



## Council Meeting

Date: June 29, 2020 Time: 10:30am-5:00pm Location: Go To Meeting

<https://global.gotomeeting.com/join/765105893>

Canada: [+1 \(647\) 497-9391](tel:+16474979391) Access Code: 765-105-893

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
1	10:30am	Call to order, roll call	J. Pereira	Yes	Information
2	10:30am	Conflict of interest declarations	J. Pereira	No	Decision
3	10:35am	Statement by the President concerning Anti-Racism and Systemic Discrimination	J. Pereira	No	Information/ Discussion
4	10:50am	Approval of agenda	J. Pereira	Yes	Decision
5	10:55am	Approval of Minutes – March 30, 2020	J. Pereira	Yes	Decision
6	11:00am	<b>Action Items from the March 30 Meeting</b>			
		<ul style="list-style-type: none"> <li>• The December 2, 2019 minutes to include details of the in-camera session. COMPLETED</li> <li>• Ryan Wight to be noted as a Professional Member on the revised Committee Slate. COMPLETED</li> <li>• The revised 2020 election schedule to be posted on the website. COMPLETED</li> </ul>			
7	11:05am	Committee Reports <ul style="list-style-type: none"> <li>• Registration</li> <li>• Quality Assurance</li> <li>• Patient Relations</li> <li>• Q3 Finance Report/Dashboard</li> </ul>	Committee Chairs Patient Relations- T. Bendo	Yes	Decision- Patient Relations Committee terms of reference
8	11:15am	Registrar's Report <ul style="list-style-type: none"> <li>• Upcoming election</li> <li>• COVID-19 Update</li> <li>• Operations</li> <li>• Specialty Committee</li> <li>• Correspondence</li> </ul>	B. Kritzer	Yes	Decision on Correspondence Item



9	11:30am	President's Report	J. Pereira	No	Information
10	11:40am	Transparency- Executive Committee Minutes and Agenda	J. Pereira B. Kritzer	Yes	Decision
<b>Lunch Break</b>					
11	1:00pm	Human Resources Policies - Overview	Natasha Danson (Steinecke Maciura LeBlanc)	No	Presentation
12	1:45 pm	Establishing criteria and parameters for how we assess scope of practice	D. DeBono	No	Discussion
13	2:15 pm	Practice Guideline: Working Outside of Scope during Health Emergencies	L. Thacker	Yes	Decision
14	2:30pm	Draft Budget & Performance Plan 2020/21	N. Leris	Yes	Decision
15	3:00pm	Recommendation from the Finance and Planning Committee	C. McCleave (Chair)	Yes	Decision
<b>Break</b>					
16	3:30pm	Peer Circles	L. Thacker	No	Information
17	3:45pm	Enterprise Risk Management	B. Kritzer	Yes	Decision
18	4:30pm	Communications Strategy	R. Pestana	Yes	Information
19	4:50pm	Vacancy- District 1	R. Pestana	Yes	Decision
20	5:00pm	Review of Action Items	J. Pereira	No	Review
<b>ADJOURNMENT</b>					



College of Kinesiologists of Ontario Council Meeting Minutes - Draft	
<b>Date/time of meeting</b>	Monday, March 30, 2020 at 9:30 am.
<b>Chair</b>	Jennifer Pereira
<b>Note Taker</b>	Vivian Fragale
<b>1. Present (teleconference)</b>	Elwin Lau, Ben Matthie, Mary Pat Moore, Ryan Wight, Chad McCleave (left at 10:15am), Stefanie Moser, Victoria Nicholson, Derek DeBono, Graydon Raymer, Katie St. Denis, Sara Gottlieb, Leslee Brown
<b>Regrets</b>	Teresa Bendo
<b>Staff/guests in Attendance</b>	<b>Staff:</b> Brenda Kritzer, Nancy Leris, Vivian Fragale, Ryan Pestana  <b>Guests:</b> Sandy Jespersen (Canadian Athletic Therapists Association), Don Gracey (Ontario Athletic Therapist Association), Mardon Fraser (R.Kin), Krystal Tandon (R.Kin), Jaime Glassman (R.Kin), Tyler Quennell (R.Kin)
<b>2. Update on Resignations</b>	<p>Jennifer welcomed Sara Gottlieb, who was newly appointed to Council by the Ontario Government.</p> <p>She noted that since the last Council meeting, resignations were received from public members Ken Alger and Sandra Weeks and professional members Jennifer Bushell and Nelson Amaral. Jennifer wished them the best and thanked them for their contributions.</p> <p>Jennifer asked that before beginning with the business on the agenda Council recognize the work of valued health care service providers and those who have put their names forward to be re-assigned to areas of need within the health care system as Ontario deals with COVID-19.</p> <p>The shortened agenda was intended to ensure that all remain informed on College business, that legislated reporting requirements are met, and that Council members are assigned to Committees and informed of their work.</p>
<b>3. Conflict of Interest Declarations</b>	Jennifer Pereira asked if any Council members present wished to declare a conflict of interest. There were no declarations.
<b>Constitution of the Meeting</b>	As a notice of the meeting had been duly given in accordance with the by-laws of the College of Kinesiologists of Ontario and a quorum was present, the meeting was duly constituted for the transaction of business.
<b>4. Approval of Agenda</b>	<p>Chad McCleave noted that he needed to leave the meeting at 10:15 am and requested that the review of the draft audited financial statements be moved up on the agenda.</p> <p>UPON A MOTION duly made by Chad McCleave and seconded by Derek DeBono, it was resolved that the agenda be approved as amended. Carried.</p>

<p>5. <b>Approval of Minutes: December 2, 2019</b></p>	<p>It was noted that the December 2, 2019 meeting minutes did not include details of the in-camera session (i.e. time, attendance, etc). It was requested that the minutes be revised to reflect this.</p> <p>UPON A MOTION duly made by Ryan Wight and seconded by Derek DeBono, it was resolved that the December 2, 2019 minutes be approved as amended. Carried.</p>
<p>6. <b>Action Items arising from previous meetings</b></p>	<p>There were no action items noted.</p>
<p>7. <b>Review of Draft Audited Financial Statements</b></p>	<p>Chad McCleave, Chair of the Finance &amp; Planning Committee, provided an overview of the draft audited financial statements for the fiscal year September 1, 2018 – August 31, 2019. He noted that the statements were presented to Council by the Auditor at the December meeting, but were not approved pending confirmation of outstanding matters at the time. The complaints and investigations schedule was revised to reflect more up-to-date data on the status of cases. Some of the cases have been resolved. Given that this is not material and would require a change to the draft financial statements, as well as the filed tax return, the Auditors were advised to record it to the statement of unadjusted differences.</p> <p>UPON A MOTION duly made by Chad McCleave and seconded by Stefanie Moser, it was resolved that the Council of the College of Kinesiologists of Ontario accept and approve for circulation, and submission to the Minister of Health, the audited financial statements for 2018/2019. Carried.</p>
<p>8. <b>Business Continuity Relating to COVID-19 / Insurance De-listing of Healthcare Professionals</b></p>	<p>Registrar Brenda Kritzer provided a brief update on the College’s Business Continuity Plan during COVID-19. She noted the postponement of the April exam. A notice was sent to all candidates, and the College is monitoring the situation with Yardstick, its exam provider.</p> <p>During this time, all staff are working from home. Brenda reported that staff have transitioned relatively smoothly and College operations continue uninterrupted.</p> <p>Brenda spoke about the growing trend of private insurance companies “de-listing” healthcare professionals in light of fraudulent or suspected billing improprieties. Some insurance companies have also stopped sharing information obtained through their internal investigations with health professions regulators. Although this practice is more widespread in professions whose services are widely covered by insurance, the College has seen this issue emerge in recent disciplinary matters, which would not have come to the College’s attention but for the actions of a third-party. The College expects that this will be an emerging issue of concern for all health regulators.</p> <p>Brenda noted that in response to concerns about the College’s</p>

	<p>consideration of a specialty or class of registration for athletic therapists, a fact sheet was created and posted on the website, explaining where the College is in the process.</p>
<p><b>9. Election of Professional Member to Executive Committee</b></p>	<p>Professional member, Elwin Lau, was nominated to the vacant seat on Executive Committee. Mary Pat Moore and Ryan Wight supported his nomination.</p> <p>The President called for any further nominations from the floor. As none were received she declared the nominations process closed and Elwin Lau elected to the Executive Committee by acclamation</p> <p>UPON A MOTION duly made by Chad McCleave and seconded by Derek DeBono, it was resolved that Elwin Lau be appointed as a professional member of the Executive Committee. Carried.</p>
<p><b>10. Committee on Specialties</b></p>	<p>Mary Pat Moore provided a summary report from the Specialties Committee. A report from the Specialties Committee to Council was included in the Council package.</p> <p>The OATA has made extensive efforts to demonstrate the risk of harm to the public posed by practitioners of athletic therapy. However, most of the evidence presented speaks to the risk of harm experienced by the client/patient population by participating in sports. There has not been much evidence presented on the risk of harm posed by practitioners of athletic therapy who are not regulated health professionals.</p> <p>The Committee continues to work on its analysis. A workplan is under development to assist the Committee in its further work on the areas of education and certification. In addition the Committee will review the current program of accreditation of education/training programs.</p> <p>The Committee has noted that the policy “Assessment Framework” speaks to consultation with registrants of the College membership prior to making a recommendation to Council. The Committee expressed concern about this aspect of the policy and recommended to Council that the Assessment Framework be reviewed in the coming months to reconsider the manner and timing of consultation in relation to any decisions by Council.</p> <p>Mary Pat recommended that additional members be appointed to the Committee so that it can continue to do its work. Currently, there are three members: Mary Pat Moore, Ryan Wight, and Graydon Raymer.</p> <p>Jennifer Pereira indicated that Mary Pat Moore expressed interest in serving as Chair of the Specialties Committee and asked whether there were any public appointees who were willing to sit on the Committee as well. Sara Gottlieb expressed interest.</p> <p>UPON A MOTION duly made by Ryan Wight and seconded by Derek DeBono, it was resolved that the Council of the College of Kinesiologists of Ontario appoints Mary Pat Moore as Chair and Sara Gottlieb as Public</p>

	Member to the Specialties Committees. Carried. Abstention: Stefanie Moser.
<b>11. Committee Reports</b>	Reports were provided in the Council package highlighting committee meetings, activities, changes and discussions that took place since the December Council meeting. A second quarter financial report and Dashboard were also included.
<b>12. President's Report</b>	<p>Jennifer Pereira noted that the College facilitated the annual CKO-Universities Liaison Committee Meeting in December 2019. The meeting was well attended by representatives from Ontario's academic institutions. Professional associations were also in attendance, largely as observers, until the afternoon portion of the meeting when they reported on their recent activities. College staff provided updates in the respective areas. Committee members also provided updates pertaining to their schools' programs. A round table discussion was held in regards to advancements in the profession, healthcare, technology and the practice environment. Graydon Raymer presented on the mandate and work of the Canadian Council of University Physical Education and Kinesiology Administrators (CCUPEKA). Steven Fischer, the Secretary/Treasurer for the Ontario Kinesiology Association (OKA) and Co-Chair of the OKA's Kinesiology Evidence and Engagement Network (KEEN), provided an overview of the KEEN initiative.</p> <p>Jennifer also provided a review of the results of the December 2nd Council meeting feedback survey. The results were included in the Council meeting package for circulation.</p>
<b>13. Approval of Revised Committee Membership</b>	<p>A revised Committee Slate was provided to Council. The Executive Committee recommended the following revisions:</p> <p>Ryan Wight, Chair, Registration Committee  Elwin Lau, Vice Chair, Registration Committee  Graydon Raymer, Chair, Quality Assurance Committee  Teresa Bendo, Public Member, Quality Assurance Committee  Leslee Brown, Public Member, Quality Assurance Committee</p> <p>Sara Gottlieb agreed to serve on the Registration Committee, but asked whether this could be revisited should another public member be appointed.</p> <p>It was noted that Ryan Wight was listed on the slate incorrectly as a Public Member.</p> <p>UPON A MOTION duly made by Leslee Brown and seconded by Vicky Nicholson, it was resolved that the Council of the College of Kinesiologists of Ontario appoints the committee members and chairs as per the attached revised slate developed and recommended by the Executive Committee. Carried.</p>

	<p>Brenda Kritzer noted that she asked Ryan Pestana, Communications Manager, to review the Patient Relations Committee Terms of Reference to include communications. A proposal will be developed and forwarded to Council in time for the June Council meeting.</p>
<p><b>14. Resolution to Approve Proposed 2020 Election Schedule</b></p>	<p>The proposed 2020 election schedule was included in the Council meeting package. Ryan Pestana noted that there are vacancies in districts 2 and 3 and a member up for election in district 4 (Stefanie Moser).</p> <p>The Registrar has proposed the dates of election as July 7-14, 2020 to ensure consistency with the time period established for previous elections, and to allow kinesiologists ample time to vote.</p> <p>UPON A MOTION duly made by Sara Gottlieb and seconded by Elwin Lau, it was resolved that Council directs the Registrar to publish immediately July 7-14, 2020 as the election dates in Districts 2, 3 and 4. Carried.</p>
<p><b>15. Decision re. Vacancy in Districts 2 and 3</b></p>	<p>In February 2020, two professional members of Council (one from District 2 and one from District 3) tendered their resignation creating short-term vacancies in these two districts since the seats became vacant no more than 12 months before the members' term of office expired. Both of these districts are up for election in July 2020.</p> <p>A Decision Note was included in the Council package with a recommendation that Council ratify the Executive Committee's decision to leave District 2 vacant. The College recommended that Council also leave District 3 vacant until the election.</p> <p>UPON A MOTION duly made by Leslee Brown and seconded by Elwin Lau, it was resolved that Council leave Districts 2 and 3 vacant given the pending start of the nomination period in both districts. Carried.</p>
<p><b>16. Review of Action Items</b></p>	<ul style="list-style-type: none"> <li>• The December 2, 2019 minutes to include details of the in-camera session, i.e., time and participants.</li> <li>• Ryan Wight to be noted as a Professional Member on the revised Committee Slate.</li> <li>• The revised 2020 election schedule to be posted on the website.</li> </ul>
<p><b>17. Closing Comments/Motion for Adjournment</b></p>	<p>Jennifer Pereira wished everyone the best during these difficult times. She urged everyone to be safe. The next Council meeting is scheduled on June 29, 2020.</p> <p>It was moved by Derek DeBono to adjourn the meeting at 11:03am.</p>

## Registration Report

<b>Committee: Registration</b>
<b>Prepared for:</b> Council
<b>Date:</b> June 29, 2020

### Meetings

The Registration Committee has met twice since the last report to Council on March 30, 2020 to review 10 referrals for educational equivalency assessment.

#### Decision of the panels:

- 8 decisions deferred, allowing the applicants to complete what has been identified by the panel as additional courses required to suffice the educational equivalency requirements;
- 1 decision deferred pending further information from the applicant regarding the content of courses submitted for educational equivalency;
- 1 applicant approved to write the entry-to-practice exam.

### Registration Examination

#### Spring Session

The spring sitting of the College's entry-to-practice examination which was scheduled to place on April 18, 2020 has been rescheduled for Saturday September 19, 2020 across all writing centres.

#### Fall Session

The September exam is scheduled to take place in Toronto on Saturday, September 26, 2020; and on Saturday September 19, 2020 in the following writing centres: London, Ottawa, Sudbury, Thunder Bay and Windsor.

The College is closely monitoring the COVID 19 Pandemic as it relates to the gathering of large groups. We have been working with our examination administrator Yardstick to plan ahead and be proactive in making appropriate adjustments to our exam schedule as circumstances necessitates. This includes but is not limited to adding additional testing sites and extended exam windows, considering further examination deferrals, and providing personal protective equipment to examination candidates and exam invigilators.



## Membership Update

As of June 5, 2020 the College has 2896 total members registered. There are 2484 members in the General Class and 412 members in the Inactive class.

- **Annual Historical Registration Counts**

Registration Numbers as of March 31 of each year

Years	General Class	Inactive Class
2014	1280	29
2015	1419	123
2016	1731	215
2017	2294	287
2018	2422	372
2019 *	2441	410
2020	2467	404

\* As of March 11<sup>th</sup>, 2019

## Committee Report

<b>Committee:</b> Quality Assurance Committee
<b>Prepared for:</b> Council
<b>Date:</b> June 29, 2020

The Quality Assurance Committee (the Committee) met once since the last report made on March 30, 2020.

### Peer and Practice Assessment

Twenty four decisions and reasons letters were sent to registrants selected to participate in peer and practice assessment: one case from the Spring 2019 Cycle, and 23 from the Fall 2019 Cycle. Below is a summary of the decisions:

PPA Cycle	PPA Case Files Reviewed	Decisions
Spring 2019	1 file	1 - No further action
Fall 2019	23 files	15 - No further action  8 - Notice of Intent to direct competency enhancement (demonstrated change report)

The Committee will meet over the next two months to review registrants' submissions for cases where follow up was directed.

### Practice Guideline: Working Outside of Scope during Health Emergencies

QA Committee members reviewed and provided comment on a new draft Practice Guideline: Working Outside of Scope during Health Emergencies. The guideline has been developed in response to practice issues emerging from the recent pandemic, where kinesiologists have been redeployed to other practice settings and asked to work outside of the scope of practice of the profession. The guideline sets out expectations for kinesiologists who may be asked to perform activities that are outside their normal duties, which are not controlled acts and within the public domain, but for which they may not have received formal training (e.g. a kinesiologist redeployed to assist with basic nursing duties or personal support work). The guideline includes topics such as undergoing

necessary training, self-assessment and supervision, demonstrating critical thinking and professional judgment, record keeping, and use of title and professional designation.

### **Peer Circles**

The Quality Assurance Program will be piloting a new Continuing Professional Development initiative this fall – Peer Circles. Virtual workshops will provide small groups of registrants opportunities to candidly discuss topical practice issues in areas of risk, and work together to develop enhanced problem solving skills and understanding of the application of the standards. Trained facilitators who are registered kinesiologists will assist the groups in working through the case scenarios, learning how to apply an ethical decision making framework and locate and interpret the relevant resources to address practice issues. Facilitation and participation will tie back to competencies and learning objectives and may be counted towards registrants' continuing professional development requirements. Participation will be voluntary, or may be directed by a committee (e.g. Quality Assurance; Inquiries, Complaints and Reports; Discipline) as a remediation option. The virtual format hosted within the private and confidential boundaries of the quality assurance program will enable a dynamic learning experience, while providing registrants with opportunities for professional networking.

## Decision Note

<b>Decision:</b> Revised Patient Relations Committee Terms of Reference
<b>Prepared for:</b> Council
<b>Date:</b> June 29, 2020

### Background

The Patient Relations Committee is a statutory committee under the *Regulated Health Professions Act, 1991*. The Committee is responsible for developing, implementing and administering the Patient Relations Program. The program includes measures for preventing or dealing with the sexual abuse of patients/clients, including educational requirements for kinesiologists; guidelines for the conduct of kinesiologists with their patients/clients; training for the College’s staff; and providing information to the public. The Patient Relations Committee also administers the funding for therapy for sexual abuse victims.

Recently, College staff has been discussing ways to better engage Council in the College’s communications function. The idea of creating another non-statutory committee was discussed. However, given the close fit between the Patient Relations Committee’s mandate and communications, staff felt that expanding the Committee’s mandate was appropriate. Several other colleges use their Patient Relations Committee as a sounding board for the communications. This approach would allow more engagement from the Patient Relations Committee, which rarely meets, and would help align the Committee’s work with the College’s broader communications objectives.

### Decision for consideration

Council is being asked to approve revised terms of reference for the Patient Relations Committee that will give the Committee a greater role in the communications function. The Committee met on May 25, 2020 to consider revisions that included:

- An addition under “Provision of information for the public” section that allows for Committee to develop a strategic communications plan for the public.
- Housekeeping amendments to align the terms of reference with other committee terms of reference.
- Amendments to the “Staff support” and “Minutes” sections to reflect changes in the College’s internal processes.

**Recommendation and next steps**

It is recommended that Council approve the Patient Relations Committee's revised terms of reference. Over the summer months, staff will begin developing a work plan for the Patient Relations Committee.

## Committee Report

<b>Committee:</b> Patient Relations
<b>Prepared for:</b> Council
<b>Date:</b> June 29, 2020

Since the March 30 Council meeting, the Patient Relations Committee met once on May 25 for a teleconference. Below is a summary from the Committee's latest meeting:

### Revised Committee Terms of Reference

The Committee considered revisions to its Terms of Reference that would allow the Committee to provide greater input into the College's communications planning. Staff discussed the need to better engage Council in the College's communication function. The creation of a non-statutory committee was considered; however, it was noted that several other colleges used their Patient Relations Committee as a sounding board for the communications. Staff felt expanding the Committee's Terms of Reference was a better option given the good fit between the Patient Relations Committee's legislated mandate of providing information to registrants and the public on the measures to prevent sexual abuse, and the need to better engage this Committee. Committee considered the revised Terms of Reference, amended to allow greater input from Committee members on communication, and included housekeeping amendments to align the document with other committee terms of reference.

### 2019-2022 Communication Plan

Committee reviewed the College's 2019-2022 Communication Plan. The plan was developed to support achievement of the College 2019-2022 strategic goals and was also informed by careful review of the Ministry of Health's draft College Performance Management Framework. Over the next three years the College will focus on increasing and measuring public awareness activities. The College will also focus on increasing transparency around Council and committee processes. This includes posting details on the training process for Council members and details on the work of Executive Committee, such as meeting agendas and minutes. Committee noted that the plan should include more information on the College's response to the COVID-19 pandemic.

## Terms of Reference- Patient Relations Committee

### Purpose

The Patient Relations Committee is a statutory committee under the *Regulated Health Professions Act, 1991* (RHPA). The Patient Relations Committee is responsible for administering the funding program established by the College for therapy and counselling for those alleging sexual abuse by a kinesiologist; and for advising Council on the effectiveness and needs of the Patient Relations Program. The program includes the following measures for preventing or dealing with sexual abuse of patients/clients by kinesiologists:

- educational requirements for kinesiologists;
- guidelines for the conduct of kinesiologists with their patients/clients;
- training for the College's staff; and
- provision of information to the public.

### Accountability

The Patient Relations Committee is accountable to Council through the Committee Chair.

In addition, the Committee shall prepare for Council a report to the Health Professions Regulatory Advisory Council, describing the patient relations program of the College and, when changes are made to the program, a written report describing the changes. (Procedural Code s, 84.(4)).

### Reporting

The Committee reports to Council at least annually and prepares an annual report for Council's review and approval. The Committee responds, as necessary, to requests for information and evaluation from the Ministry of Health and the Health Professions Regulatory Advisory Council (HPRAC).

### Membership

The Committee is comprised of at least:

- one (1) elected Council member;
- two (2) publicly appointed Council members; and
- two (2) registrants appointed by Council who are not members of Council.

## **Staff support**

The Committee will be supported by the Manager, Communications and other staff as appointed by the Registrar and CEO.

## **Committee protocols**

It is expected that the Committee will meet once per year to receive training, once per year to prepare and approve the Committee's annual report and as required to accomplish the mandate of the Committee in a timely and effective manner.

The agenda for each meeting will be developed jointly between the Chair and the Manager, Communications with input from Committee members

## **Minutes**

Minutes of each meeting will be prepared by the Executive Assistant and circulated to members of the Committee within 30 days of the meeting. Approved minutes are maintained by the Executive Assistant according to the College knowledge management policies.

## **Duties and responsibilities of the Committee**

The Committee is responsible for providing strategic direction and oversight to the Patient Relations Program as follows:

### **a) Registrant education**

- Assess the needs of registrants for training and materials to assist them in understanding and avoiding sexual misconduct;
- Review existing materials and identifying cost-effective methods of providing additional or new training or materials to registrants;
- Evaluate the effectiveness of educational efforts of the College.

The educational requirements for registrants are focused on four broad areas:

- appropriate behaviours and interactions with patients/clients, including avoidance of boundary violations;
- recognition of and appropriate response to sexual abuse by other regulated health professionals;
- understanding the nature of sexual abuse and its impact on the patient/client;
- understanding the legislative requirements of the Health Professions Procedural Code at s. 84 through s.85.7 (13).

The College has determined that all current registrants, students in kinesiology programs, applicants for registration and the public should receive or have access to education about these issues.



**b) Guidelines for registrant conduct**

- Assess the guidelines published by the College for registrants and the public relating to sexual abuse and adherence to professional boundaries to ensure that they continue to meet registrants' information needs, provide for the protection of patients/clients and enable registrants to understand what is expected to provide kinesiology services in a manner free from sexually abusive behaviours and in an environment of trust and openness.

**c) Training for College staff**

- Ensure that all staff respond with tact, sensitivity and discretion when receiving any complaints of sexual misconduct, interacting with victims, witnesses and service providers.
- Ensure that registrants and staff have access to publications to assist them in understanding the complexities of a multi-cultural environment with respect to understanding and perceptions of sexual misconduct.

**d) Provision of information to the public**

- Ensure that information is readily available to the public regarding the College's obligations to receive and investigate complaints, procedures used and the protection of privacy.
- Ensure that information is easily accessed by the public to understand the professional relationship of the kinesiologist with patients/clients.
- Develop a strategic public awareness plan to provide information to the public about the role and function of the College and the profession of kinesiology. In part, this program would assist individuals to exercise their rights under the Health Professions Procedural Code of the RHPA concerning complaints and sexual abuse and provide information about the College's discipline process.

**e) Program to provide funding for therapy and counselling**

- The Committee is further required to administer the fund for therapy and counselling for persons alleging sexual abuse by a kinesiologist.
- The Committee reviews and decides on applications for funding.

**f) Evaluation**

- Establish and evaluate the desired outcomes for the College's Patient Relations Program.

## Terms of Reference- Patient Relations Committee

### Purpose

~~The Patient Relations Committee is a statutory committee under the *Regulated Health Professions Act, 1991* (RHPA). Consistent with Sections 84 and 85 of the Health Professions Procedural Code, the~~ The Patient Relations Committee is responsible for ~~is established to developing, implementing and administering~~ administering the fFunding pProgram established by the College for therapy and counselling for those alleging sexual abuse by a memberkinesiologist; and for advising Council on the effectiveness and needs of the Patient Relations Program the College's Patient Relations Program, of the College of Kinesiologists of Ontario that ~~The program includes the following measures for preventing or dealing with the sexual abuse of patients/clients by kinesiologists, including:~~

- educational requirements for ~~members~~kinesiologists;
- guidelines for the conduct of ~~members~~kinesiologists with their patients/clients;
- training for the College's staff; and
- provision of information to the public.

~~In addition the~~ The Committee shall also administers the Program of Funding for Therapy and Counsellinga fund for therapy and counselling, intended to compensate This fund pays the cost of therapy for anyone who, while a patient/client of a kinesiologist, was sexually abused by a the member of the Collegekinesiologist.

~~Patients and clients should be able to receive kinesiology care free from sexually abusive behaviours. Practitioners must endeavour to care for their patients in an environment of trust and openness. The College recognizes that a proactive Patient Relations Program, developed to enhance relations between members and patients, has the potential to improve patient care.~~

### Accountability

~~The Committee is established as a statutory committee of Council with a Chair appointed by Council, who is accountable to report on the activities to Council and to communicate information authorized by Council. The Patient Relations Committee is accountable to Council through the Committee Chair.~~

In addition, the Committee shall prepare for Council a report to the Health Professions Regulatory Advisory Council, describing the patient relations program of the College and, when changes are made to the program, a written report describing the changes. (Procedural Code s, 84.(4)).

### Reporting

~~The Committee shall reports to Council at least annually and shall annually prepare a reportprepares an annual report for the Council's review and approval of Council. The Committee responds, as~~

~~necessary, to requests for information and evaluation from the Ministry of Health and the Health Professions Regulatory Advisory Council (HPRAC). Council shall provide a report to the Health Professions Regulatory Advisory Council (HPRAC) describing the Patient Relations Program of the College and shall report to the HPRAC on any changes made to the program (Health Professions Procedural Code 84.4).~~

## Membership

~~The Patient Relations Committee shall be comprised of public members and elected members of Council as well as members of the College appointed by Council as follows for a total of not less than five members~~The Committee is comprised of at least:

- ~~at least one (1) member of Council who is a member of the College~~at least one (1) elected Council member;
- ~~at least two (2) members of Council appointed to Council by the Lieutenant Governor in Council~~publicly appointed Council members; and
- ~~at least two (2) members of the College~~registrants appointed by Council who are not members of Council.

## ~~Rules governing the selection of members, the appointment of the Chair and the functioning of the Committee~~

~~The approved By-laws governing Council and committees and the Schedules to the By-laws apply to the members of this Committee and to the procedures of this Committee.~~

## Staff support

The Committee will be supported by the Manager, Communications and other staff as appointed by the Registrar and CEO.

## ~~Protocols of the Committee~~Committee protocols

It is expected that the Committee will meet once per year to receive training, once per year to prepare and approve the Committee's annual report and ~~additionally~~ as required to accomplish the mandate of the Committee in a timely and effective manner.

The agenda for each meeting will be developed jointly between the Chair and the ~~Director, Professional Conduct~~Manager, Communications with input from Committee members.

## 1) Minutes

~~A summary of Minutes of~~ each meeting will be prepared by the ~~Director, Professional Conduct~~Executive Assistant and circulated to members of the Committee within 30 days of the meeting. ~~The approved Record shall be~~Approved minutes are maintained by the ~~Director~~Executive Assistant according to the College knowledge management policies.

~~The Director, Quality Assurance will provide secretariat support to the Committee.~~

## Duties and responsibilities of the ~~Patient Relations~~ Committee

The Committee is responsible for ~~developing and administering~~ providing strategic direction and oversight to the the Patient Relations Program as follows:

### a) ~~Member Registrant~~ education

- Assess the needs of ~~the membership~~ registrants for training and materials to assist them in understanding and avoiding sexual misconduct;
- Review existing materials and identify ing cost-effective methods of providing additional or new training or materials to ~~members~~ registrants;
- Evaluate the effectiveness of educational efforts of the College.

The educational requirements for ~~members~~ registrants are focused on four broad areas:

- appropriate behaviours and interactions with patients/clients, including avoidance of boundary violations;
- recognition of and appropriate response to sexual abuse by other regulated health professionals;
- understanding the nature of sexual abuse and its impact on the patient/client;
- understanding the legislative requirements of the Health Professions Procedural Code at s. 84 through s.85.7 (13).

The College has determined that all current ~~members of the College~~ registrants, students in kinesiology programs, ~~and~~ applicants for registration and the public should receive or have access to education about these issues.

### b) Guidelines for ~~member~~ registrant conduct

- Annually a Assess the Guidelines published by the College for ~~its members~~ registrants and the public relating to sexual abuse and adherence to professional boundaries to ensure that they continue to meet ~~members'~~ registrants' information needs, provide for the protection of patients/clients ~~of members~~ and enable ~~members~~ registrants to understand what is expected ~~in order~~ to provide kinesiology services in a manner free from sexually abusive behaviours and in an environment of trust and openness.

### c) Training for College staff

- Ensure that all staff responds with tact, sensitivity and discretion when receiving any complaints of sexual misconduct, interacting with victims, witnesses, and service providers.
- Ensure that ~~members~~ registrants and staff have access to publications ~~such as~~ to assist them in understanding the complexities of a multi-cultural environment with respect to understanding and perceptions of sexual misconduct.

### d) Provision of information to the public

- Ensure that information is readily available to the public regarding the College's obligations to receive and investigate complaints, procedures used and the protection of privacy.
- Ensure that information is easily accessed by the public to understand the professional relationship of the kinesiologist with patients/clients.
- Develop a strategic public awareness plan to provide information to the public about the role and function of the College and the profession of kinesiology. In part, this program would assist individuals to exercise their rights under the Health Professions Procedural Code of the RHPA concerning complaints and sexual abuse and provide information about the College's discipline process.

e) **Program to provide funding for therapy and counselling**

- The Committee is further required to administer the ~~Patient Relations Fund—the~~ fund for therapy and counselling ~~of victims of~~ persons alleging sexual abuse by a registrant. ~~members of the College kinesiologists.~~
- ~~The Committee shall make available application forms for victims and shall review and decide upon applications for funding~~ reviews and decides on applications for funding.

f) **Evaluation**

- Establish and evaluate the desired outcomes for the College's Patient Relations Program.

**Appendix 1—Policies and Procedures of the Patient Relations Committee**

**Legislative Authority: Health Professions Procedural Code**

**Funding provided by College**

~~85.7 (1) There shall be a program, established by the College, to provide funding for therapy and counselling for persons who, while patients, were sexually abused by members. 1993, c. 37, s. 23.~~

**Funding governed by regulations**

~~(2) The funding shall be provided in accordance with the regulations made under the Regulated Health Professions Act, 1991. 1993, c. 37, s. 23.~~

**Administration**

~~(3) The Patient Relations Committee shall administer the program. 1993, c. 37, s. 23.~~

**Eligibility**

~~(4) A person is eligible for funding only if,~~

~~(a) there is a finding by a panel of the Discipline Committee that the person, while a patient, was sexually abused by a member; or~~

~~(b) the alternative requirements prescribed in the regulations made by the Council are satisfied. 1993, c. 37, s. 23.~~

**Effect of appeal**

~~(5) A person's eligibility for funding under clause (4) (a) is not affected by an appeal from the panel's finding. 1993, c. 37, s. 23.~~

**No assessment**

~~(6) A person is not required to undergo a psychological or other assessment before receiving funding. 1993, c. 37, s. 23.~~

**Choice of therapist or counsellor**

~~(7) A person who is eligible for funding is entitled to choose any therapist or counsellor, subject to the following restrictions:~~

- ~~1. The therapist or counsellor must not be a person to whom the eligible person has any family relationship.~~
- ~~2. The therapist or counsellor must not be a person who, to the College's knowledge, has at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature.~~
- ~~3. If the therapist or counsellor is not a member of a regulated health profession, the College may require the person to sign a document indicating that he or she understands that the therapist or counsellor is not subject to professional discipline. 1993, c. 37, s. 23.~~

**Payment**

~~(8) Funding shall be paid only to the therapist or counsellor chosen by the person. 1993, c. 37, s. 23.~~

**Use of funding**

~~(9) Funding shall be used only to pay for therapy or counselling and shall not be applied directly or indirectly for any other purpose. 1993, c. 37, s. 23.~~

**Same**

~~(10) Funding may be used to pay for therapy or counselling that was provided at any time after the sexual abuse took place. 2007, c. 10, Sched. M, s. 64.~~

**Other coverage**

~~(11) The funding that is provided to a person shall be reduced by the amount that the Ontario Health Insurance Plan or a private insurer is required to pay for therapy or counselling for the person during the period of time during which funding may be provided for him or her under the program. 1993, c. 37, s. 23.~~

**Right of recovery**

~~(12) The College is entitled to recover from the member, in a proceeding brought in a court of competent jurisdiction, money paid in accordance with this section for therapy or counselling for an eligible person referred to in clause (4)(a). 1993, c. 37, s. 23.~~

**Person not required to testify**

~~(13) The eligible person shall not be required to appear or testify in the proceeding. 1993, c. 37, s. 23.~~

## **Policies of the Committee**

### **~~1) Eligibility for funding~~**

~~In order for an individual to be eligible for funding:~~

- ~~i. there must have been a finding by the Discipline Committee that the person, while a patient of a current or former member of the College of Kinesiologists of Ontario, was sexually abused by the kinesiologist; and~~
- ~~ii. the date of the alleged abuse must be on or after the latter of April 1, 2013.~~

~~The Director, Professional Conduct shall provide the necessary information to the Patient Relations Committee in order for the Committee to determine eligibility and to administer the fund. The Chair of the Patient Relations Committee informs Council of the status of the fund on an annual basis.~~

### **~~2) Ensuring funds spent appropriately~~**

~~To ensure that funds are properly spent, the Committee shall require the following to be satisfied (as provided under By law # 23 FUNDING FOR THERAPY AND COUNSELLING FOR SEXUAL ABUSE) Any therapist or counsellor who is selected to provide therapy or counselling funded through the program and persons who are receiving such therapy or counselling are required to provide a written statement, signed in each case by the therapist or counsellor and the person, containing the following:~~

- i—details of the therapist or counsellor's training and experience;
- ii—confirmation that the therapy or counselling is being provided to the client; and
- iii—confirmation that the funds received will be devoted only to therapy or counselling that is related in whole or in part to the sexual abuse by the member;
- iv—confirmation that the conditions described in 85.7.7 of the Health Professions Procedural Code are met.

### **3) Discontinuation of a discipline hearing**

In the event that the College is unable to commence or to continue a Discipline hearing after allegations of sexual abuse have been specified, the person alleging abuse may still apply to the College's Patient Relations Committee for funding if the hearing does not go forward for one of the following reasons:

- i—The member dies;
- ii—The member cannot commence or continue because of medical reasons;
- iii—The member resigns; or
- iv—Or for any other reason that the Discipline Committee decides that the hearing should not commence or continue.

### **4) Confidentiality and risk management**

All members of the Committee, staff and external service providers to the Committee/College must respect the strictest confidence regarding discussions of the Committee, any participants in a matter under consideration and decisions of the Committee.

Only the Chair of the Committee or the Registrar may speak to the work of the Committee.

The Committee must consider the risk of privacy breach in all of its proceedings and take measures to ensure that the privacy of victims is secured.



|

**Resolution– Revised Patient Relations Committee Terms of Reference**

**Whereas** the College is considering expanding the mandate of the Patient Relations Committee to include communications; and

**Whereas** staff revised the Patient Relations Committee’s Terms of Reference to allow for the Committee to provide input into the College’s communications planning; and

**Whereas** the housekeeping changes were made to align the Terms of Reference with other committee terms of reference; and

**Whereas** Committee has reviewed and discussed the revised Terms of Reference; and

**Whereas** Committee has recommended that Council approve the revised Terms of Reference;

**Therefore, be it resolved that Council approve the revised Terms of Reference for the Patient Relations Committee.**

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

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

Date: June 29, 2020

## Notes

Expected decline in the following revenue categories: Jurisprudence 6%, Application 5% and Examination 10-11% than projected. Expected decline in new registrants by 10 - 11%. Renewal revenue for this year includes revenues for last renewal. Renewal deadline was extended past Aug. 31. Renewal revenue for 2019/20 are expected to reach projections. Increase in members renewing in inactive class and members paying late fees for last renewal.

## EXPENDITURES

Page 2

### COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST TO YEAR END 2019/2020 (as of Sept 1 - May 31st 2020)

update 05/27/2020

	1	2	3	4	5
CATEGORY	APPROVED BUDGET 2019/2020	ACTUALS (Sept 1 to May 31 2020)	REVISED FORECAST Q1 to Q4 (Sept to Aug)	VARIANCE TO YEAR END	
	\$	\$	\$	\$	
<b>Expenditure:</b>					
Council & Committees	87,800	36,085	47,550	40,250	
Professional Fees	56,132	239,938	244,574	-188,442	
Communications & Media	104,000	45,954	88,545	15,455	
Rent & Facility Costs	223,450	164,018	224,343	-893	
Office & General	114,450	67,211	97,930	16,520	
Salaries & Wages	1,083,728	743,801	1,083,728	0	
Registration	166,500	107,830	149,634	16,866	
Quality Assurance	56,340	8,985	15,277	41,063	
Professional Conduct	30,000	37,808	46,807	-16,807	
<b>TOTAL</b>	<b>1,922,400</b>	<b>1,451,630</b>	<b>1,998,388</b>	<b>-75,988</b>	
Excess/deficiency of revenue over	963,724	-53,631	977,872		
Reserve fund contribution	20,000				

## Notes:

### Council & Committees including AGM

Payment of expenses for Quality Assurance, Registration, ICRC, Patient Relations, University Liaison, Executive, Finance and Planning, Specialty, ICRC, Patient Relations, Elections and Council meetings. Projections for Q4 for Committee and Council meetings. Savings from Item Writing and Examination committee meetings postponed as a result of COVID-19.

### Professional Fees

Payment for bookkeeping and accounting services and legal fees. Projections in Q4 for general legal fees. Increase in cost under legal fees. Savings under QA & Communications & Media to cover some of the increase in cost.

### Communications & Media

Payment for IT support, design and layout of annual report, swag for university visits, Go-To Meeting, survey monkey, constant contact and major revamp of the CKO website. Projections in Q4 for ongoing IT support and final payment for website upgrade. Savings under public awareness to be reallocated to cover cost increase in cost under Professional Fees.

### Rent and Facility Costs

Payments for rent and unplanned minor office maintenance.

### Office & General

Payment for bank charges, telephone, insurance, postage, office supplies, copying/printing and equipment rental. Savings under staff and council as a result of COVID-19. Attendance at conferences were cancelled.

### Salaries & Wages

Projections for Q4 include merit increases and salary adjustments from 2018 & 2019.

### Registration

Payments for September 2019 Exam, database maintenance, hosting of database, minor changes to Jurisprudence module, Jurisprudence hosting and printing of certificates of registration. Q4 projections for updates to the 2020 renewal form and HPDB report by end of Aug. 31. Savings from postponement of April exam and printing of certificate of registration.

### Quality Assurance

Payment for Fall cycle of peer and practice assessments. Projections for Q4 to cover cost for moving to biennial functionality and hosting of sexual abuse and ethics and professionalism e-learning modules. Savings from postponing Spring PPA cycle, record keeping -eLearning module and IMIS link to Skillsure i.e. linking database to QA online modules. Cost savings to be reallocated to cover increase in cost under professional fees.

### Professional Conduct

Expenditures for 10 investigations exceeded overall budget. Increase in investigations over previous years. 3 matters went to discipline. Expenditures include legal costs for discipline. These expenditures are demand driven and can occur at any time. Projections in Q4 to cover 3 investigations.



## 2019/2020 Performance Report

Overall highlights:



303 new registrants



23 fall PPAAs



10 investigations, 3 matters at Discipline



April Exam Postponed! 230 registered

Operational highlights (Q1 to Q3: Sept, 2019 to May, 2020)

Focus	Deliverables	Status	Comments and Impacts
<i>Corporate</i>	Completion of 2018/2019 Audit	Green	Draft Financial Statements for Council approval
	College Performance Measurement Framework Survey	Green	Survey Completed - Measures and Evidence prioritized
	Review of College Policies	Yellow	<ul style="list-style-type: none"> <li>Draft HR Manual prepared by legal counsel.</li> <li>Schedule developed for review of College policies</li> </ul>
	Draft 2020/21 Budget completed	Green	<ul style="list-style-type: none"> <li>Financial modelling reviewed by Finance and Planning Committee for reduction of fees as a result of COVID-19</li> </ul>
	CKO to research Government Relief Programs as result of COVID-19	Yellow	<ul style="list-style-type: none"> <li>To provide Finance and Planning and Council an update on relief programs based on CKO's eligibility.</li> </ul>
	Development of return to office plan	Yellow	<ul style="list-style-type: none"> <li>In progress. To be completed by end of June.</li> </ul>
	Review of Risk Management Plan	Yellow	<ul style="list-style-type: none"> <li>To be presented to Council for approval at June Meeting</li> </ul>
<i>Communications</i>	Development of 2018/2019 Annual Report	Green	<ul style="list-style-type: none"> <li>Report posted to the website and sent to MOH on May 1</li> </ul>
	Development of communications strategy that corresponds to the 2019-2022 Strategic Plan	Green	<ul style="list-style-type: none"> <li>Presented to Patient Relations Committee and suggestions received</li> <li>Strategy will be presented to Council in June</li> </ul>
	Development of new corporate website	Yellow	<ul style="list-style-type: none"> <li>Sitemap and design approved in April</li> <li>New site built on WordPress in mid-May</li> <li>Working on uploading content and documents</li> <li>Targeting launch for end of June so the site is ready for opening of renewal</li> </ul>
	Regular and timely communication to R.Kins	Yellow	<ul style="list-style-type: none"> <li>Led a working group of the Colleges of Physiotherapists, Occupational Therapists and Massage Therapists to develop return to work guidance for practitioners</li> </ul>

Focus	Deliverables	Status	Comments and Impacts
			<ul style="list-style-type: none"> <li>Guidance distributed to registrants and posted to the website</li> <li>Several e-blasts sent to registrants and stakeholders on: <ul style="list-style-type: none"> <li>Clarifying the meaning of essential service</li> <li>Recruitment of health professionals for deployment</li> <li>Release of workforce matching portal to support deployment efforts</li> <li>Emergency orders in long-term care</li> <li>College's statement on pandemic pay</li> <li>Notice of election</li> <li>Preparing for reopening</li> </ul> </li> </ul>
	Conduct elections to Council in districts 2, 3 and 4		<ul style="list-style-type: none"> <li>Nominations began on May 5 and closed May 22</li> <li>Districts 2 and 4 acclaimed. Election to be held in July in District 3.</li> </ul>
<i>Registration</i>	Conduct Registration Committee Orientation and Training Meeting. Incorporating content on risk reduction.		Registration Committee training completed.
	Include content on risk reduction in case reviews documents.		Case review documents updated to include content specific to risk reduction.
	Research and documentation of required changes for the Kinesiology Core Competency Profile		Reviewing requirements and procurement of subject matter expert tabled to March 2021
	Preparing exam results to present to Universities on their students' performance on the Entry to Practice Examination		Completed - Presented exam results at the University Liaison Meeting.
	Mapping of correlation of exam results in key competency areas and university performance		Provided to universities in exam results; based on their students' performance in each competency domain.
	Update to Jurisprudence e-learning module		Further review and updates to be conducted in February 2021
	Registration policy creation and updating		Preparation of policies to be submitted to Registration Committee in July 2020
	Mapping of Public Register needs / outstanding requirements.		Work with IMIS service provider BSI to implement requirements in 2021
<i>Quality Assurance</i>	QA Committee rendered 24 decisions and reasons regarding peer and practice assessments (23 for Fall 2019 Cycle and 1 for Spring 2019 Cycle)		Drafted and disseminated 24 decision and reasons letters to registrants. Next steps: QAC to render final decisions on files requiring registrant follow up
	QA Committee newly appointed public member trained		QA Committee training completed
	Self-Assessment: General Requirements Policy amendments approved by Council. Stakeholders have been notified of move to biennial cycle. Draft changes to content begun.		Next steps: programming and content changes
	QA Committee reviewed and provided comment on new draft Practice Guideline: Working Outside of Scope during Health Emergencies. Draft Policy circulated among working group for comment.		Next steps: present guideline to Council for review and approval, then 60-day external consultation
	Facilitated first of several Patient Centred Care Guideline development webinars in March.		Next steps: resume guideline development with working group
	Negotiated reduced annual prorated fee for continuing professional development e-learning modules.		Next steps: notify new registrants of operational period August to October 2020
	Converted e-learning modules to paper-based format for use in Discipline Committee orders		Paper-based learning module and quiz developed.

Focus	Deliverables	Status	Comments and Impacts
<i>Professional Conduct</i>	Investigations		7 matters investigated and 3 under investigation.
	Hearings held by Disciplinary Committee		Three disciplinary hearings completed by Committee. And three other matters pending advice from legal counsel. Two suspensions, 3 fines, 2 oral cautions and members ordered to take educational programs
	Professional Conduct and compliance matters		Member ordered to complete SCERP within 60 days of return to active practice. Suspended for non-payment of fees. College is monitoring for <i>compliance</i> .

Legend: Completed



Ongoing



Incomplete



Friday, June 5, 2020

Brenda Kritzer,  
Registrar and CEO  
160 Bloor Street East, Suite 1402  
Toronto, ON M4W 1B9

Dear Brenda,

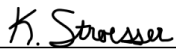
Current events have, regrettably, highlighted once again the need to address systemic racial discrimination.

As it has done with important topics such as professional conduct and professional boundaries and the prevention of sexual abuse and professionalism, the OATA recommends that the CKO develop and promulgate a Standard of Practice relating to racial discrimination, with the objective of ensuring everyone is free from discrimination and has access to healthcare, equal treatment in healthcare and is free from harassment or discrimination regardless of race, religion, colour, creed, or place of origin.

The Standard, in our view, shall apply not only to patients but also to staff, employees, contractors, vendors, suppliers and to other practitioners with whom CKO registrants deal in their practices.

Thank you for your consideration.

Yours sincerely,



---

Kim Stroesser  
President  
By Post & By Email [Brenda.kritzer@coko.ca](mailto:Brenda.kritzer@coko.ca)





June 10, 2020

Ms. Kim Stroesser, R.Kin.

Dear Kim,

In recent weeks the College has addressed questions from some of its registrants who are Certified Athletic Therapists and members of the Ontario Athletic Therapist Association.

Directive # 2 from March 19, 2020 and the new Directive # 2 issued on May 26, 2020 have resulted in some uncertainty about the rules about working during the COVID -19 “lockdown.” As your association has members who are regulated health care professionals as well as members who are not registered with a health profession regulator, different rules apply to these two different types of members. I thought it might be helpful to you and your board to have a re-cap.

As background I would like to re-iterate that the scope of practice for kinesiology is broad and encompasses what is described by the CATA as the scope of practice of athletic therapists. The College understands that the CATA has also identified provision of emergency intervention services within the scope of practice. The position of the College on this is that it is a job specific skill and is highly recommended for most health care professionals,

Within the practice of kinesiology, over time registrants often pursue additional certifications and may focus their practice on particular client groups, or on particular areas of practice. For example, many athletic therapists limit their practice to working with athletes and addressing prevention and treatment of injury. Some other kinesiologists focus practice on rehabilitation and may further limit their practice to client groups such as cardiac patients, patients with acquired brain injury, etc.

A certified athletic therapist who is a member of the College of Kinesiologists is deemed to be practising kinesiology. Under the March 19<sup>th</sup> Directive #2, such a person was prevented from working except in the provision of urgent or emergency services. The Ministry of Health provided further clarification to regulators indicating that this restriction included the provision of services through virtual channels. The College conveyed this direction to its registrants. During this same period when the original Directive #2 was in place, those members of your association who were not registered with any health profession regulator under the RHPA, were encouraged by government to provide services through virtual channels.

On May 26, 2020, Ontario’s Chief Medical Officer of Health released a new Directive #2, under which kinesiologists and other regulated health professionals were permitted, when all necessary precautions and protocols are in place to protect patients/clients and themselves, to gradually and carefully begin providing all services, including non-essential services. This

permission did not apply to health care practitioners who are not regulated under the RHPA. That means that athletic therapists who are not registrants of one of the RHPA Colleges were still restricted to providing services through virtual channels and were not permitted to open their place of business.

Athletic therapists who are not regulated health professionals should look to the Ontario Government website for updates on opening businesses and providing services. It is likely that those of your members who are not regulated health care professionals would be covered under Stage 2 which is planned to be effective June 12, 2020 in most areas of the province excluding the areas covered by the following:

- Durham Region Health Department
- Haldimand-Norfolk Health Unit
- Halton Region Public Health
- Hamilton Public Health Services
- Lambton Public Health
- Niagara Region Public Health
- Peel Public Health
- Toronto Public Health
- Windsor-Essex County Health Unit
- York Region Public Health

The Ontario Government has published on its COVID-19 website extensive guidance on expectations of businesses as they re-open. Such guidance is intended to protect the people of Ontario from the spread of the virus. The College has also published Guidelines for re-opening as have most of the other regulators.

I hope that this is helpful to you and your board in support of your members. Please let me know if there is anything that the College can help you with as you provide guidance to your members.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Smith', written in a cursive style.

Registrar and CEO

May 19, 2020

The Honourable Christine Elliott  
Deputy Premier, Minister of Health  
Province of Ontario

*Via email*

**RE: Relief from College fees for Regulated Health Professionals unable to provide care during COVID-19**

Dear Minister Elliott,

A recent survey of Ontario Kinesiology Association members has indicated that 40 percent of them have not been working since the state of emergency was declared, and 30 percent of those that are still working are on reduced hours. Because they are regulated health professionals, they have also been prevented from doing non-essential virtual care and many have been apprehensive to make the judgement calls as to what is essential and non-essential care. While others have been redeployed to support the efforts in Long-Term Care, the financial impact on this regulated health profession, the professionals and their families is very significant.

As such, we are recommending that the Government instruct those Regulatory Colleges where a significant proportion of members have been drastically restricted from providing service during the pandemic, to provide relief from College fees during their next annual renewal. We recommend a 1-year 50 - 75 percent reduction in fees allowing the Colleges to use their reserves to fund the relief. For Registered Kinesiologists that would represent a savings of \$300 - \$450.

We believe that providing stability to the province's regulated health professionals financially impacted by COVID-19 is an important consideration as the Province continues its efforts to reopen.

We would welcome the opportunity to discuss this in greater detail with you and/or members of your staff.

Sincerely,

ONTARIO KINESIOLOGY ASSOCIATION



Devon Blackburn, R.Kin  
President

CC: Brenda Kritzer, Registrar – College of Kinesiologists of Ontario



June 29, 2020

Ms. Kim Stroesser, President,  
Ontario Athletic Therapist Association

(By email)

Dear Kim;

Thank you for your letter of June 5, 2020 requesting that the College consider developing a “Standard of Practice relating to racial discrimination, with the objective of ensuring everyone is free from discrimination and has access to healthcare, equal treatment in healthcare and is free from harassment or discrimination regardless of race, religion, colour, creed, or place of origin”.

The Standard, in the view of the Ontario Athletic Therapist Association should “apply not only to patients but also to staff, employees, contractors, vendors, suppliers and to other practitioners with whom CKO registrants deal in their practices”.

We appreciate the deep concern that you, members of your board, and all of us feel about actions which we can plainly see are acts of anti-Black racism. We know that such racism occurs in our own country and in Ontario. It is important that every voice be raised in protest and that actions be taken. We also know that such actions of anti-Black racism are not just the actions of individuals but are the result of long-term subtle as well as overt systemic racism.

We can assure you that the College will be taking action that is within our scope to address systemic racism.

The College will review the Code of Ethics that applies to all kinesiologists and modify as necessary. All kinesiologists and stakeholders will be provided with an opportunity to review the revisions and provide feedback. A robust communications plan will support the rollout of this revised document.

In addition, the College will develop learning tools which will help kinesiologists identify systemic racism and address it through positive actions.

From an operations perspective, the College has human resources policies which address discrimination. We provide training on harassment to staff and Council also has a Code of Conduct which we will review for potential strengthening regarding systemic racism and discrimination.

The College will review tools already in place and adapt them as appropriate to meet the needs of the College, Council, and registrants to ensure that everyone has the tools necessary to understand their obligations under the Ontario Human Rights Code, and ways in which they can improve social and workplace justice.

It is our view that a comprehensive and sustained approach is required to have meaningful impact. That approach must be consistent with the College's mandate.

We look forward to consulting further with you and your members as we move forward. There will be many opportunities for kinesiologists and various stakeholders to assist us, provide input and suggestions. With our partners, we hope that we will contribute to positive social changes.

Sincerely,

Sincerely,

Brenda Kritzer  
Registrar and CEO

Jennifer Pereira  
President

Decision Note

Decision: Transparency- Executive Committee
Prepared for: Council
Date: June 29, 2020

## Legislative Authority

The *Regulated Health Professions Act, 1991* specifies that there shall be 7 committees appointed by Council according to the bylaws of the College

### Committees

10 (1) The College shall have the following committees:

1. Executive Committee.
2. Registration Committee.
3. Inquiries, Complaints and Reports Committee.
4. Discipline Committee.
5. Fitness to Practise Committee.
6. Quality Assurance Committee.
7. Patient Relations Committee. 1991, c. 18, Sched. 2, s. 10 (1); 2007, c. 10, Sched. M, s. 21 (1).

The act further states the power of the Executive as:

### Executive Committee's exercise of Council's powers

12 (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.

And with regard to accountability the Act states:

### Report to Council

(2) If the Executive Committee exercises a power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting. 1991, c. 18, Sched. 2, s. 12.

All Committees are required to report to Council on their activities annually

11 (1) Each committee named in subsection 10 (1) shall monitor and evaluate their processes and outcomes and shall annually submit a report of its activities to the Council in a form acceptable to the Council. 2007, c. 10, Sched. M, s. 22.

## Background.

In the early years Executive Committee met to review business cases for new initiatives not included in the approved budget, the draft budget and operational plan, human resources matters concerning the Registrar, and stakeholder relations. Once the Finance and Planning Committee was

established, Executive Committee's activities were focused primarily on human resources matters concerning the Registrar.

## Transparency

To-date Executive Committee has made verbal reports during each meeting of Council. The Agenda and Minutes have not been shared at Council and are not published on the College website. Items which should be decided by Council are brought back to Council for ratification of decisions.

The Committee generally meets at the call of the President who is Chair of Executive Committee.

## Issue for Discussion

One measure of effectiveness of a regulator concerns the transparency of its governance and operations. Council has an opportunity to increase transparency and thereby increase public confidence.

Council received a presentation from the Ministry of health concerning its plan to implement a Performance Measurement Framework for health professions regulators. Transparency will no doubt be one of the central pillars of the Framework and has figured prominently in the Strategic Plans approved by Council.

While decisions of Executive Committee are brought back to Council for ratification, steps could be taken to increase transparency and achieve improved accountability within the Council- Committee governance structure.

Such steps could include:

- Development of a Decision Guide concerning which matters or circumstances require that a meeting of the Executive Committee be called. Examples might include
  - Immediate action to address unplanned vacancy of president or registrar's position
  - Request from Ministry that requires Council level decision on an immediate basis
  - Time sensitive legal action against the College
  - Significant financial decision that requires immediate action.
  - Inappropriate activities of a Council or Committee member
- Development and publication of a process for calling a meeting of Executive. This would include a step by step process which might include:
  - Circulation of an issue to request emergency Council meeting. If a quorum is available, the matter will go to Council.
  - The agenda, date and time of an unplanned Council meeting will be published on the College website as per usual. If the meeting is called with less than three weeks' notice, an email blast will be sent to members and stakeholders.
  - If a Council meeting cannot occur, the agenda including date, time and location of the Executive Committee will be published on the website.
  - All rules regarding Council meetings will apply to meetings of Executive Committee as described in the RHPA:

## **Meetings**

7 (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).

### **Posting of meeting information**

(1.1) The College shall post on its website information regarding upcoming meetings of the Council, including the dates of those meetings, matters to be discussed at those meetings, and information and documentation that will be provided to members of the Council for the purpose of those meetings. 2017, c. 11, Sched. 5, s. 8.

### **Items where public excluded**

(1.2) If the Registrar anticipates that the Council will exclude the public from any meeting or part of a meeting under subsection (2), the grounds for doing so shall be noted in the information posted under subsection (1.1) and information and documentation related to that meeting or part of that meeting shall not be posted under subsection (1.1). 2017, c. 11, Sched. 5, s. 8.

### **Exclusion of public**

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

- a) matters involving public security may be disclosed;
- b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
- c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;
- d) personnel matters or property acquisitions will be discussed;
- e) instructions will be given to or opinions received from the solicitors for the College; or
- f) the Council will deliberate whether to exclude the public from a meeting or whether to make an order under subsection (3). 1991, c. 18, Sched. 2, s. 7 (2); 2007, c. 10, Sched. M, s. 20 (2).

- Upon approval by the Committee and ratification of decisions by Council, Minutes of Executive Committee will be published on the College website.

## **Some Discussion Questions**

- What actions can/should Council take to ensure greater transparency regarding decision-making?
- Has Council put in place policies and procedures which demonstrate its commitment to transparency in decision-making?
- Do current processes exclude Council from the opportunity to have timely discussion and participate fully in important decisions?

## **Decisions and Direction to the Registrar**



## Practice Guideline: Working Outside of Scope of Practice during Health Emergencies

### Purpose

In a health emergency such as a pandemic, kinesiologists may be asked by an employer to work outside the scope of practice for kinesiology or be redeployed to another practice setting in which they are unfamiliar or have never worked. A health emergency presents challenges for kinesiologists that they must consider. This guideline provides considerations for working outside of scope during a health emergency, and explains why such a situation may arise. **This guideline addresses assigned tasks that are within the public domain but outside of the scope of practice of Kinesiology. For information on delegation and controlled acts, read the College's Practice Standard: Scope of Practice, Controlled Acts and Delegation.**

### Legislative Orders and Authority for Redeployment

In a health emergency, the government has the authority to make legislative orders directing the activities of regulated health professionals, including redeployment. These orders can give employers such as hospitals and long-term care homes the authority to identify staff priorities and develop, modify and implement redeployment plans including:

- i. redeploying staff within different locations in (or between) facilities;
- ii. redeploying staff to work in pandemic assessment centres;
- iii. changing the assignment of work, including assigning non-bargaining unit employees or contractors to perform bargaining unit work;
- iv. bringing in health care workers who did not previously work for the employer; and
- v. providing appropriate training or education as needed to staff to achieve the purposes of a redeployment plan.

## Guideline

### Competently Performing Assigned Tasks Outside of Scope

Even when a kinesiologist is assigned to work outside of the profession's scope of practice and/or their own personal sphere of competence, they are required by law to adhere to the practice standards of the profession, workplace health and safety legislation, and to demonstrate professional responsibility and accountability at all times.

#### Risk Assessment, Training, Self-Assessment and Supervision:

Before beginning an activity that is outside of scope, kinesiologists must work with their supervisor or organization to assess risks and ensure they receive the required training. Kinesiologists must work with their supervisor and colleagues to continuously assess their competence in performing the assigned tasks, and identify additional required training. A kinesiologist adheres to expectations of a regulated health professional by:

- Conducting a risk analysis with their employer, identifying and analyzing risks (e.g. task competence, escalation of care, workload, infection prevention and control), developing and implementing a plan to address them, and monitoring and updating the plan as required;
- Understanding their rights and responsibilities as an employee under the *Occupational Health and Safety Act* to ensure their own safety, the safety of coworkers and compliance with workplace health and safety legislation;
- Ensuring the appropriate authorizing mechanisms (e.g. order or medical directive) are in place where required and that the organization is appropriately assigning tasks to them;
- Understanding and clarifying in advance the role, expectations, responsibilities, and organizational policies, which apply to them;
- Understanding how they are expected to interact with their team members including decision-making authorities, consultation and information sharing within the circle of care.
- Working within one's own personal sphere of competence, and gaining and maintaining knowledge and skill through adequate training (e.g. lifts and transfers, personal protective equipment, mask fitting);
- Demonstrating insight into personal limitations, addressing concerns or gaps with employer and asking for re-assignment if necessary due to insufficient competency to meet expectations;
- Establishing processes for communications with supervisor and identifying individuals with whom the kinesiologist can consult if questions arise and supervisor is not available; and
- Seeking regular feedback on performance of assigned tasks from others (e.g. asking colleagues to review records to ensure appropriate documentation).

#### Critical thinking, Decision-Making, and Consultation

Kinesiologists must exercise critical thinking and decision-making skills to evaluate their own effectiveness and to ensure that patient needs are addressed as they provide service.

Demonstrating effective problem-solving and professional judgment requires:

- Considering the patient's best interests (e.g. integrating patient issues, needs and goals);
- Synthesizing and analyzing information to inform care, and integrating relevant information with previous learning, experience, professional knowledge and current practice methods; and
- Taking appropriate measures if patient health is unstable and requires assessment and/or supervision by another health professional.

### **Obtaining Informed Consent and Use of Professional Designation**

Kinesiologists must obtain informed consent from the patient before performing any task, whether health care or hygiene-related (e.g. bathing, lifting, transfer). Consent can be written, oral or implied (e.g. demonstrated by a patient's actions). The kinesiologist should inform the patient that they are a registered kinesiologist, describe their role and responsibilities and the services to be provided, and advise the patient that the procedure has been assigned by another health professional or the supervising practitioner.

If there are doubts about the patient's capacity, the supervising practitioner would determine whether the patient is capable of providing informed consent, and identify and consult with the patient's substitute decision-maker (SDM) regarding the activities for which the patient is incapable of giving informed consent. The patient may be capable of consenting to certain activities but not others (e.g. health care versus hygiene) and therefore the SDM would only provide consent for the relevant activities while the patient would provide consent for the others.

Once the patient or SDM provides informed consent, the kinesiologist can provide care. The patient has the right to withdraw consent at any time.

### **Record Keeping**

There should be a record of the assignment or tasks that have been assigned to the kinesiologist, any specific instructions related to the assignment, acceptance of the assignment, and the name, date and professional designation of the individual assigning the activities/tasks/duties.

Kinesiologists are required to maintain record keeping practices in accordance with the organization's documentation protocol. Kinesiologists who are unfamiliar with the preferred documentation processes for a particular activity should consult with their supervisor regarding the preferred documentation method (e.g. documenting COVID-19 screening).

Kinesiologists may be redeployed to facilities where the supervising health care professional is in charge of all documentation and the kinesiologist does not have access to the patient record. In this situation, if there is doubt about whether informed consent has been obtained or a patient is resistant, the kinesiologist should report this information to the health professional or supervising practitioner in charge (e.g. nurse) and maintain their own separate notes of the situation.

Kinesiologists must use their judgement to determine what information should be included in the patient record. Kinesiologists would be required to respond and demonstrate clinical reasoning that informed their decision-making in the event of a complaint made to the College.

## **Professional Liability Insurance**

Regulated health professionals must be insured individually. Professional liability insurance policies typically only cover activities within the scope of practice of kinesiology. Kinesiologists should check with their supervisor/ employer in charge of the assignment to ensure that appropriate professional liability insurance is in place to cover their newly assigned tasks, roles and responsibilities.

## **Appendix: Terminology**

*Assignment* is the term used to describe the process of handing over the care of a patient/client (or specific tasks) to another health care worker who can be either regulated or non-regulated (e.g. personal support worker).

*Scope of practice* describes what a profession does and covers a range of activities, roles and responsibilities that a kinesiologist could be expected to safely and effectively perform. A kinesiologist typically acquires the knowledge, skills and judgement to competently perform these activities in their formal education, and through continuing professional practise, professional development training and research throughout their career.

**Resolution – Practice Guideline: Working Outside of Scope of Practice during Health Emergencies**

**Whereas**, in some circumstances a kinesiologist may be asked by an employer to work outside of the scope of practice of the profession of Kinesiology, and

**Whereas**, a health emergency such as a pandemic is a circumstance in which kinesiologists may be redeployed to other practice settings in which they are unfamiliar or have never worked, and may be asked to perform activities that are outside their normal duties that are not controlled acts, but for which they may not have received formal training, and

**Whereas**, even when providing services outside of scope, kinesiologists are required by law to adhere to the practice standards of the profession and to demonstrate professional responsibility and accountability at all times, including obtaining the required training to perform the tasks, and

**Whereas**, the draft Practice Guideline: Working Outside of Scope of Practice during Health Emergencies outlines the expectations and practice standards for kinesiologists working outside of scope of practice during health emergencies,

**Therefore**, be it resolved that Council accept the Practice Guideline: Working Outside of Scope of Practice during Health Emergencies as presented therein.

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

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

Decision: Carried/Defeated/ Amended

Date: June 29, 2020

**College of Kinesiologists of Ontario - Revenue Projections & Operating Cost Estimation - 2019/2020 - 2022/2023**

	Approved Revenue Forecast	Revenues Received to date	Revised Projections (Sept to Aug)			
	2019/2020	Sept 2019 to May 15 2020 \$	2019/2020	2020/2021	2021/2022	2022/2023
<b>Revenues</b>	<b>(\$)</b>	<b>\$</b>	<b>(\$)</b>	<b>(\$)</b>	<b>(\$)</b>	<b>(\$)</b>
Jurisprudence Fee	24,125	13,028	22,629	24,125	24,608	25,090
Application Fee	47,500	23,700	45,000	47,500	48,500	49,500
Examination Fee	190,000	81,200	170,400	190,000	194,000	198,000
Registration Fees	2,599,499	1,246,013	2,696,731	1,823,438	1,849,716	1,876,165
Interest At Bank	25,000	34,058	41,500	25,000	25,000	25,000
<b>Total Revenue Projections</b>	<b>2,886,124</b>	<b>1,397,999</b>	<b>2,976,260</b>	<b>2,110,063</b>	<b>2,141,824</b>	<b>2,173,755</b>
<b>Operating Expenses</b>	<b>Approved Budget 2019/2020</b>	<b>Expenditures To Date Sept 1 2019 to May 15 2020 \$</b>	<b>Revised Projections 2019/2020 (Sept to Aug) \$</b>	<b>2020/2021 \$</b>	<b>2021/2022 \$</b>	<b>2022/2023 \$</b>
Council and Committees*	87,800	36,085	47,550	84,100	91,300	91,300
Professional Services	56,132	239,938	244,574	49,000	50,000	50,000
Communications/Media**	104,000	45,954	88,545	158,500	75,500	75,500
Rent and Facilities Costs	223,450	164,018	224,343	228,465	232,994	237,614
Office and General*	114,450	67,211	97,930	114,654	114,862	115,074
Staff Salaries/Benefits & Stat Remittances	1,083,728	743,801	1,083,728	1,137,914	1,194,810	1,254,551
Registration Costs***	166,500	107,830	149,634	269,992	174,886	176,278
Quality Assurance Costs***	56,340	8,985	15,277	35,656	26,327	36,456
Professional Conduct	30,000	37,808	46,807	47,500	47,500	47,500
<b>TOTAL OPERATING COSTS</b>	<b>1,922,400</b>	<b>1,451,630</b>	<b>1,998,388</b>	<b>2,125,781</b>	<b>2,008,179</b>	<b>2,084,273</b>
<b>SURPLUS (DEFICIT)</b>	<b>963,724</b>	<b>(53,631)</b>	<b>977,872</b>	<b>(15,718)</b>	<b>133,645</b>	<b>89,482</b>
Reserve Fund Contribution	20,000			20,000	20,000	20,000
Internally Restricted Reserve Fund balance as of 2018/2019	Amount					
Abuse Therapy	\$30,000					
Investigations and Hearings	\$170,000					
Property and Technology Fund	\$ 90,000					
<b>Total Reserve fund</b>	<b>\$290,000</b>					
Reserve Fund Contribution - Investigations 2019/2020	20,000					

**Strategic Goal 1\***

The College of Kinesiologists of Ontario delivers public interest focused, competency-based governance to

**enhance oversight processes that improve patient safety and protection from risk of harm.**

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

**Strategic Goal 2\*\***

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

- a. Public awareness campaigns - both print and digital - executed that highlight the role of the College, what registered kinesiologists do and how regulation protects the public.
- b. Refocused Peer and Practice Assessments to risk reduction
- c. Interprofessional collaboration and patient centered practice will be promoted in areas of item writing for the exams to ensure that Kins have the required competencies for practice.

**Strategic Goal 3\*\*\***

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

We will continue to build performance measurement criteria based on decisions on how patient risk may be reduced and quality of care enhanced. These performance measurements will focus on registration, compliance and quality assurance.

This will provide members with better choices about improving patient care and help inform the public's decision in assessing health choices. Some of these costs will be covered under database support in Registration.





## Performance Report: September 1, 2020 – August 31, 2021

### Communications

**Focus:**

- Increased transparency around Council and committee processes.
- Increased communication to the public about the role of registered kinesiologists.
- Increased communication to registrants on patient/client-centred care and reducing harm.

**Impact:**

- Registrants and the public understand patient/client-centred care in the context of kinesiology and ways to minimize risk of harm.
- The public, employers and other regulated health professionals understand the practice of kinesiology and the obligations of registered kinesiologists.
- The public and registrants have access to more information about Council and Executive Committee.

**Activity Highlights**

- Articles and other resources developed for registrants and the public on patient/client-centred care in kinesiology and how to reduce risk of harm. Articles promoted through the College's various channels, including the Citizen Advisory Group.
- Public awareness campaigns - both print and digital - executed that highlight the role of the College, what registered kinesiologists do and how regulation protects the public.
- Council and Committees section of the website enhanced to provide more information on the obligations of Council members, their training and orientation process, and agendas and minutes of Executive Committee meetings (excluding in-camera items).

**Key deliverables for the fiscal year:**

1. Launch a public awareness campaign that highlights the importance and value of working with registered kinesiologists.
2. Publish more information on the obligations of Council members, how they are trained and more details on the work of Executive Committee.

### Corporate

**Focus: Enhanced Performance reporting**

**Impact:**

- Demonstration of value to the public
- Demonstration of effectiveness
- Enhanced accountability
- Increased transparency

**Activity Highlights**

- Implementation of a competency profile for Council and Committee members
- Completion of the 2019/2020 Audit
- Completion of the 2019/2020 Annual Report with increased focus on risk of harm

- Risk Management Plan updated to focus on risk to the public in the practice of kinesiology and emergency plan in a pandemic

**Key Deliverables for the fiscal year**

1. Development of new Budget for the next fiscal year
2. Completion of 2019/2020 Audit
3. Implementation of training initiatives for Council
4. Further development of performance indicators

## Registration

**Focus: Entry-to-practice review, Policy development, development of data management system**

**Impact:**

- Entry- to-practice requirements are defensible and clearly defined
- Compliance with By-law and legislative requirements for reporting of data
- Registrants and applicants have clear understanding of registration requirements
- Automated processes and well organized data management system increase operational efficiencies

### Activity Highlights

- Assessment of Kinesiology Core Competency Profile and Examination Blue-Print to identify required updates to entry to practice requirements.
- Review Jurisprudence E-Learning Module and make appropriate updates as required.
- Ensure By-law requirements for public Register are enforced by collection and reporting of obligatory data.
- Review and update of existing registration policies, and development of new registration policies.
- Track applicant and membership enquires and address identified trends for better communication of registration requirements.
- Identify registration processes that require system automation
- Work with our IMIS vendor to identify deficiencies in our data management system and make appropriate updates as required.

**Key Deliverables for the fiscal year**

1. Kinesiology Core Competency profile updated
2. Examination blue print updated
3. Jurisprudence e-learning module updated
4. Policy development
5. Performance indicators developed from enquiries
6. Updated data management system

## Quality Assurance

**Focus: Harm reduction through risk management, peer learning, increased transparency and accountability**

**Impact:**

- College efforts become more risk focused to assist registrants in reducing potential for harm

- Improving patient-centred care and inter-professional collaboration
- Improving public protection and reduction of risk

#### Activity Highlights

- Support registrants in applying relevant practice standards and guidelines to their practice (e.g. peer circles, infographics, case studies, etc.) and obtain feedback on value/efficacy of supports
- Launch revised biennial self-assessment portal for all registrants with focus on risk
- Operate Ethics and Professionalism and Prevention of Sexual Abuse e-Learning Modules
- Conduct assessor training, peer and practice assessments, and QA Committee meetings to ensure registrants' competence and to identify profession-wide practice issues
- Develop/amend process and policies to explain how we use risk-based, evidence-informed approach to determine assessment activity and criteria for warranting more comprehensive assessment (e.g. PPA + Competency Enhancement + PPA)
- Review and amend Competency Enhancement Policy to ensure registrants' implementation of practice improvement strategies and demonstrate competency.
- Demonstrate how QA activities engage and support registrants in incorporating CQI into their practice, and help registrants improve practice as individuals and as part of a team
- Revamp program evaluation metrics and evaluate impact of program activities against objectives and update program and activities as needed.

#### Key Deliverables for the fiscal year

1. Develop and launch new QA Program component: Virtual Peer Circles on topics with risk focus
2. Establish expectations and supports to promote culture of continuous quality improvement
3. Develop/amend processes and policies to demonstrate risk-based, evidence-informed approach to programming
4. Revamp program evaluation metrics in line with Ministry's Performance Indicator Framework

### Professional Conduct

Focus: Analysis of risk within the practice of kinesiology and support to Quality Assurance and Patient Relations to reduce potential for harm.

Enhanced competency and accountability measures.

#### Impact:

- Competencies Council members
- College performance measurement framework for sound decision making

#### Activity Highlights

- Support development of competency focused learning materials and workshops for Council and Committee members covering the role and responsibilities of Council.
- Gain Council approval for a focused approach to governance enhancement
- Establish a Committee Member selection process incorporating the approved competency profile
- Establish an evaluation framework which supports competency enhancement of Council and Committee members
- Enhance the Council self-evaluation framework to include Council member's individual development plan
- Response to member practice questions, public enquiries

- 
- Policy assistance to Registration

**Key Deliverables for the fiscal year:**

1. Development of competency Profile for Council and Committees
2. Development of Training mechanisms for Council members
3. Training materials directly respond to individual needs of Council and Committee members.



**Resolution: Approval of Budget and performance plan for new fiscal year 2020-21**

**Whereas** Council and the Planning and Finance Committee have reviewed the proposed Budget presented by the College and considered whether provision has been made to meet the requirements of the College during the new fiscal year September 1, 2020 to August 31, 2021; and

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

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

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

**Therefore, be it resolved that Council approves the budget for the new fiscal year 2020-2021, beginning September 1, 2020.**

Moved by:

Seconded by:

Date:

**Resolution– Renewal Late Fees**

**Whereas**, the Finance & Planning Committee acknowledges that some members are experiencing financial hardships due to current public health restrictions.

**Whereas**, while the fees for renewal are already among the lowest for any health profession regulator of a comparable size, The Committee feels that some relief is warranted for those members who may be experiencing hardship; and

**Whereas**, there is opportunity to make individual arrangements such as fee payment by installments; and

**Whereas**, there is also opportunity for the College to demonstrate concern for members as they get back to work by allowing members additional time if necessary to pay their renewal fees without penalty; and

**Whereas**, the Finance & Planning Committee recommends for renewal in 2020, that members renewing between September 1, and September 30 not be charged a late fee. Additionally members suspended on October 1, 2020 for non-renewal who reinstate between October 1 and October 31 will not pay a re-instatement fee or a late fee.

**Therefore, be it resolved that Council approve that in this year of disruption due to the COVID-19 pandemic, late membership fees be waived up to sixty days and that members who are renewing by September 30 not be charged a late fee. Members who have not renewed by September 30 will be suspended on October 1. Such members, if they re-instate by October 31, will not be charged a late fee or a re-instatement fee.**

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

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

Decision: Carried/Defeated/ Amended

Date: June 29, 2020





COLLEGE OF  
KINESIOLOGISTS  
OF ONTARIO



# Risk Management Plan

June 2020- June 2021

**DRAFT**



## College of Kinesiologists Risk Management Plan

June 2020- June 2021

### Risk Management Plan Purpose

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

### Stakeholder Roles and Responsibilities

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

### Risk Management Process and Activities

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

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

### Risk Analysis Matrix

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

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

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

### Types of Risk Identified

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

Risk Occurrence Matrix

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

Legend

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

Risk Assessment

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

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

Risk Management Table

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

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

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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
8. Information Management	Breach of confidentiality relating to: <ul style="list-style-type: none"> <li>• Staff personal information</li> <li>• Member information</li> <li>• Applicants' information</li> <li>• Vendors' information</li> <li>• Patient/Client information</li> <li>• Council Member information</li> </ul>	3 moderate	2 Serious	6 Moderate	All	<ul style="list-style-type: none"> <li>❖ External contract for IT security (Websdepot)</li> <li>❖ Provide on-going training to all staff, Council and Committee members and all other volunteers regarding confidentiality requirements. Confidentiality agreements signed annually</li> <li>❖ Ensure all passwords on computers, devices, iMIS are changed periodically</li> <li>❖ Comprehensive privacy and record management policies in place which include protocols for investigating and correcting breaches (this identifies measures to be taken by staff)</li> <li>❖ Foster culture of privacy and confidentiality: info exchanged on need to know basis</li> <li>❖ Self-Assessment data housed on secure external server</li> <li>❖ Anyone engaged in College work, including Council, committees, and volunteers are trained on policies and protocols in place for ensuring confidentiality</li> <li>❖ File safe cloud software for increased security</li> </ul>
9. Information Management	Poor records management results in: <ul style="list-style-type: none"> <li>• Incomplete files</li> <li>• Inaccurate info posted on public register</li> <li>• Inaccurate information provided to staff/Council/Committees/other stakeholders</li> <li>• Duplication of records</li> <li>• Inefficient processes</li> <li>• Inability to report accurately and in a timely and efficient manner</li> </ul>	4 Likely	2 Serious	8 High	Executive Officer/Directors/Manager/Registrar	<ul style="list-style-type: none"> <li>❖ Knowledge/records management policies and protocols in place</li> <li>❖ On-going training for all staff on protocols and policies</li> <li>❖ Periodic, random review by Administrative Assistant</li> <li>❖ Staff members adopt filing protocols for naming, deletion of copies, electronic and paper storage.</li> <li>❖ Build classifying framework for documents based on risk</li> <li>❖ Quarterly review of H: drive</li> <li>❖ Internal file audits</li> <li>❖ Communication between portfolios re: member specific information</li> <li>❖ Ongoing review of records management infrastructure</li> <li>❖ Appropriate investments in maintenance and upgrades to records management infrastructure, as required</li> </ul>
10. Information Management	Unintended destruction or loss of records	1 Rare	3 Major	3 Moderate	All staff	<ul style="list-style-type: none"> <li>❖ Back-up procedures carried out daily on electronic files</li> <li>❖ File room/cabinets are secured and locked daily</li> <li>❖ Key documents are stored electronically with remote back-up of servers</li> <li>❖ Transfer of documents from office to home-office is limited</li> <li>❖ Bank records stored and copies of cheques retained</li> </ul>



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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
15. Information Management	Computers systems are compromised due to: <ul style="list-style-type: none"> <li>• Virus</li> <li>• Security breach</li> <li>• Malware / Ransomware</li> </ul>	1 Rare	3 Major	3 Moderate	Registrar	<ul style="list-style-type: none"> <li>❖ Contracts are in place for monitoring computers and servers, with detection of unauthorized access/entry and attempts to access/enter</li> <li>❖ Maintenance of appropriate and up-to-date firewall and anti-virus software by IT service provider</li> <li>❖ Ability to shut down system remotely to prevent breach of security</li> <li>❖ Staff/Council maintain strict protocols re: use of passwords, change of passwords, access levels</li> </ul>
16. Capital Equipment/ Furnishings	Computers, servers and other items of value belonging to the College are stolen	1 Rare	2 Serious	2 Low	Director Finance and Operations	<ul style="list-style-type: none"> <li>❖ Security of premises is constantly assessed</li> <li>❖ Only authorized individuals allowed into secure areas</li> <li>❖ Building has 24/7 security</li> <li>❖ Access codes are released only to staff</li> <li>❖ Overtime is pre-approved by Registrar or Director of Finance and Operations to ensure offices are not being frequented without knowledge of senior management</li> <li>❖ Insurance Coverage</li> </ul>
17. Capital Equipment/ Furnishings	Permanent damage to equipment and/ or furnishings due to water/fire damage, abuse by individuals.	1 Rare	2 Serious	2 Low	Registrar	<ul style="list-style-type: none"> <li>❖ Adequate insurance is in place to cover <del>recover</del> replacement</li> <li>❖ Records of purchases are stored off site electronically to assist with insurance evaluation</li> <li>❖ Building is code compliant for building and fire standards</li> <li>❖ Fire/emergency policy and protocols in place with periodic fire drill training</li> </ul>
18. Examination	Exam Security is breached	2 Unlikely	3 Major	6 High	Examinations Coordinator Manager (Registration) Contractors	<ul style="list-style-type: none"> <li>❖ Strict protocols are in place for handling and storage of examination materials</li> <li>❖ Staff and all persons involved in the development and approval of exam items and test forms trained on the risk of breach of the exam</li> <li>❖ Reports of breach are addressed immediately through appropriate process (refer to policy)</li> <li>❖ No hard copies or electronic copies of the examination or of items are retained by the College or any other person involved in the development of exam items and test forms</li> <li>❖ Invigilators, and members of the IWC and EC sign confidentiality agreement and are provided with training</li> <li>❖ ASI &amp; contractors' agreement specifies accountabilities for security of examination related materials</li> <li>❖ Regular review of risk management with hosting and development</li> </ul>

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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
21. Human Resources	<p>Disruption in work due to unexpected and /or extended absence of employee, or employee permanently leaving organization resulting in:</p> <ul style="list-style-type: none"> <li>• Backlog in work</li> <li>• Inability to meet required timelines</li> <li>• Major interruption in work</li> </ul>	2 Unlikely	1 Minor	2 Low	Registrar All staff	<ul style="list-style-type: none"> <li>❖ Procedures are documented for all key functions</li> <li>❖ Each person is assigned a “back-up” role</li> <li>❖ Registrar is briefed bi-weekly on work in progress</li> <li>❖ Regular staff meetings to update all staff on work in progress</li> <li>❖ Handover plans provided to appropriate support persons and Administrative Assistant</li> <li>❖ Emergency contact information provided by each staff member</li> <li>❖ Staff receive training to develop more advanced skills and knowledge</li> <li>❖ All staff provided with opportunities to act in other roles within the organization</li> <li>❖ Succession plan in place for critical positions</li> </ul>
22. Human Resources	<p>Extended disruption in work due to emergency situation, such as:</p> <ul style="list-style-type: none"> <li>• Fire</li> <li>• Flood</li> <li>• Extreme weather event</li> <li>• Security Incident</li> <li>• Extended public lockdown (Pandemic)</li> <li>• Transportation disruption</li> <li>• Power loss</li> <li>• Similar emergency circumstances</li> </ul>	1 Rare	2 Serious	2 Low	Registrar Director, Finance and Operations	<ul style="list-style-type: none"> <li>❖ Emergency plan in place with assigned roles for staff, up-to-date contact information for staff</li> <li>❖ Back-up arrangements in place with appropriate service providers (e.g. alternative work measures, remote access to computer systems, etc.)</li> <li>❖ Training for staff and Council on emergency procedures</li> </ul>
23. Human Resources	<p>Lack of French-speaking staff member is raised as an issue with media, the Ministry, the Fairness Commissioner or other authoritative body</p>	1 Rare	0 Negligible	0 No	Registrar	<ul style="list-style-type: none"> <li>❖ All key website content and publications provided in French and English</li> <li>❖ Consider ways in which French language services can be easily accessed</li> <li>❖ Ability to procure translation services quickly if needed in an extraordinary circumstance</li> </ul>

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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
26. Human Resources	Lack of expertise on the part of staff leads to poor decisions by Committees and Council	2 Unlikely	2 Serious	4 Moderate	Registrar Director, Operations and Finance	<ul style="list-style-type: none"> <li>❖ Selection criteria correspond to the skills, experience and qualities required to perform effectively in the position being recruited. Target hiring levels set as part of recruitment process.</li> <li>❖ Senior staff collaborate with peers in other Colleges to ensure that approaches being proposed in the College are current and consistent with developing practices in the field</li> <li>❖ Training needs are identified in annual performance planning and report on training outcomes in same document.</li> <li>❖ Probationary employees reviewed according to schedule and at a minimum after six months</li> <li>❖ The College uses legal and other expert services for advice for critical decisions, as needed</li> </ul>
27. Human Resources	Lack of capacity during period of high activity in a portfolio resulting in: <ul style="list-style-type: none"> <li>• Errors and omissions</li> <li>• Operational needs not met</li> <li>• Statutory duties compromised</li> <li>• Financial expense</li> </ul>	3 Moderate	2 Minor	6 High	Registrar/ Directors	<ul style="list-style-type: none"> <li>❖ Utilizing working groups</li> <li>❖ Accessing resources and learning opportunities from other Colleges</li> <li>❖ Cross training of roles</li> <li>❖ Regular staff meetings</li> <li>❖ Retained revenues to meet extraordinary expenses</li> <li>❖ Regular review of staffing needs, staff performance to align with operational needs of the College</li> </ul>
28. Loss of Confidence in CKO	College does not ensure, or is seen not to ensure, competency of its members, through its registration, quality assurance and professional conduct processes	3 Moderate	2 Serious	6 High	Registrar All staff	<ul style="list-style-type: none"> <li>❖ Registration requirements are reviewed to ensure practitioners are practicing safely and professionally at entry-to-practice level</li> <li>❖ Self- assessment by members is seen as a useful tool to assist members in maintain competency</li> <li>❖ data from various programs is used to identify members' learning needs and to inform universities of developing trends and performance on exams by their graduates</li> <li>❖ Regular communications efforts with members, employers, other stakeholders on the value of registration and public accountability</li> <li>❖ Periodic review of standards/guidelines for revisions</li> <li>❖ Work with other colleges on the development of joint resources relating to standards</li> <li>❖ Training of all statutory committees to ensure they discharge their mandate accordingly;</li> <li>❖ Program evaluation for Registration, QA and PC functions</li> </ul>

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
29. Loss of Confidence in CKO	<p>Applicant/Member disengagement resulting in:</p> <ul style="list-style-type: none"> <li>Lack of interest for election to Council</li> <li>Lack of membership on committees, working groups</li> <li>Reduction in overall membership numbers</li> <li>Lack of commitment to QA</li> </ul>	2 Unlikely	3 Major	6 High	Council, Registrar, Directors	<ul style="list-style-type: none"> <li>❖ Create and advertise opportunities for engagement with College</li> <li>❖ Develop “stories” for publication, describing benefits of engagement</li> <li>❖ Continuous outreach to professional associations to ensure they are able to keep their members informed and engaged</li> <li>❖ Continuous outreach to universities to reach prospective members to ensure understanding of the College’s role and why regulation matters</li> <li>❖ Increased efforts to protect the title “kinesiologist”</li> <li>❖ Information to the public and membership on the value of regulation and membership</li> </ul>
30. Loss of Confidence in CKO	Poor customer service/public relations	2 Unlikely	1 minor	2 Low	Staff	<ul style="list-style-type: none"> <li>❖ Client Services Policy in place</li> <li>❖ Complaints intake policy developed and yearly training</li> <li>❖ Invite feedback through customer service surveys (to be implemented)</li> <li>❖ Regular review of website material to ensure accessibility of information in easy to use formats</li> <li>❖ Regular evaluation and reporting of inquiry tracking metrics to establish benchmarks for client service and to provide analytical information for the development of resources for members</li> </ul>
31. Loss of Confidence in CKO	Public, members, government perceive the College as not being transparent and/or fair	2 Unlikely	2 serious	4 Moderate	Council Registrar	<ul style="list-style-type: none"> <li>❖ Adoption and use of Transparency Principles</li> <li>❖ Public education on need for confidential processes in appropriate circumstances</li> <li>❖ Collaboration with other Colleges on communications strategies</li> <li>❖ Implementation of Bylaws related to transparency</li> <li>❖ Regular reporting on activities of the College against key performance metrics</li> </ul>
32. Governance	<p>Council/Committee members not adhering to Code of Conduct, Bylaws and other Council policies resulting in:</p> <ul style="list-style-type: none"> <li>Inefficiencies</li> <li>Poor decisions</li> <li>Negative reporting by</li> </ul>	2 Unlikely	2 Serious	4 Moderate	Council President Registrar	<ul style="list-style-type: none"> <li>❖ Facilitate regular orientation and on-going training</li> <li>❖ Council/Committees complete self-evaluations</li> <li>❖ Effective leadership training for Council members, opportunities to attend conferences and events organized which give Council and Committee members an opportunity to focus on regulatory excellence.</li> <li>❖ Ensuring by-laws are the most appropriate and relevant for this College – review and amend as needed</li> </ul>



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
	stakeholders <ul style="list-style-type: none"> <li>Decreased morale</li> </ul>					
33. Governance/ Compliance	Conflict of Interest undeclared in decision making by: <ul style="list-style-type: none"> <li>Council</li> <li>Staff</li> <li>Committee Members</li> </ul>	3 Moderate	2 Serious	6 High	Registrar, Council, Directors	<ul style="list-style-type: none"> <li>❖ COI training provided for all annually</li> <li>❖ Foster culture of openness and transparency for members to trust disclosing conflicts or potential conflicts</li> <li>❖ Council and Committee members invited to declare or disclose potential conflicts of interest at each meeting.</li> <li>❖ Implementation of conflict of interest questionnaires for all members of Council to be maintained as part of members' records.</li> </ul>
34. Governance/ Compliance/ Loss of confidence	Council/Committee operating outside of mandate; or seen to be advocating for profession  Becoming engaged with operational matters resulting in: <ul style="list-style-type: none"> <li>Poor or inconsistent decisions</li> <li>Increased likelihood of conflict</li> <li>Inefficiencies in operations</li> </ul>	4 Likely	2 Serious	8 High	President, Council, Registrar,	<ul style="list-style-type: none"> <li>❖ Regular orientation and training, on Terms of Reference, mandate and legislative authority, and Governance models</li> <li>❖ Track and monitor committee dispositions regularly</li> <li>❖ Provide legal advice to Council/Committees</li> <li>❖ Training to Council and Committees on Governance vs. Operations authorities of Committees, transparency and confidentiality</li> <li>❖ Continual training and emphasis on mandate of public protection</li> <li>❖ Clear and strong messages to nominees during elections to ensure they understand the College's mandate</li> <li>❖ Training for those interested in participating in College affairs candidates for election to Council on the public interest role and function of the College</li> <li>❖ Advanced planning by staff on Council agendas to ensure items going forward with appropriate information for informed decision-making.</li> </ul>
35. Compliance	Risk of bias or misconduct by staff, investigator, peer assessor, or panel members in relation to a file under review	1 Rare	2 Serious	2 Low Risk	Registrar, Directors	<ul style="list-style-type: none"> <li>❖ Ensure only experienced and reputable investigators are appointed</li> <li>❖ Provide ongoing training to peer assessors and Committee members regarding role, mandate, expectations</li> <li>❖ Training regarding bias and conflict of interest</li> <li>❖ Clear communication of consequences for misconduct (e.g. removal from Committee/Council, professional misconduct)</li> <li>❖ Review of reports of investigation by Director (Professional Conduct)</li> </ul>



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

**Risk Strategy**

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

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

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

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

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

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

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

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

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

---

**Risk Management Plan Approvals**

**Approved by:**

\_\_\_\_\_  
Registrar

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

**Resolution– Risk Management Plan 2020-21**

**Whereas**, Council is responsible for oversight of the College and assuring its ongoing viability,  
and

**Whereas**, as part of its oversight role, Council reviews the Risk Management Plan to consider  
and determine the Risk Tolerance of the College and to be assured that the College has  
considered possible risks and has in place measure and planned responses to address risk,  
and

**Whereas**, Council has reviewed the updated Risk Management Plan for 2020-2021,  
including the identified risks and proposed mitigation strategies, and

**Whereas**, Council is of the view that the Risk Management Plan appropriately prioritizes and  
addresses the identified risks in light of the College’s overall risk tolerance,

**Therefore, be it resolved that Council accepts the Risk Management Plan for 2020-2021 and  
approves the risk prioritization as presented therein.**

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

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

Decision: Carried/Defeated/ Amended

Date: June 29, 2020



# 2019-2022 Communications Plan

May 2020

## Contents

Purpose.....	3
Situational Analysis.....	3
Audiences .....	5
Channels.....	5
Communications Objectives.....	7
Communications Plan for 2019-2022 .....	8

## Purpose

The College of Kinesiologists is the regulatory body for the kinesiology profession in Ontario. To be effective in carrying out its mandate, the College must have in place a communications plan that supports achievement of the College's strategic plan. Effective communication underpins or drives many strategic initiatives. A plan that details how communications will support corporate initiatives, with clear performance measures and timelines, is critical.

In April 2019, the College's Council approved a strategic plan for the period 2019-2022. This communications plan details how the communications function will support achievement of the College's new strategic goals.

## Situational Analysis

To create an effective communications plan, PEST (political, economic, social and technological) and SWOT (strengths, weaknesses, opportunities, and threats) analyses specific to the communications function were conducted. Both will help in overall communications positioning and planning.

### PEST Analysis

#### *Political*

The College is a creation of legislation. As such, priorities can shift depending on the government of the day and the direction they set. We understand that the Ontario Government is looking to modernize and/or change the framework for health professions regulation. The Ministry of Health's development of and soon to be implemented *College Performance Management Framework* is one way the government is increasing accountability of all health profession regulators. Within the framework are several measures to increase transparency. The framework is meant to increase public confidence and trust in professional regulation through standardized reporting among all the regulatory colleges. There may be other changes proposed in the next three years. The College's communication function will need to be agile and responsive to these changes.

#### *Economic*

The College is entirely dependent on fees charged to registrants and prospective registrants to fund its operations. Registrant numbers are increasing incrementally each year. Demographic analysis of the registrant base indicates that the College is likely to see more registrants joining the Inactive Class as they take family leave or pursue education. This trend will see College revenues remaining stable, despite new registrants, as those leaving the profession or moving Inactive tend to balance the new registrations. This may have implications for the College's operating budget, and particularly communications, which is considered discretionary spending.

### *Social*

There is general mistrust and skepticism from the public about how regulators operate and their general efficacy, be it in health or another sector. The College must be mindful of this as it develops messaging for the public. The public is increasingly demanding greater transparency and accountability from regulators, and the College must be responsive to this. Communication must continue with registrants to strengthen their understanding of the College's role and the value of being regulated. Kinesiology is slowly gaining recognition as a health profession, but more work needs to be done to increase public understanding of the profession. Major stakeholders (professional associations, academic institutions) are generally supportive of the College, but more work can be done to collaborate with stakeholders to achieve the College's communication objectives.

### *Technological*

Social media continue to dominate preferred communications channels, but increasingly, the public is skeptical of what they see online (think fake news). The College must be mindful of this and position itself as a credible and trusted source of information when using social media to engage and distribute information.

### SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"><li>• Agile</li><li>• Responsive</li><li>• Innovative</li></ul>	<ul style="list-style-type: none"><li>• Limited resources (human, financial)</li></ul>	<ul style="list-style-type: none"><li>• Multitude of platforms to create and distribute content</li><li>• Nominal cost of some of these platforms</li></ul>	<ul style="list-style-type: none"><li>• Shifting political priorities</li><li>• Limited resources to accomplish changes</li><li>• Externally mandated changes</li><li>• Lack of understanding by policy makers about kinesiology</li></ul>

## Audiences

To achieve its strategic goals, the College must effectively communicate with those impacted by its work (the audience). Each audience is unique and has different communication needs. The following is a list of the College’s primary audiences:

- The public
- Employers
- Registrants
- Prospective registrants (i.e. students)
- Council
- Staff
- Government (i.e. Ministry of Health)
- Academic institutions
- Professional associations
- Other health professions regulators

## Channels

The College uses various channels to communicate key messages as described below:

Channel	Audience	Frequency	Purpose
Website	Anyone	Always on	Main communications vehicle
@CKO newsletter	Registrants Prospective registrants Professional associations Faculty Other colleges	Monthly	Communicate updates, resources
Social media	Anyone	Always on	Supplement to website and @CKO
Annual report	Government Registrants Professional associations Faculty Other colleges	Annual	<ul style="list-style-type: none"> <li>• Review of College activities</li> <li>• Disclosure of financial statements</li> </ul>



Webinars	Registrants Prospective registrants Professional associations	As needed	<ul style="list-style-type: none"> <li>• Conduct consultations</li> <li>• Highlight new policies, standards, guidelines</li> </ul>
Focus groups and surveys	Registrants Prospective registrants Professional associations Faculty Other colleges	As needed	Gather feedback on proposed policies, standards, initiatives
University/college visits	Prospective registrants Faculty	Annual	Present on the role of the College, how to register, importance of being registered
Professional associations	Boards of associations Association members	As needed	Meetings with ED or boards to discuss common issues, share information, collaborate on initiatives
CKO-Universities Liaison Committee	Faculty Prospective registrants	Annual	Meeting with faculty to discuss common issues, share information, collaborate on initiatives
Council meetings	Anyone	Quarterly	Conduct College business

## Communications Objectives

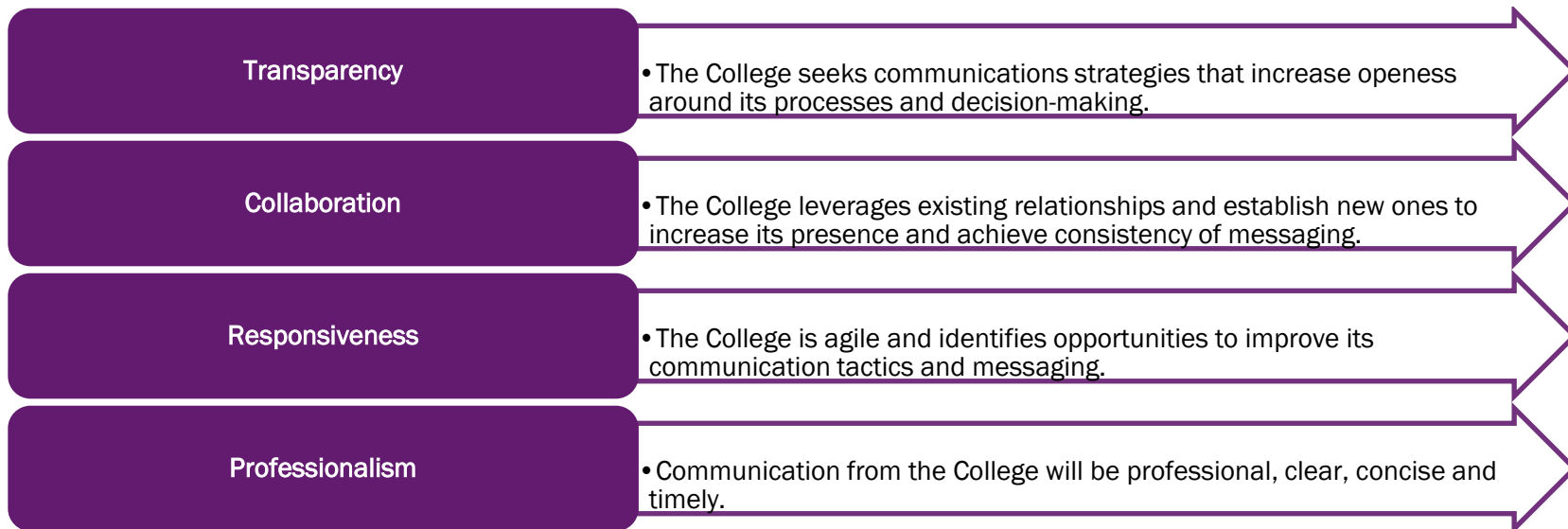
The strategic plan for 2019-2022 identified three goals:

- 1) Strengthen the College's decision-making capacity to improve patient/client safety and reduce the risk of harm to patients/clients.
- 2) Promote competent, safe and ethical kinesiology practice that is patient/client-centred. Promote collaboration among health professions to further protect patients/clients.
- 3) Analyze and report on data and information that demonstrates our progress toward reducing risk of harm and how we protect the public.

Based on these goals, the following communications objectives were identified:

- 1) Demonstrate to registrants, the public and others affected by the College's work that decisions are made in the public interest and advancing the public interest.
- 2) Registrants, prospective registrants and the public understand what patient/client-centred care looks like in kinesiology. The College actively participates in the Ontario Health Regulators marketing campaign.
- 3) Improve College processes and tools to support greater transparency and increase understanding of the College's mandate.

These objectives are guided by the following principles:



## Communications Plan for 2019-2022

<b>Goal 1: Strengthen the College's decision-making capacity to improve patient/client safety and reduce the risk of harm to patients/clients.</b>		
<b>Communications objective:</b> Demonstrate to registrants, the public and others affected by the College's work that decisions are made in the public interest and advancing the public interest.		
<b>Year 1</b>		
<b>Tactics</b>	<b>KPIs</b>	<b>Timeline</b>
Publish more information on the website about the election process, the duties of Council members and work of Executive Committee	<ul style="list-style-type: none"> <li>• Clear information posted to the website about elections, how the government makes public appointments and the duties of all Council members (e.g. on conflict of interest)</li> <li>• Executive Committee agendas and minutes (excluding in-camera items) posted to the website</li> </ul>	February 2020 – Onwards
Enhance orientation materials for Councillors to focus on health professions governance, conflict of interest, decision-making in the public interest and reducing risk of harm	Orientation materials revised and vetted by legal counsel	June 2020 – Onwards
Enhance orientation day for Councillors and committee chairs to incorporate themes of decision-making in the public interest, powers of committees, role of the committee chair and reducing risk of harm	Orientation day held and positive feedback received	August 2020 – Onwards
<b>Year 2</b>		
<b>Tactics</b>	<b>KPIs</b>	<b>Timeline</b>
Overhaul the elections process by updating content and the nomination form to reflect a competency-based model for election	Election process overhauled and professional Council members elected on a competency basis	TBD
<b>Year 3</b>		
<b>Tactics</b>	<b>KPIs</b>	<b>Timeline</b>
Evaluate the new elections process and refine process based on feedback	Surveys distributed and process revised as needed	TBD

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

**Communications objective:** Registrants, prospective registrants and the public understand what patient/client-centred care looks like in kinesiology. The College actively participates in the Ontario Health Regulators marketing campaign.

**Year 1**

<b>Tactics</b>	<b>KPIs</b>	<b>Timeline</b>
Support the development of a patient/client-centred care guideline by assisting with the development of content and leading public consultation	<ul style="list-style-type: none"> <li>• Call for participation issued</li> <li>• Content developed</li> <li>• Consultation on proposed guideline conducted</li> <li>• Guideline posted, distributed and widely promoted</li> </ul>	February 2020 – Onwards
Support the development of a record keeping webinar(s) by assisting with the development of content and production	<ul style="list-style-type: none"> <li>• Call for participation issued</li> <li>• Content developed</li> <li>• Webinar(s) developed, distributed and promoted</li> </ul>	February 2020 – Onwards
Provide guidance and direction to kinesiologists and the public on the COVID-19 pandemic to enable the delivery of safe kinesiology services	<ul style="list-style-type: none"> <li>• Monitor activities from the Ontario Government, particularly the Ministry of Health’s Emergency Operations Centre, for developments that impact the profession and patients/clients</li> <li>• Provide timely updates to registrants on current direction and advice for practice</li> </ul>	March 2020 – Onwards
Through continued leadership at the Health Profession Regulators of Ontario (HPRO- formerly FHRCO), capitalize on opportunities to profile the College’s effective governance of the profession and initiate/join collaborative initiatives that promote collaboration among colleges and better serve the public	<ul style="list-style-type: none"> <li>• Regular attendance at HPRO meetings</li> <li>• Input provided to public awareness campaigns</li> <li>• Metrics from HPRO public awareness campaigns analyzed and where possible, metrics used to inform website improvements, development of additional resources, etc.</li> <li>• Leadership positions on HPRO Communications Committee</li> <li>• Joint initiative among the “rehab” colleges to develop return to work guidance for practitioners</li> </ul>	September 2019 – Ongoing

<b>Year 2</b>		
<b>Tactics</b>	<b>KPIs</b>	<b>Timeline</b>
Develop engaging content for use across multiple channels that helps registrants understand patient/client-centred care and how to reduce risk of harm	Newsletter articles created and mechanisms for feedback on the articles developed	September 2020 – Onwards
Enhance public area of the website to include resources for patients/clients on how to manage their care and expectations when working with a kinesiologist	Public section of the website revamped and patient/client-centred content added	September 2020 – Onwards
Create public awareness campaign that highlights the importance of working with registered kinesiologists and promotes patient/client resources	<ul style="list-style-type: none"> <li>• External expertise engaged to assist in the creation of an awareness campaign</li> <li>• Campaign executed</li> </ul>	October 2020 – August 2021
Support the revision process to the College’s standards and guidelines, lead public consultation on the proposed revisions, and find innovative ways to promote the documents to registrants and the public.	<ul style="list-style-type: none"> <li>• Consultations conducted</li> <li>• Standards and guidelines posted and distributed with explainer content</li> <li>• Strategies to promote the standards and guidelines developed</li> </ul>	January 2020 – Onwards
<b>Year 3</b>		
<b>Tactics</b>	<b>KPIs</b>	<b>Timeline</b>
Continue public awareness campaigns that highlight the importance of working with registered kinesiologists and promoting patient/client-centred resources	<ul style="list-style-type: none"> <li>• Campaigns executed with increased conversions over previous year</li> <li>• Efficacy of campaigns evaluated</li> </ul>	September 2021 – August 2022

<b>Goal 3: Analyze and report on data and information that demonstrates our progress toward reducing risk of harm and how we protect the public</b>		
<b>Communications objective:</b> Improve College processes and tools to support greater transparency and increase understanding of the College's mandate.		
<b>Year 1</b>		
<b>Tactics</b>	<b>KPIs</b>	<b>Timeline</b>
Launch a new public website with better messaging about how the College protects the public, streamlined navigation and a robust search feature	Website launched and positive feedback received	January 2020 – July 2020
<b>Year 2</b>		
<b>Tactics</b>	<b>KPIs</b>	<b>Timeline</b>
Revise the format of the College's annual report to reflect new reporting requirements from MOH	<ul style="list-style-type: none"> <li>• Annual report content revised and reformatted</li> <li>• Annual report published and submitted to MOH and stakeholders</li> </ul>	TBD based on information from MOH
Support revisions to the application form to improve user experience and enable better reporting to MOH	Application form revised and positive feedback received	September 2020 – August 2021
Enhance the Public Register to provide a better user experience and ensure it meets the requirements in the College's By-Laws	Public Register revised and positive feedback received	September 2020 – August 2021
<b>Year 3</b>		
<b>Tactics</b>	<b>KPIs</b>	<b>Timeline</b>
Evaluate the efficacy of communications tools (e.g. website, public reports) and recommend way to improve	Surveys distributed and feedback implemented where possible	September 2021 – August 2022

## Decision Note

<b>Decision:</b> Vacancy in District 1
<b>Prepared for:</b> Council
<b>Date:</b> June 29, 2020

### Background

In June 2020, the professional Council member from District 1 resigned from Council. This District was last up for election in July 2019.

According to College By-Law 10.33, this created a long-term vacancy in district since the seat became vacant more than 12 months before the members' term of office expired.

In the event of a long-term vacancy, Council may do any of the following:

- appoint as a councillor the eligible candidate, if any, who had the most votes of the unsuccessful candidates in the last election for that electoral district or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes; or
- in the case of a vacancy declared pursuant to By-law 10.31 (ii), appoint a successor from among the members of the College who would be eligible for election if an election were held; or
- if there is no eligible candidate under 10.33(i) direct the holding of a by-election for that electoral district which shall be held in a manner consistent with the elections held under this By-law.

### Options for consideration

#### ***Appoint the candidate with the next most votes***

Staff confirmed that a competitive election occurred in District 1 in 2019 and contacted the runner up, who is willing to accept this position. This option is the least time consuming and would result in minimal disruption to Council's work. This individual would also be appointed in time for orientation and training day for new Council members in August.

### ***Appoint a successor from among the membership***

This option presents several challenges as to how and whom to select as a successor, and may raise questions about Council's objectivity when it comes to the composition of Council. Given the close scrutiny that all colleges are under and the perception that exists among the public that colleges "protect their own", proceeding with this option may diminish trust and confidence in the College's governance processes.

### ***Hold a by-election***

This option will take the most amount of time and will result in increased costs to the College. The College will need to follow all timelines in the By-Laws associated with nomination and election periods, and engage its vendor to create a new nomination and election process. For example, the Registrar must give at least 60 days' notice to registrants in the district of an election and ample time must be given to submit nominations.

### **Recommendation**

It is recommended that Council appoint the runner up in the 2019 election to fill the vacancy in District 1. By proceeding with this option, Council knows that a registrant with interest in the College's governance wants to assume the position and is able to do so. This individual would also be appointed in time to attend orientation and training for new Council members in August.



**Resolution– Vacancy in District 1**

**Whereas** one professional member of Council from District 1 resigned in June 2020; and

**Whereas** according to College By-Law 10.33, this created a long-term vacancy in this district since the seat became vacant more than 12 months before the members' term of office expired; and

**Whereas** one option Council has in the event of a long-term vacancy is to appoint the runner up in the district in the previous election; and

**Whereas** the runner up in the district, Candace Glowa, is interested in this opportunity and able to serve;

**Therefore, be it resolved that Council appoint the runner up in the 2019 election to fill the vacancy in District 1.**

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

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

Date: June 29, 2020