatement and describe the conditions under which a former member may be reinstated.

Former members must also satisfy the requirements of s.3 of the General Regulation.

This policy does not apply in instances where a member's certificate of registration has been revoked by the Discipline or Fitness to Practise Committee.

Process

1) Application Form

A former member who wishes to apply for reinstatement after being revoked pursuant to s.16, 17 or 18 must complete an application in a form provided by the Registrar.

2) Correction of Deficiencies

The former member will be expected to provide documentation to prove that they have corrected the relevant deficiencies.

Pursuant to s.16 the former member is required to provide any and all outstanding information that was requested by the College at the time of the suspension.

Pursuant to s.17 the former member is required to provide proof of professional liability insurance and/or provide an undertaking, in a form prescribed by the College, to obtain professional liability insurance, in accordance with clause 20.01 of the College Bylaws, within 30 days of being advised by the College that the member qualifies for reinstatement.

Pursuant to s. 18, the former member is required to pay outstanding fees and penalties.

Members with any outstanding orders from any statutory committee and/or Council are required to provide proof of compliance with any orders as of the anticipated date on which the reinstatement is to occur.

3) Current knowledge, skills and judgment

In order to be reinstated, a Panel of the Registration Committee may be asked to make a determination of whether the former member has the knowledge, skill and judgment to practise the profession in a competent, safe and professional manner. The Panel will take into account the following factors:

1. Length of time since the original suspension and revocation.
2. The nature of the former member's last practice and intended practice.

3. Any education and/or training the former member undertook while under suspension/revocation.
4. Evidence of practise under the scope of the profession if the former member was practising out of province.
5. Any other relevant factors and/or submissions by the former member that may assist the panel in determining current knowledge, skill and judgement.

The former member is expected to provide verifiable information relating to these 5 factors.

Outcomes of Panel's Assessment

The Panel will make a determination as to whether the former member has the knowledge, skill and judgment to practise the profession in a competent, safe and professional manner.

If the Panel determines the former member does have current knowledge, skills and judgment, then the former member has met one of the requirements for reinstatement.

If the Panel determines the former member does NOT have the current knowledge, skills and judgment then the former member will be advised that this requirement for reinstatement has not been met. The Panel may defer a decision on direction to the former member pending completion of certain specified training or education, during a prescribed period of time. In this instance, the Panel may conclude that the former member, at that later date, is current in their knowledge, skills and judgment.

If no such deferral is made or agreed to by the former member, the Registrar can then advise the former member that she is referring the former member's application for re-instatement to a Panel of the Registration Committee per s. 15(2) of the Health Professions Procedural Code. For such referrals, the College's Policy - *Referral of a Registration Application to the Registration Committee* - will apply.

4) Payment of Fees

If the former member has met all other requirements, the former member will be required to pay all outstanding fees required under the by-laws for lifting the suspension and any other fees required under the by-laws pursuant to s.20(b) of the General Regulation.

Reinstatement

If the Registrar determines that all of the above requirements for reinstatement have been met, he/she will issue a certificate of registration.

The former member is not authorized to resume practise until their application for reinstatement to the General Class has been approved and confirmation of their new certificate of registration has been received.

Resolution– Reinstatement to the General Class after administrative revocation Policy

Whereas, the Registration Regulation outlines the circumstances in which a member may have their certificate of registration administratively revoked after 3 years of suspension; and

Whereas, the College currently does not have a policy outlining Reinstatement to the General Class after administrative revocation; and

Whereas, a policy is needed to help members become aware of the process they will face if they wish to be reinstated after revocation; and

Whereas, a policy is needed to determine the finer points of the process, including timelines and fees;

Therefore, be it resolved that Council approves the Policy on Reinstatement to the General Class after Administrative Revocation and that it be posted immediately on the College's website:

Moved by: _____

Seconded by: _____

Date: June 27, 2017



Cataloguing Information	
Number:	
Committee:	
Subject:	

Decision Note

Date: June 27, 2017

Issue: Sexual Abuse Principles

Background:

- The College takes a proactive approach with respect to sexual abuse, both in prevention and in addressing any matters that are reported
- There has been a great deal of scrutiny on the issue of how Colleges respond to allegations of sexual abuse, including, the Sexual Abuse Task Force Report published in 2016
- One of the main themes in that report was that victims often feel like they are not on an equal playing field with the practitioner they wish to complain about – although particular emphasis was given to physician context in the report
- Many complainants, or would-be complainants, are apprehensive and/or overwhelmed by College processes.
- The College wants to ensure that we provide all the necessary information and support we can (within the limits of our legislation and mandate) to potential victims of sexual abuse.
- The College believes that it should be guided in its actions, policies and processes by a set of principles regarding how sexual abuse matters will be handled.
- The Patient Relations Committee reviewed the principles at their June 5 meeting and have recommended to Council approval of these principles.

Analysis

- The proposed principles (which will be placed on our “addressing sexual abuse” web page) are as follows:

The College will take action to address and prevent sexual abuse by kinesiologists. The College will follow these principles:

- *Patients/clients will be treated with sensitivity, empathy and respect.*
 - *Patients/clients will be provided with guidance and support.*
 - *Investigations and prosecutions of sexual abuse matters will be expedited.*
 - *Investigators with training and experience in sexual abuse cases will be hired.*
 - *Patients/clients will have access to the Abuse Therapy Fund, which is money set aside for victims to seek counselling for the abuse suffered.*
- These principles are designed to be easily understood by the public, stakeholders and our members
 - The College will work towards establishing policies that will speak to each principle. For instance, the College has brought forward a policy on fast-tracking sexual abuse investigations, which sets out benchmarks for certain stages of the investigation.



Cataloguing Information	
Number:	
Committee:	
Subject:	

Motion:

- To approve the Sexual Abuse Principles or publication on the College's website

Decision of Council/Committee:

Moved by_____. Seconded by_____

Date:_____

Cataloguing Information	
Number:	
Committee:	
Subject:	

Decision Note

Date: June 27, 2017

Issue: Policy: Fast-Tracking Sexual Abuse Matters

Background:

- The College has examined the recommendations of the Sexual Abuse Task Force Report published last year, and compared them to the proposed legislative changes in Bill 87 to determine, what, if any actions the College could take immediately to improve its handling of any complaints of sexual abuse and its support to victims.
- Council was provided a presentation in December 2016, which outlined 6 recommendations made by the Task Force where the College felt we could undertake certain actions without legislative changes or directions.
- The College has already undertaken work on recommendations #15 and #16 of the Task Force report which spoke to protection from sexual abuse by unregulated practitioners and enforcement of mandatory reports, respectively. The College has completed a revised Education & Supervision Standard and Mandatory Reporting Guideline.
- Recommendation #5 in the Task Force spoke to fast-tracking sexual abuse matters. The legislative amendments in Bill do not include any provisions around this issue, although future regulatory changes may.
- The College has developed a policy: Fast-Tracking Sexual Abuse Matters to provide important bench marks for operational clarity as well as to be transparent to the public about the College's processes and commitments when it comes to addressing sexual abuse matters

Analysis

- The proposed policy provides with an overall benchmark of 5 months for processing, investigating and bringing a sexual abuse matter to the ICRC for disposition. This benchmark sends a clear indication to the public, to complainants and to members that such matters will be addressed on a priority basis. The policy allows room for more time in more complicated cases
- Any other ongoing investigations will be re-prioritized. Further, other portfolio commitments may be scaled back, as necessary.
- Through our risk assessment, the College has determined a low risk of receiving multiple, differentiated sexual abuse cases in any single year at the present membership size.
- The 5-month benchmark takes into account some of the statutory notice and response requirements, which cannot be reduced unless the ICRC uses its emergency powers.

Cataloguing Information	
Number:	
Committee:	
Subject:	

- The policy was further informed by current investigative and operational processes of the ICRC/Professional Conduct department.
- The policy identifies different phases and who carries individual responsibilities throughout the process.
- The policy also speaks to the principle that outside investigators will be hired and these investigators must have a proven track record of dealing with such matters with sensitivity and tact.

Motion:

- To approve for circulation to stakeholders for a period of 60 days the policy, Fast-Tracking Sexual Abuse.
-

Decision of Council/Committee:

Moved by _____ seconded by _____

Date: _____

Policy

Type:	Professional Conduct		
Number:			
Name:	Fast-tracking Matters Relating to Sexual Abuse		
Status:	Final	Version #:	1
Date Approved:	June 27, 2017	Date Revised:	

POLICY STATEMENT: The College of Kinesiologists considers sexual abuse of a patient/client by one of its members to be among the most egregious acts of professional misconduct. As such, the College will respond to all allegations and complaints of sexual abuse in a priority manner, with utmost sensitivity and care. **The College intends that all sexual abuse matters will be investigated and disposed of by the ICRC within 5 months of receipt of the information depending upon** the availability and willingness of the patient/client who is the victim of the abuse and the complexity of the case. Cases referred from the ICRC to the Discipline Committee will also be expedited through the discipline process with a maximum bench mark of one year for the disciplinary hearing (if required) to be concluded.

Specified Procedures for Complaints or Allegations of Sexual Abuse;

- The College has established policies to guide staff on the intake of complaints.
- Upon receipt of any information, from any individual, that may reasonably be suspected to contain an allegation of sexual abuse, staff will immediately forward the information to the Director, Professional Conduct (the Director) and the Registrar with due care to protect the privacy of the potential victim(s). Specifically, no personal information including names will be divulged except in person and not through email.
- Staff will adhere to the Complaints Intake policy for specific guidance.

Expediting a Complaint/ Report of Potential Sexual Abuse

Procedures

Within 24 hours

- The Director or Registrar shall contact the source of the information to confirm the information and to outline the College's commitment to addressing allegations of sexual abuse in a timely manner and with respect for privacy. ¹

¹ The main contact for the patient/client at the College will be the Director and/or the Registrar

- A flag will be placed on the member's database profile.
- Staff will be instructed to direct any communications by the member to the Director or the Registrar.
- The Director and the Registrar will determine whether an emergency appointment of an investigator is required.

Within 48-72 hours

- The Director and the Registrar will contact the Chair of the ICRC to select a panel for a teleconference to proceed with an Appointment of Investigator.
- A qualified ² investigator(s) will be identified.
- If the source of the information is the patient/client or a close relative of the patient/client, the College will send information about the investigation process and any supports that are available to the patient/client³.

Within 5-7 days

- The Director or the Registrar will contact the patient/client to inform them of the investigator, and that an investigator will be contacting them shortly.
- The patient/client will be provided with all the necessary information about accessing support through College programs and/or other programs throughout the investigation. This includes information about how to access the abuse therapy fund.

Within 14 days

- The member will be informed of the complaint or the initiation of a Registrar's investigation as per the *Health Professions Procedural Code*.
- The Appointment of Investigator will be confirmed and an investigation will commence (unless the matter is determined to be an emergency, in which case, within 72 hours).

Investigation and Review by the ICRC

- If the patient/client is available and willing to participate, a timeline of 2 months will be allocated for completion of the investigation of a single complaint.
- Investigations involving more than one potential victim will have a timeline for investigation established in consultation with the Registrar, the Director and the Investigator(s).
- The Chair of the ICRC will appoint a panel to review the information gathered through the investigation. In appointing the panel, the Chair will work with the College to ensure that all members of the panel have received expert training on sexual abuse no earlier than three months prior to the date of the meeting of the panel.
- Once the investigation report is complete and the member's response is received⁴, the ICRC will review the matter within 14 days.
- The panel will review the file at an in-person meeting.
- Legal counsel will be present as determined by the Director, the Registrar, and/or the Panel
- If the matter is sent for a Prosecutorial Viability Opinion (PVO), a target of 3 weeks will be given for its completion.

² Investigators will be chosen based on their experience and training with investigating sexual abuse and demonstrated sensitivity to the complexity of the issues and the vulnerability of victims

³ This information is TBD

⁴ The *Health Professions Procedural Code* mandates a minimum of 30 days for the member to submit a response unless the ICRC directs a shorter time period because the conduct of the member exposes or is likely to expose his or her patients to harm or injury. A shorter timeline for submissions will be considered when the Appointment of Investigator is confirmed.

- To the extent possible the same Panel will meet to consider the PVO (to avoid further conflicts with a potential Discipline Panel). The date for considering the PVO will be set at the initial ICRC case review meeting

Referral to Discipline by the ICRC

- If the ICRC refers allegations of sexual abuse to the Discipline Committee, the specified allegations will be posted on the public register within 24 hours
- Notice of any interim suspension will also be posted on the public register within 24 hours
- The patient/client will be contacted and informed of the decision by the ICRC within 24 hours by the Director or Registrar
- The referral to discipline will be expedited and the Rules of Procedure will govern with adherence to the strictest timelines.



Cataloguing Information	
Number:	
Committee:	
Subject:	

Decision Note

Date: June 27, 2017

Issue: Revised Mandatory Reporting Guideline

Background:

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

Analysis

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



Cataloguing Information	
Number:	
Committee:	
Subject:	

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

Next Steps:

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

Motion:

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

Decision of Council/Committee:

Moved by_____. Seconded by_____

Date:_____

Mandatory Reporting for Kinesiologists, Employers, Facility Operators

Introduction

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

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

Protection for Reporters

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

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

What must be reported?

Sexual Abuse

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

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

Any sexual relationship with a patient/client during the clinical relationship, even if the patient/client consents, is sexual abuse because of the position of power the healthcare professional holds. If a kinesiologist becomes aware that another regulated health professional is in a relationship with a client (and in some cases a former client) they must report it to the relevant college. [In the case of former clients, kinesiologists are not permitted to engage in a sexual relationship with a former patient/client for a period of at least one year.¹](#)

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

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

The aim of the provisions in the RHPA related to sexual abuse and the College's mandate is to strive towards the elimination of sexual abuse in the healthcare context. Kinesiologists, facility operators, and employers need to take this reporting obligation seriously as the College relies on this information to fulfill its mandate. It is important to understand what sexual abuse is and to be able to

¹[This one year minimum period is not currently outlined in the governing legislation – the Health Professions Procedural Code. This amendment is not yet in force, but the College advises all members to adhere to this new rule immediately.](#)

identify when it may be happening, keeping in mind that sexual abuse often does not start with overt actions on the part of the abuser. A regulated health professional who has a patient/client disclose potential abuse, and who does not take appropriate action, further undermines that patient/client's trust in the health care system.

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

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

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

Terminations, restrictions, investigations

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

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

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

Conduct of Others

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

Incompetence

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

Incapacity

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

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

Finding of professional negligence or malpractice

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

Finding or proceeding by another professional regulatory body³

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

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

How and when to report

Self-reporting

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

The self-report must contain the following information:

- (a) the name of the member filing the report;
- (b) the nature of, and a description of, the offence or finding;
- (c) the date the member was found guilty of the offence or the date the finding was made;
- (d) the name and location of the court that found the member guilty of the offence or the governing body that made the finding; and
- (e) the status of any appeal.

³ These reporting obligations currently exist in College By-laws, but new legislative amendments will come into effect at a later date that will make them enforceable under the Code. However, College By-laws expand this duty by requiring members to report if they are the subject of a regulatory proceeding, therefore, members would be expected to report if they have been referred to a discipline process and not wait until the conclusion of the matter when a finding could be made. Under the By-laws, members are also to report if they are the subject of an incapacity proceeding. The Code will not specify this.

Sexual abuse, incompetence and incapacity

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

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

- (a) the name of the person filing the report;
- (b) the name of the member who is the subject of the report;⁴
- (c) An explanation of the alleged sexual abuse, incompetence or incapacity; and
- (d) If the report is related to a particular patient/client of the member who is the subject of the report, the name of that patient/client, if the patient/client consents to disclosing their name.

Failure to report

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

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

⁴ If the facility operator, employer or member does not know the name of the member who is the subject of the report, they should attempt to ascertain the member's identity. However, if the person is unable to identify the member, there is no duty to report.

Mandatory Reporting for Employers, Facility Operators and Kinesiologists

Introduction

As regulated health professionals under the *Regulated Health Professions Act, 1991* (RHPA), kinesiologists, and those who employ or work with kinesiologists, have obligations to report certain information to the College of Kinesiologists of Ontario (the College).

Mandatory Reporting is one of the ways in which the College's mandate of protecting the public interest is achieved. It ensures that the College becomes aware of and can investigate incidents of possible professional misconduct, incompetence or incapacity on the part of its members.

By making reporting mandatory under certain circumstances, the RHPA and the accompanying *Health Professions Procedural Code* (HPPC) clarifies the duties of employers, facility operators and members, and ensures that the College receives all pertinent information about members who may not be practicing safely. The College's aim is to investigate appropriate matters and ultimately protect the public. By reporting information as per the reporting obligations under the RHPA, an employer, facility operator or kinesiologist should not be concerned about getting a member into trouble; rather, they are providing information that the College will act on accordingly in the public interest.

While an employer might take appropriate action by terminating an employee for professional misconduct or incompetence, this action only limits that member's conduct at that facility and the member may obtain other employment elsewhere. The College requires all necessary information from employers or other members to ensure that the College has the pertinent information it requires to fulfil its mandate of public protection in all of Ontario.

Who is required to report?

There are three groups of individuals that the HPPC specifies are required to make mandatory reports under certain situations. These are: (1) facility operators, (2) employers and (3) members of the College (kinesiologists). The HPPC imposes different reporting obligations on each of these three groups.

(1) Facility Operators

Facility operators must report if they have reasonable and probable grounds to believe that the member is incompetent, incapacitated or has sexually abused a patient/client (these terms are discussed below).

Often, facility operators and employers are the same individual or group of individuals. However, by defining them separately, it ensures that kinesiologists practicing in all settings are included in the reporting obligations. The most common circumstance when a facility operator is different from the employer is in an agency, consulting or self-employment setting. A kinesiologist might be employed by an agency and work in several different facilities. The facility operator is responsible for reporting because they have direct knowledge and/or observation of the member's practice. Often a facility operator will report issues to the employer. However, this does not end the reporting obligation to the College if the criteria of the HPPC apply. The facility operator should report to the College even if the employer has made the same intention known; the content of the report from the facility operator may be different and may provide more direct information about the member's practice than the employer's report.

(2) Employers

Employers must report if they terminate the member's employment or revoke, suspend or limit the member's practice for reasons of professional misconduct, incompetence or incapacity. An employer does not need to report terminations that are not based on cause, such as restructuring or downsizing due to external factors not related to the member's practice. If a member resigns or retires to avoid the above-mentioned actions on the part of the employer, the employer must still file a report with the College outlining the issues with the member's practice.

In addition to employers, this obligation to report applies to persons who dissolve a partnership, health profession corporation or association with a member due to the member's professional misconduct, incompetence or incapacity. Note that this could involve an employee of a kinesiologist quitting as a result of the member's professional misconduct, incompetence or incapacity as this would involve a dissolving of an association.

(3) Members

Conduct of Others

Individual members have a duty to file a report if the member has reasonable grounds, obtained in the course of practising the profession, to believe that another member of the same or of a different College has sexually abused a patient. The stipulation "in the course of practising the profession" implies that discovering an incident of sexual abuse in a social situation or with respect to an individual who is not the member's patient/client does not require a mandatory report. However, a member may want to consider his/her ethical obligations to make the report and/or contact the police.

Kinesiologists are also required to promptly report incidents of unsafe practice by other members and a failure to do so constitutes professional misconduct under the regulations made under the *Kinesiology Act, 2007*.

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

Self-reporting

Guilty of an offence

A member has a duty to report to the College if he or she has been found guilty of any offence under any statute in any jurisdiction.

If a member has been pardoned, or received an absolute or conditional discharge instead of a conviction, the member must still self-report to the College.

Finding of professional negligence or malpractice

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

Finding or proceeding in another jurisdiction

A member must report to the College if another health regulatory body has made a finding of professional misconduct, incompetence or incapacity against the member. This may be a finding by a body governing kinesiologists outside of Ontario or a different health regulatory college within Ontario.

For all the above mentioned reports, the member is obligated to file an additional report if an appeal changes the status of a finding.

While it is not specifically stated in the HPPC, facility operators and employers should be well acquainted with the self-reporting obligations of the regulated health professionals that they employ. If it comes to their attention that a member has had a finding made against them, the facility operator or employer should remind the member of his/her duties to report.

If the finding relates to the member's professional misconduct, incompetence or incapacity and causes the employer to terminate or otherwise limit the member's employment, the employer would be required to report that action and the reasons for it.

What must be reported?

Sexual Abuse

Sexual abuse is defined in section 1(3) of the HPPC as:

- (a) *Sexual intercourse or other forms of physical relations between the member and the patient*

- (b) *Touching of a sexual nature of the patient by the member*
- (c) *Behaviour or remarks of a sexual nature by the member towards the patient*

Exception:

- (4) *For the purposes of subsection (3), "Sexual nature" does not include touching, behaviour or remarks of a clinical nature appropriate to the services being provided.*

Any sexual relationship with a patient/client during the clinical relationship, even if the patient/client consents, is sexual abuse because of the position of power the healthcare professional holds. A more fulsome discussion of what constitutes sexual abuse is found in the Practice Guideline- the Therapeutic Relationship and the Prevention of Sexual Abuse.

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

The aim of the provisions in the RHPA related to sexual abuse and the College's mandate is to strive towards the elimination of sexual abuse in the healthcare context. Facility operators and members need to take this reporting obligation seriously as the College relies on this information to fulfill its mandate. It is important to understand what sexual abuse is and to be able to identify when it may be happening, keeping in mind that sexual abuse often does not start with overt actions on the part of the abuser.

If a person has any doubt about his/her obligations or whether or not abuse has occurred, they should contact the College for assistance.

If a facility operator is conducting his/her own investigation into an allegation of sexual abuse, the facility operator should not await the outcome of that investigation before reporting it to the College. The outcome of such an investigation can be provided to the College and the College will consider the findings in its own processes.

The RHPA addresses sexual abuse of patients by members. There may be other types of sexual behaviour that, while not triggering a mandatory report to the College, would still be considered professional misconduct. For example, sexual harassment in the workplace is never appropriate and would be considered unprofessional; however, it is not a mandatory report. A person who is the subject of or witness to sexual harassment by a member may voluntarily report that behaviour to the College. The conduct may also be reported to the employer or facility operator, if appropriate. If the employer investigates further and deems that the member requires sanctioning, this would be reported under the mandatory obligations for employers.

Incompetence

Under section 52 of the HPPC, a member is considered to be incompetent if his/her *“professional care of a patient displays a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practise or that the member’s practice should be restricted”*. Incompetence is not necessarily demonstrated by one mistake, but by a repetition or pattern of deficiencies. The repetition or pattern has to be such that the employer deems that the member’s practice should be restricted. The extent of the repetition or pattern will vary depending on the severity of the standards breached. For example, a situation in which a member whose documentation is repeatedly sloppy and incomplete is not as serious as a member who neglects to document altogether. The latter breach cannot be tolerated at length and may be an early sign of incompetence in documentation. Failure to document may also denote possible incompetence if it signifies a deficiency elsewhere in the member’s practice. For example, a member who does not document assessments adequately or at all may indicate that the assessments themselves are not being properly conducted.

Incapacity

Under section 1 of the HPPC, incapacity is defined as suffering from a physical or mental condition or disorder that requires that the member have his/her practice restricted or suspended in the interest of public safety.

It is important to note the two aspects of the definition: first, the existence of a recognized physical or mental condition or disorder, and second, the fact that such a condition or disorder requires restricted or suspended practice. A member would not be considered incapacitated under the HPPC if the member has a condition or disorder that he/she is successfully coping with it. Similarly, a member may recognize that his/her state requires time off or modified work hours and adjust his/her schedule accordingly. In such circumstances, if there is no substantial risk of harm to patients/clients, it would not warrant a report to the College. Employers should be supportive and monitor the situation. Employers must also be mindful of their duty to accommodate members with a disability.

How and when to report

Self-reporting

For all self-reporting obligations listed above, the member must report either upon application for registration with the College or, if the individual is already a member, within 30 days of the member receiving notice of the finding. This 30 day period is stipulated in the College’s registration regulations.

The self-report must be in writing and contain the following information:

- (a) the name of the member filing the report;
- (b) the nature of, and a description of, the offence or finding;

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

All self-reports of this nature are subject to any publication bans.

Sexual abuse, incompetence and incapacity

Section 85.3 of the HPPC outlines the timing and content of facilities' mandatory reporting obligations of sexual abuse, incompetence or incapacity, as well as members' mandatory reporting obligations of sexual abuse. These reports must be filed with the applicable College within 30 days of the finding, or immediately if the reporter has reasonable and probable grounds to believe that the member is an ongoing threat to patients.

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

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

If the facility operator or the member does not know the name of the member who is the subject of the report, they should attempt to ascertain the member's identity. However, if the person is unable to identify the member, there is no duty to report. A reporter can contact the applicable college for assistance in identifying the member.

Under section 85.5 of the HPPC, employers' reports regarding the restriction or termination of a member's employment must be made within 30 days of the restriction or termination and must include the reasons for the change.

Failure to report

It is considered professional misconduct if a member fails to report any of the above applicable reporting obligations. If the College becomes aware of such a failure, the College can investigate the matter. Failure to make a mandatory report is an offence punishable with a fine of up to \$25,000.00 for a first offence.

Any facility operator, employer or member who makes a report in good faith under the requirements of the HPPC will have immunity against any action or proceeding, even if the report is subsequently deemed to be unfounded.