Council Meeting Agenda

Date: March 1, 2021 **Time:** 9:00 am **Location:** Zoom

Meeting Zoom Link:
https://us02web.zoom.us/j/86276939850?pwd=S1dxRU95R3A1L0RZZ1hoYklXMXltZz09

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
	8:00 am 60 mins	IN CAMERA SESSION			
1	9:00 am 30 mins	Call to order, roll call, Welcome	J. Pereira		Information
2		Conflict of interest declarations	J. Pereira		Decision
3		Approval of agenda	J. Pereira	Yes	Decision
4		Approval of Minutes – December 7, 2020	J. Pereira	Yes	Decision
5		**Action Items from the December 7, 2020 Meeting** • Further research to be conducted by College staff regarding the Executive Committee Terms of Reference, (i.e., term limits, cooling off periods, and providing the option of the past President to continue serving on the Executive Committee). **Ongoing – tabled for June 2021 meeting** • College staff to provide an environmental scan into what other Colleges are doing in terms of Council and committee competency-based assessment and education. **Completed**			

6		Committee Reports • Discipline • ICRC • Registration • Quality Assurance • Patient Relations • Q2 Finance Report/Dashboard • Specialties Committee	Committee Chairs	Yes	Information
7		Registrar's Report • 2021 Elections	N. Leris R. Pestana	Yes	Decision
8		President's Report	J. Pereira		Information
9	9:30 am 10 mins	Intro to competency-based assessment	Shenda Tanchak, Facilitator		Information
10	9:40 am 35 mins	Competency-based assessment and education – why now?	Rebecca Durcan, Legal Counsel		Information
11	10:15am 10 mins	Review of proposed process at high level– Discussion and Resolution	Shenda Tanchak, Facilitator		Decision
12	10:25am 35 mins	Competency-based assessment and education at the Royal College of Dental Surgeons of Ontario	Daniel Faulkner, Registrar, Royal College of Dental Surgeons of Ontario,		Presentation
13	11:00am 15 mins	BREAK			
14	11:15am 75 mins	Discussion re Screening Committee mandate and composition - Break out groups	Shenda Tanchak, Facilitator		Decision
15	12:30pm 30 mins	LUNCH BREAK			
16	1:00pm 90 mins	Discussion/Workshop	Shenda Tanchak, Facilitator		Decision
17	2:30pm	BREAK			

	15 mins				
18	2:45pm 30 mins	CPMF Submission	R. Pestana	Yes	Decision
19	3:15pm 5 mins	Committee Slate Update	J. Pereira	Yes	Decision
20	3:20pm	Review of Action Items	J. Pereira		Review
ADJOURNMENT					

Council Meeting Minutes

Date/Time of Meeting:	December 7, 2020 / 10:30am (9:00am In-Camera Session)
Council Present:	Jennifer Pereira, Chair, Teresa Bendo, Sara Gottlieb, Elwin Lau, Leslee Brown, Victoria Nicholson, Mary Pat Moore, Ryan Wight, Chad McCleave, Candace Glowa, Susan Garfat, Marie Cousineau, Ben Matthie, Ben Phalavong, Graydon Raymer (in-camera only)
Staff Present:	Nancy Leris, Vivian Fragale, Ryan Pestana, Lara Thacker, Danielle Lawrence, Keisha Simpson
Observers:	Don Gracey, the Ontario Athletic Therapist Association; Stuart Moulton, Ontario Kinesiology Association, Michael Robinson, Canadian Athletic Therapists Association; Mélanie Levac, Canadian Athletic Therapists Association; Doug Ross, Ministry of Health and Long-Term Care Health and Stamatis Kefalianos, College of Occupational Therapists of Ontario

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1. Call to Order/Introductions

Jennifer Pereira, Chair, welcomed Council and called the meeting to order at 10:30am.

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.

Jennifer welcomed new Council member Benjamin Phalavong. In September, Council decided to hold an election in District 6 to fill the vacancy left by a resignation. An election was held in the district from November 16-20, 2020.

Benjamin expressed interest in serving on the Quality Assurance, Registration, Examination Appeals, and Patient Relations committees. Jennifer noted that the Quality Assurance Committee has sufficient membership. Therefore, she recommended to appoint Benjamin to the Registration, Examination Appeals, and Patient Relations Committees.

Jennifer also put forward a recommendation to appoint Mary Pat Moore to the Finance Committee.

UPON A MOTION duly made by Marie Cousineau and seconded by Sara Gottlieb, it was resolved that Benjamin Phalavong be appointed to the Registration, Examination Appeals and Patient Relations Committees, and that Mary Pat Moore be appointed to the Finance & Planning Committee. **Carried.**

Nancy Leris introduced Danielle Lawrence, the College's new Practice Advisor and Policy Lead who joined the College on October 23, 2020.

2. Conflict of Interest Declarations

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

3. Approval of Agenda

UPON A MOTION duly made by Teresa Bendo and seconded by Ben Matthie, it was resolved that the agenda be approved as amended. Carried.

4. Approval of Minutes

UPON A MOTION duly made by Ryan Wight and seconded by Susan Garfat, it was resolved that the September 14, 2020 Minutes be approved as amended. Carried.

5. Action Items Arising from Previous Meetings

- Conflict of Interest and Code of Conduct forms to be recirculated to Council members for their signatures. COMPLETED
- Section #8 of the Executive Committee Terms of Reference -options to be investigated further and recirculated to Council for final review and approval at the next Council meeting. COMPLETED – agenda item #11
- Review the "cooling off period" of three (3) years for members, Council, etc., who want to become staff - this would require By-Law change if not in place. COMPLETED – agenda item #11
- Committee Slate to be amended. Jennifer Pereira is currently listed as a public member under the Fitness to Practice committee. COMPLETED

6. Committee Reports

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

Mary Pat Moore, Chair of the Specialties Committee, provided a brief verbal report. She welcomed Danielle Lawrence, who will be proving support to the committee. She noted that the committee has been meeting regularly. In October, the Ontario Athletic Therapist Association submitted a second report regarding risk of harm. A meeting is scheduled with the Committee and OATA leadership to review the submission. Mary Pat also noted that letters of interest were circulated requesting educational experts to review the education requirements of Sheridan College and York University.

7. Draft Audited Financial Statements

Chad McCleave, Chair of the Finance and Planning Committee, provided a high-level overview of the draft audited financial statements. The auditors presented a clean opinion.

Chad noted that a new line was added in the financial statements because the College took advantage of subsidies available to business to help with the impacts of COVID-19. He also noted that the College should be carrying at least six months' worth of operating expenditures and encouraged Council to have a discussion regarding this in the new year. He also encouraged Council to have a discussion down the line regarding potentially raising membership fees. This can be addressed in 2020.

New notes were added to the financial statements. These included the notes on government assistance and the temporary wage subsidy, as well as contingencies related to a new potential claim.

UPON A MOTION duly made by Vicky Nicholson and seconded by Leslee Brown, 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 and Long-Term Care, the audited financial statements for 2019/2020. **Carried.**

8. Annual Report

Ryan Pestana, Communications Manager, provided an overview of the draft 2019/2020 Annual Report.

Council members were pleased with the presentation of the annual Report and its contents, particularly how it highlighted systemic racism and the COVID-19 response.

UPON A MOTION duly made by Sue Garfat and seconded by Leslee Brown, it was resolved that Council accept and approve the draft annual report for 2019/2020 for submission to the Ministry of Health and posting to the College website. **Carried.**

9. Registrar's Report

Nancy Leris, Acting Registrar, provided an update on the following:

- Abby Fontaine, a fourth-year kinesiology student from Lakehead University, has been with the College since September 1 and her final day is December 15. Abby has been providing support to communications and has helped with several research and writing projects.
- In September, the Ministry of Health (MOH) unveiled the College Performance Management Framework (CPMF). All colleges were invited to submit feedback on the document from the beginning of September to the end of September. College staff have reviewed the document and a workplan was developed to ensure the document is completed and submitted to MOH by March 31, 2021. All staff have been assigned sections based on their portfolio.

- The College is an active participant in the Health Profession Regulators of Ontario (HPRO) working group on anti-BIPOC racism. Updates and next steps from this working group include:
  - the group will be building a project charter and framework
  - recommendation to add equity, equality, and inclusion into the College Performance Management Framework
  - consideration of how to add zero tolerance regarding racism into colleges' practice
  - discussion/prioritization of college "toolkit" items
  - developing communiques

10. President's Report

Jennifer updated on the following:

- Participation in a meeting with College staff and the Ministry of Health to discuss the College's submission of the system partner domain of the College Performance Management Framework.
- Participation in an orientation session with new Council member, Ben Phalavong.
- To assist staff, she has participated in administrative tasks, including the approval of invoices.
- The lines of communication remain open between Jennifer and the Acting Registrar, Nancy Leris. She noted the great working relationship she has with Nancy and college staff.

11. Draft Terms of Reference - Executive Committee

At the September Council meeting the Registrar presented a draft Executive Committee Terms of Reference. Council requested that staff review the total time that someone may serve on Executive Committee, as well as the "cooling off period" for Council and staff.

Nancy Leris noted that a survey was sent to all colleges. The responses were collated in a chart, which was included in the Council meeting package.

A question was raised as to whether the three-year term limit is too restrictive. It was noted that Council must ensure succession planning and continuity before putting restrictive policies in place. Council discussed several options in addition to allowing the past President to remain on the Executive Committee.

Council decided that more research is warranted and requested that staff contact colleges who did not respond regarding term limits, cooling off periods, and providing the option of the past President to continue serving on the Executive Committee.

12. Council and Committee Competencies Profile

Lara Thacker, Director, Quality Assurance, presented on the competency-based assessment and education for Council and committee members. She covered areas such as the background and reasons for implementing a competency-based model, universal principles of good governance, the competency profile and its purpose, role of Council, the establishment of a Governance Committee, the nomination process, training, evaluation, and other considerations.

A detailed Issue/Decision Note was included in the meeting package.

Lara brought forth the following recommendations for consideration by Council.

That Council:
- Approve the circulation of the proposed By-Law amendments for 30-day external consultation, including Governance Committee terms of reference
- That the Council and Committee Competency Profile presented to Council be approved and adopted in principle, and subsequently revised as necessary by the Governance Committee for approval by Council
- That competency-based assessment and education be developed and implemented as soon as practicable but not later than necessary for use in the next cycle of Council elections and committee appointments
- The Council adopts a formal annual evaluation process that includes a Council/committee performance evaluation, an individual self-evaluation for Council and committee members, and an evaluation of each Council and committee member by their peers
- That a summary report of the evaluation be released publicly by the College

Council participated in a fulsome discussion. The following concerns, questions, suggestions, and comments were provided:

- The proposed timelines are very short.
- An environmental scan to be provided of the content and rationale of other regulatory colleges' Council and committee competency-based assessment and education models including the role and composition of the Screening/Governance Committee, induction programs/courses and quizzes, assessment processes for professional and public members, and eligibility requirements reflected in the by-laws.
- Provide more nuanced by-law amendments regarding eligibility/disqualification criteria for running for election to Council/appointment to committee (e.g., not penalizing individuals for previously resigning with valid reasons by including "at the discretion of Council")
-
- Several members liked the idea of onboarding online training modules and evaluations and thought they would be helpful.
- It is important to ensure that the way diversity is defined is fulsome enough.

Jennifer noted that the Ministry is heading down the path of competency-based assessment. The College is adding an additional layer to ensure elected committee members have a basis for a foundation. The document is a work in progress and open to revisions and to improvements.

It was also noted that in the last previous strategic planning session, the College decided to move towards a competencies-based assessment for Council and Committees. This was identified as a strategic priority to ensure good governance.

Council expressed comfort in moving forward in getting feedback from membership regarding the proposed competencies, while College staff gather more information and provide an environmental scan.

UPON A MOTION duly made Ben Matthie and seconded by Leslee Brown, it was resolved to approve the proposed competencies for circulation to membership for feedback, while staff work on presenting the information gathered from the environmental scan. **Carried.**

13. 2021 Council Meeting Dates

Jennifer reviewed the Council meeting dates for 2021. Meetings are scheduled on March 29, June 28, September 13, and December 6. College staff proposed moving the March 29th meeting to March 1st; Council agreed to this change.

14. Review of Action Items

- Further research to be conducted by College staff regarding the Executive Committee Terms of Reference, (i.e., term limits, cooling off periods, and providing the option of the past President to continue serving on the Executive Committee).
- College staff to provide an environmental scan into what other Colleges are doing in terms of Council and committee competency-based assessment and education.

15. Adjournment

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

Ben Matthie moved to terminate the meeting at 1:40pm.

REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO
REVENUES RECEIVED TO DATE & FORECAST TO YEAR END
FOR THE FISCAL YEAR 2020/2021

updated 2/24/2021

	1	2	3	4	5
CATEGORY	APPROVED REVENUE FORECAST (SEPT 1 2020 TO AUG 31, 2021)	(INTERIM) ACTUAL Q1 & Q2 (SEPT - FEB. 17) 2020/2021	PROJECTIONS Q3 (MAR - MAY) 2020/2021	PROJECTIONS Q4 (JUN - AUG) 2020/2021	VARIANCE TO YEAR END 2020/2021
	$	$	$		$
Revenue:					
Jurisprudence Fee ($48.25)	24,125	12,593	2,413	9,119	-0
Application Fee ($100)	47,500	24,900	3,700	18,900	0
Examination Fee ($400)	190,000	78,870	2,000	128,000	18,870
Registration Fees*	1,823,438	317,026	24,175	1,475,988	-6,250
Interest Income	25,000	2,474	13,775	750	-8,001
TOTAL REVENUE	**2,110,063**	**435,862**	**46,063**	**1,632,757**	**4,619**

*Registration Detail	Approved Forecast	(Interim) Actual Q1 & Q2 Sept to Feb 17	Projections Q3 Mar - May	Projections Q4 Jun - Aug	Variance to Year End
	$	$	$	$	$
New Registrants					
- Sept - Nov ($650) Q1	35,750	18,200			- 17,550
- Dec - Feb ($487.50) Q2	48,750	67,763			19,013
- Mar - May ($325) Q3	24,375		22,100		- 2,275
- Jun - Aug ($162.50) Q4	8,125	-		8,125	-
					-
Renewal ($650)	1,607,450	198,762	-	1,411,288	2,600
					-
Change in Status (members back t	3,088	9,751	575	575	7,813
					-
Professional Corporation	1,200	2,400	-	400	1,600
Professional Corporation Late fee	400	600			-
					-
Inactive Renewal ($200)	80,800	28,200	-	52,600	-
					-
Inactive Renewal Late Fee($50)	3,000	100	-	-	- 2,900
					-
Renewal Late Fee ($100)	6,000	800	-	-	- 5,200
					-
Re-instatement Fee ($325)	4,500	2,400	1,500	3,000	2,400

Refunds		-11,950			
Total	1,823,438	317,026	24,175	1,475,988	5,501

Notes

Revenues in Q1 lower than expected. Increase in Q2 to cover the shortfall in Q1.

Projections for Q3 are expected to come lower but registration revenues are expected to meet projections by end of FY.

Overall, we are expected to revenue projections in every category by end of FY except for Interest Income

Interest income: lower than expected in Q1 & Q2 as a result of the pandemic. Maturity of laddered GIC

2020/2021 Performance Report

Overall highlights:

157 new registrants

Operational highlights (Q2: December 2020 to Feb 17, 2021)

Focus	Deliverables	Status	Comments and Impacts
Governance	Competency-based assessment and education of Council and committee members		Conducted literature review of recent reports and promising practices in health profession regulation and enviro scan of regulatory bodies' governance transformation work. Prepared for Council review and approval: • Issue/decision note on competency-based assessment and education of Council and committee members • Council and Committee Competency Profile • Roadmap of competency-based assessment and education for Council and Committee members • Proposed By-Law amendments • Governance Committee Terms of Reference Next steps: • Circulate proposed By-Law amendments for external consultation • Design and implement Eligibility Course and Exam, applicant screening process and tools • Stakeholder communications re policy changes
Corporate	CKO-Universities Liaison Committee Meeting		• Virtual meeting held on December 15, 2020 • Breakouts conducted with participants where they discussed curriculum updates, new initiatives and the impacts of COVID-19, and reported back to the group • Regular College updates and registration overview provided
	College Performance Measurement Framework (CPMF)		• Work on-going to complete the document for the March 1 Council meeting • Work with small collaboration group on the CPMF concluded. Consultants delivered a report and the colleges involved will meet again to discuss projects to collaborate on.
	Collaboration projects with HPRO		• College's collaboration on disaster recovery and business continuity plan in response to a new wave of ransomware attacks that have been compromising healthcare organizations across Canada.
Communications	Preparation for public awareness campaigns		• Engaged Zoomer Media to develop sponsored articles and mobile advertising banners • Engaged Brand Heroes to develop new corporate videos and six-month marketing plan • Working with both vendors to finalize content. Campaigns expected to start mid-February.

Focus	Deliverables	Status	Comments and Impacts
	Creation of 2019/2020 Annual Report	🟩	• Annual report reviewed by auditors • Submitted to the Ministry of Health on January 13 and posted to the website
	Regular and timely communication to R.Kins	🟨	• Regular newsletters sent in December and January with key updates, including reminders of re-opening guidance and infection prevention and control • Emails sent to R.Kins and other stakeholders announcing latest restrictions imposed by the province and the impact on practice.
Registration	Core Competency Review and Educational Equivalency Framework Review	🟨	• Meeting with vendor to re-establish relationship and obtain estimate for required work. ACT is the organization that acquired Professional Examination Services (PES), the vendor who developed the CKO core competencies and educational equivalency framework in 2012 • Identification of specific needs and areas of concern • Researched other vendors who provide competency assessment review. RFP to be developed.
	Registration Policies	🟨	• As required by Registration Committee – Making updates to the proposed inactive class policy and reinstatement policy in conjunction with the CKO policy lead • Review of existing registration policies/ development of new registration polices with the CKO policy lead
	Registration Committee Meeting and Panel Meetings	🟩	• Referrals from the Registrar – Decisions ratified and issued. • Planning for upcoming Panel meetings
	Audit of Professional Liability Insurance (PLI)	🟩	• Internal process developed for review of submission of updated PLI prior to expiry. • Work underway to operationalize this process.
	Revocation of registrants suspended greater than three years	🟩	• Revocation notices issued to registrants suspended for greater than three years
	Examination Administration	🟨	• Registration of applicants and logistical planning for April 2021 exam
	IMIS Data Management System (DMS)	🟩	• Full mapping of CKO database completed. • Work underway to address recommendations and make appropriate changes/ updates to the IMIS DMS
	Office of the Fairness Commissioner (OFC) - Fair Registration Practices Report	🟨	• In the process of completing first draft of the OFC report for the 2020 reporting year

Quality Assurance	Virtualizing Peer and Practice Assessment	🟨	• Work underway to operationalize virtual PPAs. Conducted enviro scan of health regulatory colleges and meeting with HPRO QA Working Group to discuss logistics. Researched IT platforms, privacy considerations and risk mitigation strategies. Met with IT vendor regarding cloud capability, privacy requirements, cost.
			• Consulted peer assessors re proposed program component modifications, assessor training format and content. Surveyed assessors re practice issue training needs.
			• Next steps:
			   o Assessor training on cloud system, virtual PPAs and College practice updates
			   o Revise PPA guide and virtual PPA instructions for assessors and participants
			   o Trial modified program component with assessors and volunteers
			   o Send notices of selection to participate in Spring 2021 PPA

	Peer and Practice Assessment cases	🟩	Final registrant from Fall 2019 PPA Cycle submitted supporting documentation – file closed

Focus	Deliverables	Status	Comments and Impacts
	2020/21 Self-Assessment	(yellow)	• 2020/21 Self-Assessment underway. Over 2300 General Class registrants completing SA • Sent targeted reminder notices sent to registrants. Published newsletter reminder notice • Follow up with non-compliant registrants prior to March 1st deadline
Professional Conduct	Investigations	(green)	1 investigation appealed to HPARB
	Hearings held by Disciplinary Committee	(yellow)	1 hearing scheduled and 1 pending (date TBD)
Professional Practice and Policy	Collaboration Project with HPRO – Anti-BIPOC Racism Working Group	(yellow)	• Development of toolkit – support in identifying resources to be made accessible to WG and College leadership • Project funding: completed application for federal funding and HPRO funding • Partnerships: secured external (Dr. Sukhera) and internal (HPRO Commitment to Cultural Safety and Humility WG) partnerships • Workplan/Project Charter: development of draft workplan, resources required, Staff training and EDI toolkit
	Specialties Committee	(yellow)	• Meeting with OATA to review Risk of Harm submission • Creation and distribution of letters of invitation to prospective Educational Advisors; selection of two educational experts Next steps: • Dissemination of results from educational experts to committee
	Registration Policies	(yellow)	Update Inactive class policy and development of Re-issuance registration policy (ongoing); • Conducted an environmental scan of health Colleges and their practices regarding inactive class requirements and re-issuance requirements • Conducted an environmental scan of health Colleges to discern their definition of "professional practice" • Continued work on resolving concerns from Committee (out of province requirements, self-assessment etc)
	Peer Practice Assessment (Policy Review)	(yellow)	• Review of privacy policies and good practice • Environmental scan of other health Colleges
	Peer Assessor Training	(yellow)	• Development of training module for peer assessors on College practice issues and updates
	Jurisprudence Module	(yellow)	• In-depth review and update of Jurisprudence module to ensure policies and information align with current College processes
	Practice Guidelines and Standards	(yellow)	• Review and update professional practice standards and guidelines

Legend: Completed (green)

Ongoing (yellow)

Incomplete (red)

ICRC Report

Committee: ICRC
Prepared for: Council
Date: February 12, 2021

Meetings

The ICRC has not met since the last meeting of Council.

Complaints

One complaint is in process.

One matter is still in the appeals process with HPARB.

Registration Report

Committee: Registration
Prepared for: Council
Date: March 1, 2021

Meetings

The Registration Committee met twice since the last report to Council on December 2, 2019. An orientation and training session was held for new and returning committee members on October 26, 2020. On November 23, 2020, the Committee reviewed changes to the 'Inactive Certificate of Registration and Reinstatement to the General Class' policy, and a draft policy 'Reissuance of the General Class Certificate of Registration'. The Committee also reviewed the University of Ottawa's application for substantial equivalence of its new Honours BSc in Human Kinetics, Option: Applied Studies in Kinesiology, undergraduate program, and the University of Guelph's application for substantial equivalence of its Bachelor of Science in Human Kinetics program.

A Panel of the Registration Committee has met a total of six times since the last report to Council to review the following referrals from the Registrar:

- Educational Equivalency Assessment
- Reinstatement to the general class after being inactive for more than 2 years;
- Exemption from one-year period of eligibility for registration - following notification of passing the exam;
- Exemption request from writing exam - after resignation and re-application;
- Exemption from exceeding the allotted timeline for writing the exam;
- Remediation plan for 3rd and final attempt at the exam.

Spring Examination

The spring sitting of the College's entry-to-practice examination is scheduled to place on April 10, 2021. The College is working very closely with our examination administrator Yardstick to fine tune the exam logistics and we are planning for unexpected changes, such as the need for additional testing sites and extended exam windows due to the COVID-19 pandemic. The College is also in the infancy stage of exploring the option of an online exam.

Fair Registration Practices Report

The Office of the Fairness Commissioner is in the process of updating their database software and modernizing their IT infrastructure. This involves digitalizing most of their system to help them become more efficient in how they collect, share and store information. They expect this process to take several months.

The OFC typically invites Regulated Health Colleges to prepare their annual Fair Registration Practices (FRP) report for submission on March 1 of each year, however, they have extended the deadline for submission to Friday, April 2, 2021; this is due mainly to the fact that they are updating their database software. For the current year, the OFC has asked all Colleges to provide their required report in a Word form instead of directly into their database (which is currently under construction). The College is in the process of completing the first draft of the FRP report and is on schedule for completion and submission by updated deadline.

As part of its focus of becoming a more modern regulator, the OFC is also looking to introduce a risk-informed compliance framework in the new year. The changes will be rolled out in two stages; the first of which involves migrating to a risk-informed compliance framework to be followed with a streamlined set of legal compliance obligations and best practices to replace their current compliance standards. Each of these projects will be underpinned by a common set of operating, modern regulator principles.

 In January, the OFC consulted with a working group of regulators and other experts on the risk-informed compliance framework and they have integrated comments received into their proposed approach. On February 17, 2021, the OFC held a three-hour virtual consultation session with our College and other regulators where they presented the framework and sought our input on the proposed changes. The OFC plans to introduce the new framework on April 1, 2021, in tandem with accompanying transitional provisions.

Kinesiology Core Competency Profile Review and Educational Equivalency Framework Review

The College is in the preliminary phase of its review of the Kinesiology Core Competency Profile and Educational Equivalency Framework. The College has been in communication with ACT, the organization that acquired Professional Examination Services (PES) to re-establish its relationship and obtain an estimate for this project. PES assisted the CKO in the development of its core competencies and educational equivalency framework in 2012. The College is also leveraging its relationship with other regulators to acquire best practices and a listing of reputable vendors for this project.

Jurisprudence E-Learning Module Review

The College is reviewing and identifying required updates to the Jurisprudence E-Learning Module in keeping with the changing regulator environment and the CKO standards and guidelines.

IMIS Data Management System (DMS) Updates

The Colleges IMIS vendor Bursting Silver has conducted a full mapping of the IMIS DMS. Work is currently underway to address recommendations and make appropriate updates to the IMIS DMS to ensure its functionality and ability to meet the reporting and data management requirements of the College.

Audit of Professional Liability Insurance (PLI)

In 2019 Council asked the College to conduct an audit of the Professional Liability Insurance Policy submitted by Registrants. The College was unable to conduct such an audit due to limitations of the IMIS DMS. As an alternative to the audit, the College has developed an internal process to review and request submission of registrants PLI policies prior to expiry. Work is currently underway to operationalize this process.

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: March 1, 2021

2020-21 Self-Assessment

The 2020-21 Self-Assessment began on December 1, 2020. All General Class registrants must submit a self-assessment by March 1, 2021. Notices were sent to registrants and published in the e-newsletter. The self-assessment must be submitted every two years.

This year's assessment has been refined to focus on risk areas in kinesiology practice. Some sections have been compressed, making completion easier and faster. Instructions were added for registrants who are not working and must complete the self-assessment.

Registrants who fail to complete the Self-Assessment are eligible for Peer and Practice Assessment and may be referred to the Inquiries, Complaints and Reports Committee for non-compliance.

Peer and Practice Assessment

During the last quarter, the Quality Assurance Committee directed one registrant from the Fall 2019 Peer and Practice Assessment Cycle to submit supporting documentation to close her file. The registrant has made the submission and the file is closed.

In spring 2021, the College will resume peer and practice assessments (PPAs). In 2020, PPAs were paused due to the on-going COVID-19 pandemic and changing restrictions.

PPA is a legislated quality assurance program requirement and a key function of the College's regulatory mandate. It is an educational, structured interview conducted by a trained peer assessor. The PPA assesses kinesiologists' knowledge, skill, and judgement, and helps them identify areas of strength and opportunities for improvement within their practice. Each year, kinesiologists are randomly selected to participate in PPA to help ensure their continued competence. Kinesiologists are also selected to participate if they have declared insufficient currency at annual renewal, have neglected to complete another mandatory quality assurance program requirement, or if they volunteer to participate. Kinesiologists may be directed to undergo PPA for a second time after completing a mentorship program. All kinesiologists will participate in PPA at least once in their time being registered with the College.

Given that the pandemic is on-going, and restrictions are continuously evolving, PPAs will be conducted virtually. Videoconferencing eliminates potential of exposure/ infection, eliminates travel

expenses and time, maintains a "face-to-face" element for an optimal learning experience, and addresses communication challenges associated with telephone interviews.

Registrants selected to participate this spring will then have 90 days to schedule their PPA.

College staff will be conducting peer assessor training and trial the modified program component.

Committee Report

Committee: Patient Relations
Prepared for: Council
Date: March 1, 2021

The Patient Relations Committee met on February 9, 2021. The following matters came before the Committee:

- An updated workplan for September 2020 – September 2021. It was identified early that Committee would be involved in anti-racism initiatives. Staff updated that the College was monitoring the work of the Health Profession Regulators of Ontario's (HPRO) Anti-BIPOC Racism Working Group and was waiting for concrete deliverables from the group. Tasks were updated to ensure the roles of Committee and staff were respected.
- Proposed revisions to website content explain sexual abuse. Staff facilitated a discussion on the website content relating to sexual abuse and how the College handles these matters. Committee members provided valuable feedback that will be used to update the content.
- Presentation on the College's 2021 public awareness activities. Staff reported that Zoomer Media was engaged to initiate an awareness among their subscribers. Brand Heroes was engaged to develop four new corporate videos and a six-month digital marketing campaign.
- Recommendation on Committee policies. Staff informed that they reviewed other colleges' policies on funding for therapy and counselling to gauge how other colleges respond to such requests. Staff recommended to keep the policy as is because it aligned with other colleges and applicable legislation.
- Evaluation survey. At the end of the meeting, Committee received a link to a survey to provide feedback on the meeting. Committee members were given time to complete the survey and results will be reviewed at a future meeting.

Committee Report

Committee: Specialties
Prepared for: Council
Date: March 1, 2021

The Specialties Committee (the Committee) met once since the December 7, 2020 Council meeting, on December 11, 2020.

Risk of Harm Document Review

The Committee met with the Ontario Athletic Therapist Association (OATA) leadership to discuss the Risk of Harm document submitted by OATA and the limitations of the data provided. The Committee felt that the emphasis on the submission was on title protection versus public protection, and the business case concerning risk of harm would require targeted research to meet the threshold expected for additional regulation. The Committee agreed that additional documentation and evidence is required by OATA to show the need for a specialty or class. The Committee is open to reviewing more documentation from OATA, and OATA has advised that they will provide more information in terms of the limitations discussed.

Selection of Educational Advisors

The Committee compiled a list of educational experts who were approached by the College and were sent letters of invitation to participate in the educational program review. Based on eligibility criteria developed by the Committee; knowledge of athletic therapy and kinesiology in Ontario, previous experience with this scope of review, and geographic location; two individuals were selected as educational experts to complete the review. The two experts have begun working on the educational review and are scheduled to complete and submit a draft of their findings on April 23, 2021, with a subsequent meeting with the Committee to review results in May 2021.

FORMED A WORKING GROUP
Confirmed by the Management Committee in June 2020 with volunteers from 11 HPRO Colleges

Deborah Adams, CRPO (Registrar)	Kevin McCarthy, CNO
Kelly Dobbin, CMO (Registrar)	Brian O'Riordan, CASLPO (Registrar)
Naakai Garnett, CMTO	Judy Rigby, CDTO (Registrar) – WG Chair
Linda Gough, CMRITO (Registrar)	Dr. Saroo Sharda, CPSO
Danielle Lawrence, CKO	Melisse Willems, College of Dietitians of Ontario (Registrar)
Tim Mbugua, COTO	Beth Ann Kenny, HPRO Support

DRAFTED A PURPOSE FOR THE WG THAT ALIGNS WITH HPRO PURPOSE
To support active commitment of all 26 member organizations to identify systemic racism and implement tangible and coordinated actions, in the immediate, medium, and long- term, to eradicate BIPOC racism and build a culture, systems and practices that allow diversity, equity and inclusion to thrive.

DRAFTED A PUBLIC INTEREST RATIONALE THAT FULFILLS A PORTION OF CPMF REPORTING REQUIREMENTS
In Ontario, every person should have the ability to reach their full health potential regardless of their colour, culture, or ethnic origin. HPRO and its member organizations acknowledge the historical and ongoing harm caused by racism, both systemic and overt, against Black, Indigenous and People of Colour in Canada. Change is necessary to eliminate existing racial inequities and best serve and protect the public. Health profession regulators play a critical role in driving that change. As individual organizations, regulatory bodies, and key stakeholders in the health system, we advocate for, and are committed, to actioning essential change to eliminate racism and strive for diversity, equity and inclusivity that is embodied in Ontario's Human Rights Code.

KEY WORK TO-DATE
Since August 2020, the WG has met five times. Key work to-date is highlighted below:

- **Toolkit**: currently, identified resources are being catalogued and made accessible to the WG and College leadership; will be added to throughout the project

- **Education**: received presentations from CASLPO on their DEI initiatives, including environmental scan, literature review, and open dialogue webinar for College registrants; more being planned

- **Legislative Mandate**: identified legislative alignment – *Ontario Anti-Racism Act*

- **Partnerships Identified**: Fairness Commissioner, other regulatory bodies, Ontario Human Rights Commission, national health profession regulatory body collaboratives, HPRO Communications Committee, HPRO Commitment to Cultural Safety and Humility WG

- **Project Funding:**
  - HPRO = $40,000
  - Individual Colleges = $0 (in kind contributions only)
  - Federal Government funding =$88,000 (to be confirmed – *see Anti-BIPOC Racism Funding Document*)

- **Project Charter/Workplan**: outlined overall plan and potential resources required, including financial needs for expertise as laid out in a federal grant application; modules to include:
  - Overall action plan (including overarching principles and goals)
  - EDI Self-Assessment Checklist and Reporting Tool (to support CPMF work)
  - Staff Training and EDI Toolkit

It is recognized that there will be no "one size fits all" solution and that guidance/resource documents and education and training opportunities will be beneficial for all HPRO members. The WG sees this project as an opportunity to engage all colleges and to work together to advance this important issue. Future work will be modular, both to focus the work and in recognition of the resources available to individual colleges.

Decision Note

Decision: 2021 Council Elections
Prepared for: Council
Date: March 1, 2021

Background

In 2021, the following Council members and districts are up for election:

- Jennifer Pereira- District 4
- Ryan Wight- District 5
- Benjamin Phalavong- District 6

In December 2020, Lynne Alis Bonsignore resigned from Council. She was elected by acclamation in District 4 in May 2020. Her resignation created a long-term vacancy because the seat became vacant with more than 12 months left in the term.

Council has not decided how to address this vacancy. However, in the event of a long-term vacancy, the following options are available:

10.33 Long Term Vacancy

If the seat of an elected Council member becomes vacant in an electoral district more than 12 months before the expiry of the member's term of office, the Council shall:

i. *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*

ii. *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*

iii. *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 second or third place candidate

Ms. Bonsignore was elected by acclamation; therefore, there is no second or third place candidate.

Appoint a success from among registrants in the district

This option presents several logistical challenges as to how and whom to select as a successor and may raise questions about Council's objectivity. However, the College By-Laws state that the potential candidate must be eligible for election if an election were to held in the district. The eligibility criteria are as follows:

A member is eligible for election to Council in Electoral Districts 1 through 6, if on the closing date of nominations and anytime up to and including the date of the election:

   a) *the member is eligible to vote in the electoral district in which the member is nominated;*
   b) *the member is not the subject of any disciplinary or incapacity proceedings;*
   c) *no finding of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years;*
   d) *the member is not subject to any order, direction, or term, condition and limitation of the*
   e) *Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee;*
   f) *the member has not been an employee, officer or director of any professional association or certifying body in the healthcare and health-related fields for one year prior to the date of nomination for the Council of the College of Kinesiologists of Ontario, such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association. In the first year of elections following the date of proclamation, the time lapse required before accepting nomination shall be six months prior to the closing date of nominations;*
   g) *the member has not been disqualified from the Council or a committee of the Council in the previous three (3) years;*
   h) *the member is not a member of the council or of a committee of the college of any other health profession; and*
   i) *the member has not been a member of the staff of the College at any time within the preceding three (3) years.*

Proceeding with this option may diminish trust and confidence in the College's governance processes. If Council decided to proceed with this option, it would need to demonstrate that the selection process was fair and transparent.

Hold a by-election

This option is the most fair and transparent. The upcoming nomination and election period presents an opportunity to hold the by-election during a period associated with elections, which will help eliminate confusion among registrants and achieve some savings because of the number of elections the College will conduct this year.

Recommendation

Given that Council cannot appoint the second or third place candidate and the optics of selecting a successor from among registrants, it is recommended that Council hold a by-election to fill the vacancy in District 4. This by-election can be held during the annual nomination and election period that begins in May.

Resolution– 2021 Council Election Date

Whereas the College is required under By-Law 10.06 to hold an election in 2021 for one Council member from District 4 and the Council members from District 5 and District 6; and

Whereas a resignation from a Council member in December 2020 created a long-term vacancy in District 4, separate from the position up for election; and

Whereas Council considered the options prescribed in the By-Laws for a long-term vacancy and determined a by-election should be held in District 4 to fill the vacancy; and

Whereas Council determined that the by-election should be held during the annual nomination and election period; and

Whereas the Council is required under By-Law 10.07 to direct the Registrar to set the date for elections; and

Whereas the Registrar has proposed the dates of election as July 13-20, 2021 to ensure consistency with the time period established for previous elections, and to allow registrants ample time to vote;

Therefore, be it resolved that Council directs the Registrar to publish immediately July 13-20, 2021 as the election dates in Districts 4, 5 and 6.

Moved by: _____

Seconded by: _____

Date: March 1, 2021

2021 Council Elections in District 4 (two spots), District 5 and District 6

Council members up for election: Jennifer Pereira, Ryan Wight, Benjamin Phalavong and one vacancy

Deadline	Task	Person(s)
Thurs. August 5 OR Mon. August 16	Election results emailed to voting members and posted to the website	RP
Sat. August 14	**Last possible day to conduct recount** (No more than 10 days after receiving a request)	Registrar
Wed. August 4	**Final day to request a recount** (15 days after the election date)	
July 21-23	All candidates notified of results via telephone	BK
Tues. July 20	Final reminder re. voting	BP
Thurs. July 15	Reminder one re. voting	BP
July 13-20	Election period. Poll closes at 11:59 p.m. EST July 20	
Tues. July 13	Poll is open messages	RP/BP
Mon. July 12	Obtain list of registrants eligible to vote	RP
TBD	Reminder re. voting	RP/BP
Tues. June 15	**Official notice of election and/or acclamation emailed to all members eligible to vote and posted to the website** (No later than 21 days before the election)	RP/BP
Mon. June 14	Obtain list of members eligible to participate in the election	RP
Sun. June 13	**Final day for candidates to withdraw nominations** (30 days before the election)	
Tues. June 1	Notice sent to candidates re. acceptance of nomination. Include save the dates for upcoming Council and committee meetings	RP
Mon. May 31	Vet and verify candidates per the requirements of **By-Law 10.13**	RP
Fri. May 28	**Nomination deadline** (at least 45 days before the election)	
Tues. May 25	Reminder 2 re. nominations	RP/BP
Tues. May 18	Reminder 2 re. nominations	RP/BP
Tues. May 11	Reminder 1 re. nominations	RP/BP
Tues. May 4	**Notice of nomination emailed directly to eligible members** (No later than 60 days before the election)	RP/BP
Mon. May 3	Obtain list of members eligible to participate in the nomination	RP
Week of April 5	Engage BigPulse (BP)	RP/BP
March and April	Notice of nomination/election published in **@CKO** and on website	

Impetus to Change - Backgrounder

There has been a great deal of attention on modernization of regulation in the past several years - from the College of Nurses of Ontario's recognition that there was room for improvement in their decision-making capacity, to the Cayton report about the College of Dental Surgeons of British Columbia, which led, ultimately to recommendations for widespread change in their regulation, to the McMaster forum, commissioned by the Ontario Ministry of Health, which found a pressing need for change. Most recently, the Ontario Ministry of Health introduced new requirements for regulatory college governance through the College Performance Measurement Framework (CPMF) and the standards it imposes.

Even before the Ministry's direction, the College of Kinesiologists of Ontario had already identified opportunities to become more effective and made this part of its _2019-2022 Strategic Plan_. The March 1 Council meeting offers the opportunity to make some concrete decisions about next steps.

In order to be prepared for this discussion, please familiarize yourself with the CPMF materials in this package.

It is not mandatory to read the rest of these background materials, and many Council members will already have seen them, but for those interested, here are some additional key materials:

- The College of Nurses of Ontario's _Final Report: A vision for the future_
- McMaster Health Forum: _Evidence Brief – Modernizing the Oversight of the Health Workforce in Ontario, 21 September 2017_
- Professional Standards Authority report by Sir Harry Cayton: _An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018_
- Steering Committee on Modernization of Health Professional Regulation: _Recommendations to modernize the provincial health regulatory framework, August 2020_

2019-2022 STRATEGIC PLAN

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.

How we'll do this:

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

How we'll do this:

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

How we'll do this:

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

April 15, 2019

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

Dear Minister Elliott:

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

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

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

The College of Kinesiologists would welcome the legislative change necessary for our College to implement most of the reforms outlined in the submission. In particular, we support:
- Reducing the size of our Council to a number determined by the board;
- Increasing the proportion of public members on our Council to 50%;
- Appointing (not electing) all members of our Council on the basis of competencies;
- Allowing each College to determine its needs for an Executive Committee; and
- Removing the obligation for Council members to form part of the panels of statutory committees.

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

With regard to the recommendation from the College of Nurses concerning remuneration of all appointees to the board, the College of Kinesiologists could find any addition of this type to the budget to be burdensome, inhibiting the College in pursuing other strategic priorities.

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

Yours sincerely,

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

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

Copy: Helen Angus, Deputy Minister of Health and Long-Term Care
        Patrick Dicerni, Assistant Deputy Minister of Strategic Policy and Planning
        Allison Henry, Director of Health Workforce Regulatory Oversight

COLLEGE OF KINESIOLOGISTS OF ONTARIO

Facilitator Bio: Shenda Tanchak

Shenda has worked in professional regulation for more than 25 years. She was Registrar of the College of Physiotherapists of Ontario from 2012 to 2018. During this period, she chaired a variety of provincial and national organizations. In 2019, the Canadian Alliance of Physiotherapy Regulators honoured her with their Award of Distinction for contribution to physiotherapy regulation. Before going to the Physiotherapists, Shenda had been Senior Advisor to the Executive Office at the College of Physicians & Surgeons of Ontario.

Two years ago, Shenda launched a consulting practice. She works mainly with regulators of professionals and related organizations. A large part of her practice focuses on facilitating decision-making about action plans in challenging situations. A couple of examples include working with the Board of Professional Engineers Ontario in their decision-making about how to respond to a negative report from Harry Cayton and with staff to develop an action plan based on the Board's decisions. She facilitated Board decision-making about the introduction of competencies and reduction in Board size at the Medical Council of Canada. For the British Columbia Massage Therapy regulator, Shenda facilitated reaching agreement between the College, educational institutions, and the national examining body about how and whether to proceed with a national examination. Presently Shenda is working with the College of Dental Surgeons of BC to help them build an enterprise risk management framework. Shenda has served on the Council Eligibility Review Committee for the Royal College of Dental Surgeons of Ontario for two years and is Chairing the Election Review Committee of the College of Chiropractors of Ontario this year. There are many more examples of the sort of work that organizations call on Shenda for assistance with and she also helps regulators develop meaningful strategic plans and performance measures.

Shenda is a lawyer and holds a Bachelor of Education degree. Her early career was spent in advertising and public relations. She has chaired the Masterclass in Regulation for the Canadian Network of Agencies for Regulation and is a frequent educator and presenter at conferences and for Boards and Councils.

Environmental scan of Ontario health regulatory colleges' Council and committee competency-based assessment and education frameworks

In Ontario, many regulatory bodies are beginning to introduce changes to the way they govern themselves to help better serve the interests of the public. The College embarked on an environmental scan of Ontario health regulatory colleges' Council and committee competency-based assessment and education frameworks. Seventeen colleges responded.

Below are highlights from the environmental scan. A complete table is attached.

Competency profiles and competencies for committees:

- 13 of the 17 colleges that responded have adopted a competency profile or are considering developing one.
- Of 12 colleges that have adopted a competency process, 9 have unique Committee competencies.

Eligibility course:

- 7 colleges currently have an online course in place as a prerequisite for standing for election.
- 5 colleges have such a course under development or under consideration.
- 1 college uses an alternative screening process.
- Half of the colleges responding to the question about an eligibility course use the same screening process for Committee appointments as for Council eligibility.

Training:

- 8 out of 12 colleges that have orientation/eligibility requirements for Council ask that public appointees undergo the same training.

Table of Ontario health regulatory colleges' Council a

College name:	Has your college adopted a Council and committee competency profile?
College of Audiologists and Speech Language Path	Yes
College of Physiotherapists of Ontario	No
Royal College of Dental Surgeons of Ontario	Yes
College of Massage Therapists of Ontario	Yes

College of Optometrists of Ontario	Yes
College of Nurses of Ontario	Yes
Ontario College of Pharmacists	Yes
College of Medical Radiation and Imaging Technol	Yes

College of Occupational Therapists of Ontario	No
College of Midwives of Ontario	Yes
College of Registered Psychotherapists of Ontario	Yes
College of Physicians and Surgeons of Ontario	No
College of Respiratory Therapists of Ontario	Yes
College of Denturists of Ontario	Yes
College of Chiropractors of Ontario	No

College of Dietitians	No
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	No
Total:	*11 yes, 3 in development, 4 no*

and committee competency-based assessment and education

	Has your college adopted additional competencies for committees?
Comments:	
Recently approved a trial of competencies for self evaluation.	No
The Executive Committee informally uses a competency profile when developing committee appointment recommendations.	No
One for Council and competencies for each committee. These documents are on our website.	Yes
Competency profiles for Council members, President, Vice-President, Executive Officers, Committee Chairs and Panel Chairs.	No

We have a set of requirements and an expectation that members will be competent in certain areas.	Yes
CNO has developed competency profiles for the Board and Committees : professional members running for election are asked to communicate how they meet select competencies/attributes and what skills they will bring to the Board. Similarly, committee members are appointed based on having the required competencies to effectively executive their roles and responsibilities.	Yes
	Yes
	Yes

	No
Currently in development	No
Used for self-assessment completed annually. Helps determine knowledge gaps and informs trainings for upcoming year.	Yes
	Yes
Under development, including competencies specific to committees	No
	No
	No
CCO has included competencies for candidates to identify as part of their campaign materials as part of the election to Coucnil process, but does not have a specific competency profile.	No

	No
Have just started a governance review project.	
	7yes; 9 no

Has your college adopted an online eligibility/orientation/boot camp course as an eligibility requirement for election to Council/appointment to committee?	If so, does the course have an assessment element (e.g. quiz, behaviour based questions, etc.)?
Yes	Yes
No - under consderation	No
Yes	Yes
Yes	Yes

No - under consideration	
No - available, but not mandatory	
No - use a screening process instead	
Yes	No

No - under development	
Yes	Yes
No - plan to implement	No
No - under development	Yes
Yes	No
No - not yet	
No	No

Yes	
No	
7 yes; 5 under development	*5 yes; 5 no*

Comment	Are applications from individuals interested in serving on Council/committees reviewed for suitability/eligibility by:
	Third-party external committee
We have a Q and A that must be completed, however, the "tool" requires a correct answer. If they select an incorrect answer they are prompted with correct information and they can select their answer again.	Other form of eligibility rev
	internal committee
	Third-party external committee
Quiz after each module.	none of the above

	internal committee
CNO's online resources do provide some reflection questions for individuals considering participating on CNO' Council. These are intended for individuals to self-assess whether serving is right for them.	Other form of eligibility rev
	Third-party external committee and internal committee
Opportunities for Q&A are promoted but there is no formal assessment. We will be looking at how we can do this moving forward as well.	internal committee

	none of the above
A quiz but educational rather than scored. Used more to reinforce the main points of module. ie. each question can't move forward in quiz until right answer selected.	internal committee
	internal committee
it will include questions to assess knowledge	internal committee
	Other form of eligibility rev
	internal committee
	Other form of eligibility rev

The boot camp we plan on developing will have an assessment.	none of the above

	Does your college apply the same assessment/screening process for committee appointments?
Briefly describe composition of committee and/or other eligibility review:	
Staff ensure the criteria set out in our by-laws are met.	No
The eligbility review for committees is conducted by the Executive Committee	other
Eligibility Review Committee is composed of current or former Registrar/CEO of regulatory colleges.	No
	No

Our Governance/HR committee is responsible for reviewing all applications and then appointing individuals to relevant committees.	Yes
At this stage, there's no competency-based eligibility screening for the election process. The candidate information form requires candidates to answer questions about the competencies, but there's no assessment of their information. For committee appointments, an external governance expert supports the committee in identifying recommendations which the board approves. We will be implementing the first Nominating Committee that will assist the board in ensuring that Committees have the competencies and attributes (the experience, knowledge, skills, and character), to enable them to fulfil their roles and public protection mandate. The Nominating Committee will fulfil specific roles related to the election of Board members and make recommendations to the Board for appointment or re-appointment to Committees.	No
For the Board (Council) we have third party consultants review and rate the applicants and provide their assessment to the screening committee made up of Board members and independent lay members. For committees we have the College's HR department review and rate the applicants and provide their assessment to the screening committee. Appointments to Committees are then done by the Governance Committee from the pool of candidates deemed qualified.	Yes
Nominating Committee reviews all applications to serve on Committees. As the election process is set in bylaw the candidates are assessed to see if they meet the eligibility criteria by the Registrar who is in charge of the election process before their nomination is confirmed.	No

Staff screen candidates ensuring they meet eligibility requirements as set out in our bylaws. For Committee appointments, staff screen candidates and bring forward recommendations to Council for approval.	Yes
Usually the whole Executive committee but sometimes an ad-hoc governance committee is formed.	Yes
Nominations and Elections Committee makes recommendations on committee appointments. Council members are not screened.	other
The reviewers include staff, the Governance Committee and the Committee Chair of the committee that is recruiting	Yes
The Registrar reviews to ensure the applicant meets the minimum requirements. If no, the individual is not considered eligible for election.	Yes
not exhaustive or extensive - there is some (regulatory) requirement but we haven't gotten to assessing applicants for competencies. we are small and our requests for participation are not met with a huge number of applications	No
There is an election review committee that review candidates' eligibility and election material.	No

Candidates for elections are reviewed based on the eligibility criteria in the College's by-law by staff. Candidates for committee appointments are reviewed by college staff based on the eligibility criteria and make recommendations as to who they believe would be the best choice for the committees.	Yes
	7 yes; 7 no

	Do public members appointed by the Public Appointment Secretariat complete the same eligibility/orientation/boot camp course and quiz?
Comments:	
This may come in the future but not yet planned.	No
See response above - conducted as part of eligibility for committees. Council is based on compliance with by-law criteria (conduct based)	Yes
This appointment is done by the executive committee and approved by council.	Yes
There is a process for election of committee and panel Chairs. The candidates provide a statement of intent as to why are interested in serving as Chair and why they think they qualify as Chair.	Other form of orientation

	Yes
Use a competency-based application process for nurses applying to statutory committees. That includes reviewing educational videos, completing an application that is a self-assessment against competencies, validating the application / resume against the competencies. The application and validation process is administered by an external governance expert. As noted above, the forthcoming Nominating Committee will be responsible for this work with the support of an external governance expert.	No
	Yes
The Registrar manages the Council processes the Nominating Committee makes recommendations to Executive and Council for committee appointments.	Yes

	answer unclear
	Yes
	N/A
	Yes, when implemented
	No
	No
Candidates for committee appointments are reviewed and made by council.	Yes

	n/a
	8 yes; 1 other; 3 no; 3 n/a

Comments:	
We have general orientation that involves meeting the Registrar, Deputy Registrar and each Director for face-to-face orientation to the College in general, and each department that the Director covers. Once they are on a specific Committee, they then engage in a deeper orientation for those committees.	
The orientation is similar to the one received by elected Council members - the orientation training is post-appointment.	
We ask them to do it as part of orientation	
They are requested to take the College Orientation Course, but they receive a mandatory 2 day orientation program which takes them through the e-HPRO program on the RHPA and some other online courses created for CMTO on governance and Council leadership.	

Nothing before being appointed, but afterwards they are part of the same orientation programs -- one for Council in its entirety, and then one specific to each committee they are a part of.	
We usually provide Governance and Orientation training to the full Board either prior to or during the first meeting of the year.	
Same training and education opportunities are offered to both professional and public members.	

Since public appointments are appointed by PAS they receive orientation only.	
N/A	
our program is not ready yet but public members will be required to complete the same eligibility program once they are appointed to Council	

All new Council members complete an orientation session. Since we haven't yet developed the boot camp course, it is not available as an option at this time. Maybe after we develop the boot camp course, we will consider using this for new public appointees.

Consultation report:
Draft Council and Committee Competency Profile

February 23, 2021

Background and Context

There has been a great deal of attention on modernization of regulation in the past several years - from the College of Nurses of Ontario's recognition that there was room for improvement in their decision-making capacity, to the Cayton report about the College of Dental Surgeons of British Columbia, which led, ultimately to recommendations for widespread change in their regulation, to the McMaster forum, commissioned by the Ontario Ministry of Health, which found a pressing need for change. Most recently, the Ontario Ministry of Health introduced new requirements for regulatory college governance through the College Performance Measurement Framework (CPMF) and the standards it imposes.

In Ontario, many regulatory bodies are beginning to introduce changes to the way they govern themselves to help better serve the interests of the public. These changes are extensive and vary across the regulators and will be rolled out over several years.

The College is carefully reviewing these developments and is discussing how it can enhance its own processes. In its strategic plan for 2019-2022, the College committed to improving the way it operates. The first step the College took was to develop a draft competency profile for the election and selection of Council and committee members. The purpose of this consultation was to obtain feedback on the draft *Council and Committee Competency Profile*.

About the College

The College of Kinesiologists of Ontario is a regulatory body that oversees kinesiologists working in the province. It is not a school, and it exists to protect the public. The College receives its authority from the *Kinesiology Act, 2007* and the *Regulated Health Professions Act, 1991*.

The College regulates kinesiologists and protects the public by:

- setting requirements to enter the profession so that only qualified individuals can practise kinesiology;
- maintaining on its website a list of individuals qualified to practise kinesiology, known as the public register, or Find a Kinesiologist;
- developing rules and guidelines for kinesiologists' practice and conduct, including a code of ethics;
- investigating complaints about kinesiologists and disciplining when necessary; and
- requiring kinesiologists to participate in a program that helps ensure that their knowledge and skills are up-to-date, and monitoring that participation.

Consultation process

The College emailed all registrants and stakeholders notice of the consultation on December 15, 2020 via @CKO, the College's newsletter. A reminder email was sent on January 18, 2021. A dedicated webpage was created on the College's website to promote the consultation. Anyone with comments was invited to submit feedback via Survey Monkey or email. Two webinars were held on January 26, 2021 to provide an overview of the draft guideline and to answer questions. The consultation ended on February 16, 2021.

What we heard

Feedback from Survey

During the consultation period, a survey was available on the College's website to help gather feedback on the draft competency profile. Twenty-three respondents completed the survey. Many respondents were registered kinesiologists:

Q1 I am:
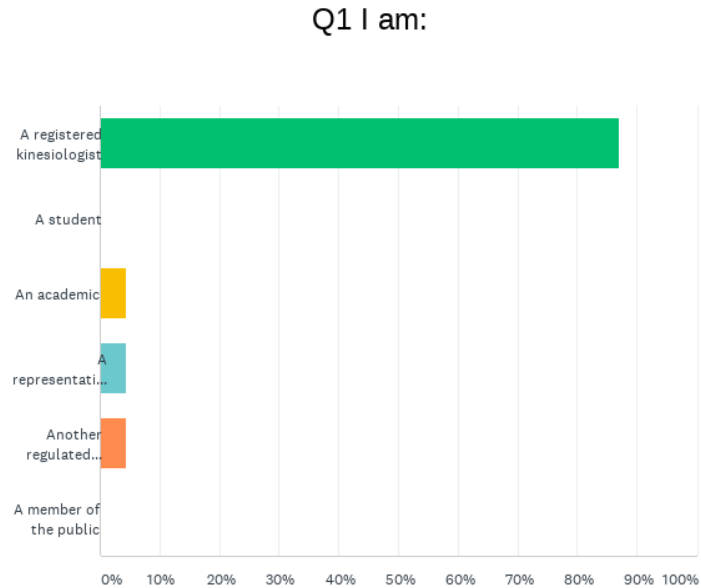
The survey asked respondents to indicate their agreement and provide comments on the following questions:

- Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?
- Are the proposed competencies relevant and important to board governance?
- Are there any competencies we've missed?
- Do you have any concerns with the document?
- How can this document be improved?

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

Twenty-four individuals attended the two webinars. View the webinar presentation and recordings. To view the questions received during the webinar and the College's response, view the webinar feedback report.

Analysis of feedback and how the feedback was used

The majority of respondents to the Survey Monkey (87%) were kinesiologists. This is not surprising given that the competency profile may directly impact them if they ever choose to run for Council or wish to sit on a committee. Among the highlights of the survey:

- The majority of respondents (83%) felt that the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member.

- The majority (91%) felt that the proposed competencies were relevant and important to board governance.

The competencies have been compressed in response to concerns regarding the length of the document and to address the most important competencies required by Council and committee members. Those that are not "required at entry" and "can be learned in role" were removed and can be determined later, and training delivered accordingly.

Columns were added to distinguish between the competencies required by Council and/or statutory committees. There is some overlap. Additional committee-specific competencies will be developed and communicated in advance of marketing and recruitment for committees.

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

Comment	Change	Note
Profile, especially given its length, creates barriers to engaging with the College, especially for young professionals.	Reduced length of document and number of competencies to eliminate perception of barrier and focus on those most important.	Rarely has the College had to issue multiple calls for nominations for Council. The goal of the competency profile and governance reform in general is to reduce barriers to participation on Council by increasing transparency on the College's mandate, what Council does, and what is expected of a Council member. It is the College's hope that the profile becomes a foundation for better marketing and recruitment strategies to help fill gaps and make sure there are qualified kinesiologists serving on Council, that the mandate and commitment are well understand from the outset.
Some competencies are traits, rather than acquired skills.	Removed loyalty and compliancy, among other competencies.	College has a Code of Conduct in the bylaws. Important to have professionalism/good character traits in profile, to help inform evaluation and development.
Competencies for Council and committee members should be distinct. There should be additional competencies for some roles.	Identified separate competencies required for Council and/or statutory committee members.	Additional competencies may be developed for Committees or specific roles in future.
Demonstrate commitment to geographic diversity, anti-racism, systemic discrimination, and DEI.	Amended intro to include statement re diversity, equity, and inclusion. Regional diversity already specified in Council-wide competencies.	Colleges looking at developing DEI training and tools for those on Council or Committees.
Competencies should include understanding of the Ontario university and College of Kinesiologist's relationship	No change	To be addressed in orientation

Council and committee members should demonstrate essential competencies of practice	"Knowledge of the profession" replaced by demonstrating "Essential Competencies of Practice for Kinesiologists in Ontario".	
Question re how competencies will be defined and evaluated, and effectiveness measured. Assessment method should be defined in advance.	No change at this time	Assessment method and evaluation framework TBD as part of Council evaluation process
Council should determine type of board (advisory, governance, operational, generative, etc.) to determine required competencies.	No change at this time	Council is a governance board and its role is set out in legislation. This is supported by Ministry's CPMF document. No desire to change Council's role has been identified at this time. The draft Competency Profile was adapted from the findings of a working group of the Health Profession Regulators of Ontario. These competencies are also being adapted by other colleges.

Consultation feedback reports

The following are attached:

- Aggregate responses to online feedback survey
- Collated individual responses to online feedback survey and consultation
- Feedback received during consultation webinars

Q1 I am:

Answered: 23   Skipped: 0
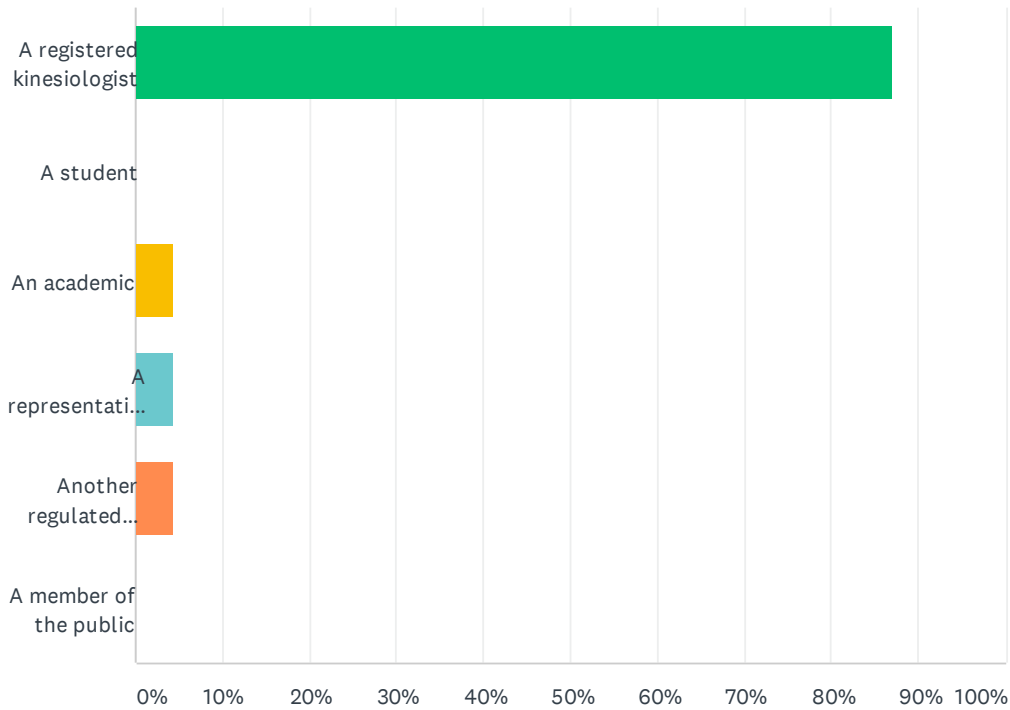
ANSWER CHOICES	RESPONSES	
A registered kinesiologist	86.96%	20
A student	0.00%	0
An academic	4.35%	1
A representative of a professional association	4.35%	1
Another regulated health professional	4.35%	1
A member of the public	0.00%	0
TOTAL		23

Q2 Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Answered: 23   Skipped: 0
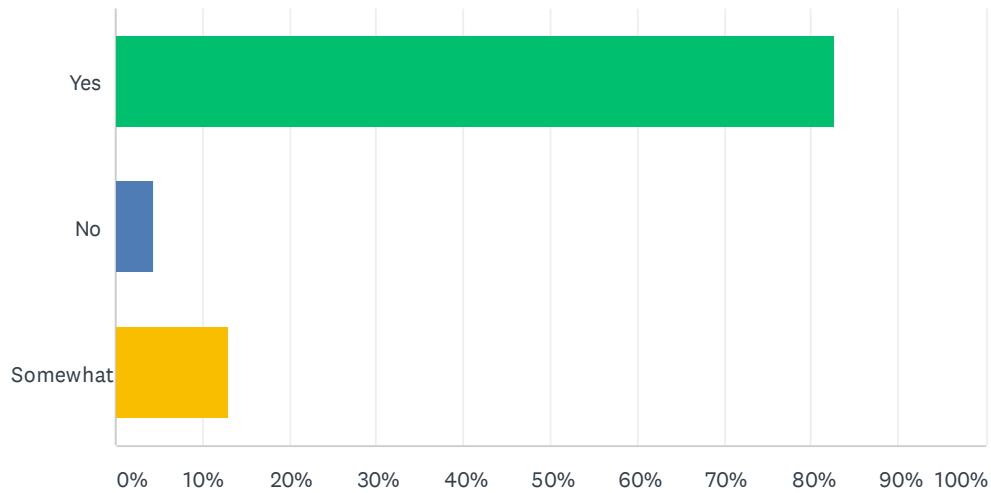
ANSWER CHOICES	RESPONSES	
Yes	82.61%	19
No	4.35%	1
Somewhat	13.04%	3
TOTAL		23

Q3 Are the proposed competencies relevant and important to board governance?

Answered: 23   Skipped: 0
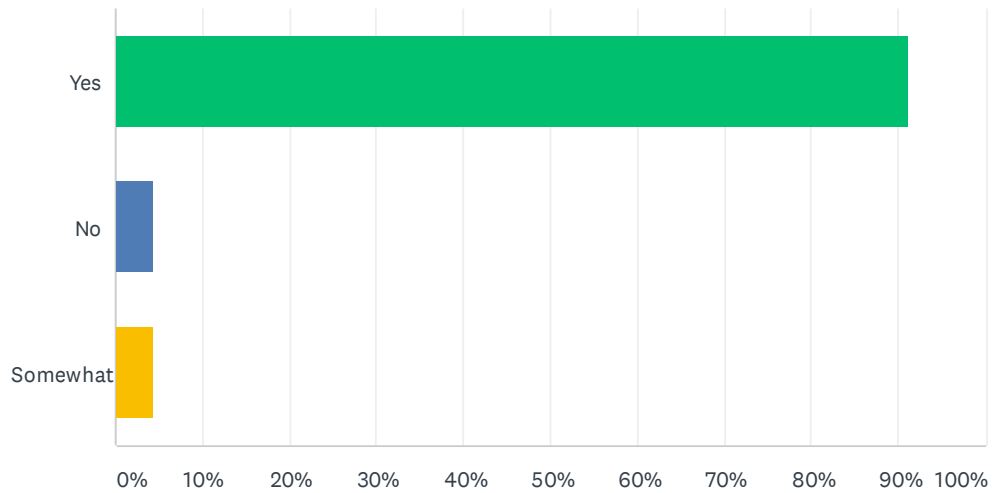
ANSWER CHOICES	RESPONSES	
Yes	91.30%	21
No	4.35%	1
Somewhat	4.35%	1
TOTAL		23

Q4 Are there any competencies we've missed?

Answered: 11   Skipped: 12

Q5 Do you have any concerns with the document?

Answered: 13   Skipped: 10

Q6 How can this document be improved?

Answered: 13   Skipped: 10

#1

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, December 15, 2020 10:46:59 AM
Last Modified:	Tuesday, December 15, 2020 10:47:36 AM
Time Spent:	00:00:37
IP Address:	173.33.72.144

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Respondent skipped this question

Q6

How can this document be improved?

Respondent skipped this question

#2

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, December 15, 2020 12:46:49 PM
Last Modified:	Tuesday, December 15, 2020 12:47:11 PM
Time Spent:	00:00:22
IP Address:	205.189.58.83

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Respondent skipped this question

Q6

How can this document be improved?

Respondent skipped this question

#3

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, December 15, 2020 3:03:44 PM
Last Modified:	Tuesday, December 15, 2020 3:08:58 PM
Time Spent:	00:05:14
IP Address:	24.57.195.192

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Respondent skipped this question

Q6

How can this document be improved?

What does an elected council member do? What is the obligation? (how many meetings/time commitments)

#4

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, January 18, 2021 10:36:47 AM
Last Modified:	Monday, January 18, 2021 10:38:10 AM
Time Spent:	00:01:22
IP Address:	74.15.161.49

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

None noted

Q5

Do you have any concerns with the document?

Will you have anyone run for the position with these expectations?

Q6

How can this document be improved?

??

#5

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, January 18, 2021 11:30:53 AM
Last Modified:	Monday, January 18, 2021 11:31:56 AM
Time Spent:	00:01:03
IP Address:	45.78.184.22

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Yes. I know there have been problems in the past with having people willing and able to fill the roles on the council and on the committees. Adding more barriers is not going to help with that. These are volunteer roles and the more volunteers are asked to do, the less likely you are to find volunteers.

Q6

How can this document be improved?

Respondent skipped this question

#6

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, January 18, 2021 11:54:48 AM
Last Modified:	Monday, January 18, 2021 11:55:04 AM
Time Spent:	00:00:16
IP Address:	24.212.168.227

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Respondent skipped this question

Q6

How can this document be improved?

Respondent skipped this question

#7

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, January 18, 2021 12:02:34 PM
Last Modified:	Monday, January 18, 2021 12:04:56 PM
Time Spent:	00:02:21
IP Address:	192.0.238.176

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Respondent skipped this question

Q6

How can this document be improved?

It would be useful to include competencies that are specific for committee vs. Council members as the roles and responsibilities are different

#8

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, January 18, 2021 8:24:02 PM
Last Modified:	Monday, January 18, 2021 8:24:20 PM
Time Spent:	00:00:17
IP Address:	162.253.128.140

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Respondent skipped this question

Q6

How can this document be improved?

Respondent skipped this question

#9

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, January 19, 2021 5:11:11 PM
Last Modified:	Tuesday, January 19, 2021 5:37:23 PM
Time Spent:	00:26:12
IP Address:	76.70.82.86

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Somewhat,
 If you answered "No" or "Somewhat", please tell us why::
I feel that 14 pages and hundreds of points that this document attempts to make is overwhelming and maybe unnecessary.

Q3

Are the proposed competencies relevant and important to board governance?

Somewhat,
If you answered "No" or "Somewhat", briefly tell us why::
Some are not required to be said at this point; some are rather implied; some do not belong there at all.

Q4

Are there any competencies we've missed?

I think you've put in too many. Mostly, they make sense. However, some of them could have been implied or learned when the person starts at the job. Think of this document as a job ad for a professional position. In real life, a job ad never lists ALL the duties that a successful candidate will be doing in the position, or all character trends they should have, or all areas of expertise expected from them.

Q5

Do you have any concerns with the document?

Too long, not to the point

Q6

How can this document be improved?

Decide which things are mandatory to be told at this stage, and which could be told to a "successful hire" when they start their "job". Make the document shorter then by taking out the points that are either implied or could be told to all successful candidates at some info session after they begin in the position.

#10

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, January 20, 2021 12:47:05 PM
Last Modified:	Wednesday, January 20, 2021 12:49:26 PM
Time Spent:	00:02:20
IP Address:	173.238.105.122

Page 1

Q1

I am:

An academic

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Respondent skipped this question

Q6

How can this document be improved?

There could be a statement related to the need strive to have representation of the Board that reflects the breadth of membership eg. visible minorities, LGBTQ etc.

#11

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, January 20, 2021 6:53:00 PM
Last Modified:	Wednesday, January 20, 2021 6:54:25 PM
Time Spent:	00:01:25
IP Address:	24.114.102.172

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

No

Q3

Are the proposed competencies relevant and important to board governance?

No

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Respondent skipped this question

Q6

How can this document be improved?

Respondent skipped this question

#12

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, January 25, 2021 12:13:36 AM
Last Modified:	Monday, January 25, 2021 12:21:08 AM
Time Spent:	00:07:32
IP Address:	142.76.1.62

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Somewhat,
If you answered "No" or "Somewhat", please tell us why::
in the treating members "equally" - should also clearly outline treating members fairly, with respect, and without prejudice due to race, gender, working or social background, etc.

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

see #2

Q5

Do you have any concerns with the document?

Understanding that 2020 and 2021 have shown a huge racial divide in the world, the College should really highlight and stand firm on their views regarding racism and equality. Being a committee member harvests the importance of representation of member Kinesiologists and committee members of all backgrounds. Please outline this.

Q6

How can this document be improved?

outline what "basic" and "advanced" constitutes as in terms of educational background, working or volunteer experience (in years or domain)

#13

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, January 25, 2021 7:33:09 PM
Last Modified:	Monday, January 25, 2021 7:34:37 PM
Time Spent:	00:01:27
IP Address:	24.157.97.234

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

No. Looks as straight forward as legal documents go.

Q6

How can this document be improved?

Respondent skipped this question

#14

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, January 26, 2021 12:37:08 PM
Last Modified:	Tuesday, January 26, 2021 12:38:58 PM
Time Spent:	00:01:49
IP Address:	72.39.155.43

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Very thorough. Good layout of information. Clear and concise. Great job!

Q5

Do you have any concerns with the document?

None at this time.

Q6

How can this document be improved?

Incorporate any feedback recieved from others.

#15

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, January 26, 2021 6:47:47 PM
Last Modified:	Tuesday, January 26, 2021 8:09:57 PM
Time Spent:	01:22:09
IP Address:	72.137.81.32

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Somewhat,
 If you answered "No" or "Somewhat", please tell us why::
How is effectiveness being measured?

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Understanding of the Ontario University and college of kinesiologists relationship.

Q5

Do you have any concerns with the document?

No

Q6

How can this document be improved?

scale, grade, or emphasize the identified knowledge skill and judgements (per individual member) that are most prominent for council vs committees, and per committee e.g. Financial literacy competency, or recruiting and retention competency for the registration committee.

#16

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, January 26, 2021 9:32:34 PM
Last Modified:	Tuesday, January 26, 2021 9:33:11 PM
Time Spent:	00:00:37
IP Address:	99.228.165.148

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

NONE

Q5

Do you have any concerns with the document?

NO

Q6

How can this document be improved?

N/A

#17

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, January 27, 2021 12:56:28 PM
Last Modified:	Wednesday, January 27, 2021 1:02:35 PM
Time Spent:	00:06:07
IP Address:	24.78.90.227

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

We should ensure that we have a wide range of people - the geographic areas serve a purpose to ensure the broader memberships is also considered

Q5

Do you have any concerns with the document?

How do ensure we get members. We are a younger profession and we may have members that want to be part of the college but have no experience on a board - is there some type of training we can provide them to help facilitate the be part of the council

Q6

How can this document be improved?

Respondent skipped this question

#18

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, January 27, 2021 3:10:08 PM
Last Modified:	Wednesday, January 27, 2021 3:17:03 PM
Time Spent:	00:06:54
IP Address:	99.226.3.27

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

No

Q5

Do you have any concerns with the document?

Like any opportunity, I would hope the best candidate would get the job

Q6

How can this document be improved?

Respondent skipped this question

#19

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Saturday, January 30, 2021 1:54:08 PM
Last Modified:	Saturday, January 30, 2021 2:28:40 PM
Time Spent:	00:34:31
IP Address:	99.254.92.110

Page 1

Q1

I am:

A representative of a professional association

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes,

 If you answered "No" or "Somewhat", please tell us why:: while the competences may be well stated, if the candidates either do not embrace them or even read them thoroughly what is written does not matter. Judging by the questions we get from former council members there is a large disconnect between the written gospel and what is understood

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Respondent skipped this question

Q6

How can this document be improved?

a significant review with all the new members would be a huge step, a structured orientation may help new members understand basic concepts of RHP nomenclature. As stated previously we from the professional associations have received questions from former board members that demonstrate an severe lack of understanding of the RHPA and their responsibilities

#20

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, February 01, 2021 1:04:40 PM
Last Modified:	Monday, February 01, 2021 1:13:17 PM
Time Spent:	00:08:36
IP Address:	99.254.185.120

Page 1

Q1

I am:

A registered kinesiologist,
Other (Please specify): :
member of OATA

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

No very complete!

Q5

Do you have any concerns with the document?

No the document is very clear.

Q6

How can this document be improved?

Could you describe the definition of advanced knowledge and basic?

#21

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Thursday, February 04, 2021 7:38:59 AM
Last Modified:	Thursday, February 04, 2021 7:39:15 AM
Time Spent:	00:00:16
IP Address:	198.52.128.62

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

Respondent skipped this question

Q5

Do you have any concerns with the document?

Respondent skipped this question

Q6

How can this document be improved?

Respondent skipped this question

#22

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Friday, February 05, 2021 1:30:20 PM
Last Modified:	Friday, February 05, 2021 1:55:09 PM
Time Spent:	00:24:49
IP Address:	99.226.13.114

Page 1

Q1

I am:

A registered kinesiologist

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

I think the document extensively covers the competencies necessary to fulfill the role of a council or committee member.

Q5

Do you have any concerns with the document?

Is it necessary that the document indicate that individuals holding the position of College President or Vice President have been members of council and show advanced learning in some of the competencies to support their role?

Q6

How can this document be improved?

I think the document is very thorough and is easy to follow.

#23

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, February 08, 2021 1:52:57 PM
Last Modified:	Monday, February 08, 2021 2:03:42 PM
Time Spent:	00:10:44
IP Address:	99.229.194.223

Page 1

Q1

I am:

Another regulated health professional,
Other (Please specify): :
Another health regulator

Q2

Do the competencies clearly state the knowledge, skill and judgement needed to be an effective Council or committee member?

Yes

Q3

Are the proposed competencies relevant and important to board governance?

Yes

Q4

Are there any competencies we've missed?

The draft Council and Committee Competency Profile proposed by the College of Kinesiologists of Ontario includes most of the competencies that the College of Nurses of Ontario (CNO) has developed for Council. Based on our review, there are no outstanding competencies.

For your reference, below is the link to CNO's competencies for Council:

https://www.cno.org/en/what-is-cno/councils-and-committees/council/governance-vision-2020/board-profile/

Q5

Do you have any concerns with the document?

We do not have any concerns with the document. It provides a comprehensive list of competencies for Council and committee members that clearly articulate the required knowledge, skill and attributes for effective governance.

CNO has identified the function of the board to be fundamentally different from statutory committees; therefore, the competencies differ. We would be interested to know your perspective on this and whether you envision the board and statutory committees requiring the same competencies.

Q6

How can this document be improved?

The way that the competencies are represented is clear and well-organized in the tables provided. In particular, the last two columns related to competencies that Council/Committee members must have upon assuming their role and what they can learn over time are helpful. However, it might be important to highlight how an individual Council or Committee member can expect to learn a specific competency and move from "basic" to "advanced" and whether the college will support them in this process. This explanation could be included either within this document or in other communication related to Council and Committee competency profile.

Email to Lara Thacker, Director, Quality Assurance received from France Martin, Executive Director, Canadian Kinesiology Alliance on January 27, 2021

Good morning,

Thank you for reaching out to the CKA.

The CKA supports the competency profile as described for the election and selection of Council and committee members. Further to reviewing the material on competnecy profile, we have no additional comments to provide. We reinterate our position:

The CKA strives to encourage inclusive participation of all, related to kinesiology, while exercising a fair process and exploring the full potential of anyone interested in helping in the advancement of kinesiology in Canada. We consider kinesiology as a broad profession, that is, to include a fair representation of all field of studies and practice.

The CKA wishes to thank the College for involving us in your many activities.

Regards

France

Ms. Conny Glenn
Registered Kinesiologist
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February 11, 2021

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

Feedback on the Draft Council and Committee Competency Profile

Dear Council,

As a College member and Past-President I am writing to express my concerns regarding the proposed Draft Council and Committee Competency Profile and to provide suggestions for accomplishing the worthwhile goal of ensuring competent, representative Council and Committees.

Having had the experience of sitting on a variety of public boards, being a member of three governance committees, and participating in three governance training programs my intent is to provide knowledgeable, constructive criticism to assist the College Council.

The College has 'put the cart before the horse' with the development and circulation of the draft profile. The document presupposes that the Council has determined what type of Board it is. I asked this question during one of the webinar consultations and it was clear that the Council had not yet completed an evaluation and discussion about its current and future structure. Boards exist in many forms (advisory, governance, operational, generative, etc.) and the type of Board determines the competencies that will be required of its members. It is important not to assume what type of Board you are particularly given the youth of the organization. Just over a decade ago we began with a transitional Council which was a working board. It evolved rapidly over the intervening years into its current structure and pausing for review would only be prudent. I would recommend that this evaluative step be completed first to ensure a solid foundation for the development of competencies.

Regarding the issue of competencies and the draft itself I offer some other comments and recommendations for your consideration.

First, I recommend separating the council and committee competencies. Council members will need to be proficient in a wider range of competencies than non-council committee members. Committee work is more focused and the goal should be to find expertise for the committee to supplement the council committee members. Functionally, I think it will prove difficult to find non-council

committee members if the expectation is that they have all the competencies of a council member. The College also runs the risk of excluding Kinesiologists who would otherwise be excellent choices for a specific committee by the approach of 'lumping' all the competencies together. Consideration could be given to having a higher level of competency requirement for certain items based on the committee needs.

Next, I would point out a contradiction in the draft. On page 2 the document states that, ' What is important is that Council has the collective expertise.' However, in chart 1, 'Competencies for Individual Council and Committee Members', 63 of the 66 competencies are considered 'Must Have's'. Even in chart 2, 'Additional Competencies for the Council and Committees as a Whole/Overall', 3 of the 9 competencies are required by all board members. By my count, council and committee members must have at least 69 of the 75 competencies or 92%. The College does not require a 92% pass mark for entry to practice, so frankly this bench mark to serve on council and/or committees of the College seems excessive and impractical.

The number of competencies in general seems excessive, and I would contend that this is because many of the items listed as competencies are actually traits (e.g. loyalty, flexibility, diplomacy, compliancy, tenacity, resiliency, adaptability, etc.). While, appreciating the importance of traits they are not competencies in the true sense and should not be included in the document. It will also be impossible to develop any reasonable criteria for evaluating these 'competencies' or traits. As a profession we are committed to evidenced based evaluation and practice, our College should also be committed to this as well. The evaluation of these traits will no doubt have a great deal of subjectivity leaving the College at risk of being accused of unfairness, bias and a lack of awareness of the limitations of its abilities - traits/competencies it does not want in its very own members.

Additionally some of these traits/competencies are made egregious for inclusion by virtue of the descriptive indicator. Of particular note are loyalty and compliancy.

In the draft profile it states, ' Loyalty – understands and commits to the duty of loyalty to the organization and places this loyalty above all other obligations...' The duty of loyalty required of the College and its members is to the public first and foremost, not to the College. This is clearly laid out under the Regulated Health Professions Act which the College and its members are legally obligated to comply with in fulfilling the mandate of public protection. The College should be cautious with including any loyalty statements or commitments. Recent times have shown us that loyalty taken too far can result in ethical lapses and be used as a smoke screen for wrong-doing. Loyalty should not be demanded, it should be gained by ethical and effective leadership. I recommend removing this entirely.

The draft profile also states, 'Compliancy – adheres to the code of conduct and acts in a way that exemplifies and reinforces culture and values'. My concern with the concept of compliance is its passivity, as though the council and committee members are being forced into obedience rather than agreeing to a code. I found it particularly discomforting as the code of conduct was not supplied and neither was an agreed upon definition of the culture and values.

The whole unit, Professionalism/Good Character as well as traits from other sections would be better addressed within a code of conduct and laid out as a guidance document.

Lastly, I would suggest to Council that you would be better guided by asking yourselves some questions. Do we have the right goal? A commitment to continuous improvement and accountability seems rather vague in my opinion. What is your vision for the board and the

organization? What type of board are we and what do we want to be? Then how do you achieve this? Is adopting the competency profile from HPRO the right thing to do? Is there a better way?

You have the opportunity as a council to embody now what you are trying to formalize on paper. I urge you to withdraw the profile for the time being. The organization, the public and the profession are worthy of having Council engage in a thorough, thoughtful, well researched and debated review of our governance.

Thank you for the opportunity to contribute. If I can be of further assistance please feel free to reach out.

Sincerely,

Conny Glenn R.Kin. (10165)
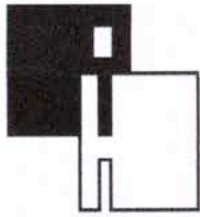
ROD HARE

R.KIN, RKT, P.ERG, *MSc, BAPE, Dip(ATM)*

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February 12, 2021

Board of Directors & Council
College of Kinesiologist of Ontario
160 Bloor Street East, Suite 1402
Toronto, ON M4W 1B9

RE: Response to, Draft Council and Committee Competency Profile

Dear Council & BOD:

I am providing my feedback for the Draft Council and Committee Competency Profile proposal. I would acknowledge, that as the former Chair of the Statutory Professional Practice Committee, member of the Transitional Council, and past member of the College BOD, this will be a challenging task for the College to create, implement, and manage. This particularly given the College's limited resources and how far the College actually is from offering a cogent if not only an aspirational vision regarding this initiative. Frankly, I do not think that we have the requisite College staff or Council Board expertise to complete this task without significant outside help. This said, any such undertaking must include a required practical, fair, and equitable methodology to implement and manage this process. Disappointedly, these essential components remain entirely absent from this proposal. Nevertheless, I agree that developing, implementing and administering a minimal competency profile for the Council and especially its Committee members should be necessary and will only help our fledgling College better provide its essential activities and legislative mandate, the reason for its existents.

In addressing this proposal, it is important to note that accountability of the College's activities, particularly to its most important stakeholder partners, the members, that the College has a regulatory obligation to provide and maintain transparency and fairness in the admiration of its affairs.

Before the College can embark on this competency profile for the Council Board and Committees, it is incumbent that they first determine what type Board governance of its operation's best suits the College's needs and purposes. Only after this is defined and established can the Council Board then initiate the individual and or collective competencies it may or must have of its members. Defining the type of Council Board is absolutely critical to the process yet has not been contemplated making an evaluation of competency profile out of the question. Moreover, the competency profile draft document indicates that,

> "It is not necessary for the Council and committee members to be proficient in all competencies. What is important is that Council has the **collective expertise necessary** to provide oversight and strategic guidance to the College staff."

The legislative scope of practice of Kinesiology is the assessment of human movement and performance and its rehabilitation and management to maintain, rehabilitate or enhance movement and performance.

**ROD
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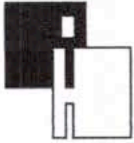
I disagree with this draft position proposal statement as it is inconsistent with what the College is trying to accomplish, that being better overall competency of Council Board and Committee members so as to advance effectiveness and stronger accountability. This statement begs the question how will the Council ever objectively or otherwise come to a meaningful, *(transparent, fair, valid)*, determination as to the minimal number of partially qualified individual Council member(s) have met the unidentified minimally required *"collective expertise necessary"* to complete the work that is required of them. How far off the mark of *"has knowledge, understands, and demonstrates," will* be acceptable? More importantly, precisely how will the minimal required determinants of, *"has knowledge, understands, and demonstrates",* be defined and evaluated. This absolute essential information has not been provided and there by not in keeping with the College's transparency mandate. The College must demonstrate that these individual competencies and the evaluation of them has been fairly determined by merit and provide this information and methodology in advance to potential candidates and the membership at large. Without this information in advance, the competency requirements are left vulnerable to manipulation and degradation confounding the very reason for creating them. Further, this is not in keeping with the principles of continuous improvement in governance and accountability. Likewise, with a fewer number of Council Board members not having met the still yet undefined minimal competencies standards, these individuals can be inappropriately influenced should there be only one who meets a particular standard, thereby failing the overall Council Board requirement to fully explore options or take appropriate actions based on a full grasp of their duties and responsibilities.

In any event, members of the Council and Board may have greater flexibility of competency profiles but this should not be the same for essential committee members. Statutory Committee members require more ridged qualification demands based on merit as it suggested in the RHPA Procedural Code. The nature of the work of these Statutory Committees demands members with both qualifications and experience so they can most effectively meet the essential duty requirements of that committees work and College functioning requirements. Moreover, should Council Board or Committee member fail to grasp the nature and requirements of these essential College functions, the College remains responsible and vulnerable to Legal actions against them. It undermines the public's confidence in the College to have its decisions overturned on appeals or by the Courts in Judicial Review. This could also lead to damming evaluation reports from the Health Practitioners Regulator Advisory Board, (HPRAB) that can include recommendations of dismantling the College of Kinesiologist altogether. This is the opposite of a commitment to continuous improvement in governance and accountability.

The draft document uses contradictory confounding language such as, an understanding of governance responsibilities determined by an understanding, and *"...their right to safe, ethical care, demonstrated by an understanding...".* This is simply not cogent. Remember you have not even proposed a methodology for evaluating someone's "understanding" yet the document states this is the competency indicator, an understanding of an understanding which is paralyzingly confusing at best.

2

Registered Kinesiologist, *Registered Kinesiotherapist, Professional Ergonomist*
AMA Guides fourth and fifth edition training certification: completing whole person impairment ratings ; KINESIOTHERAY- Orthopedics Specialization Certification

The legislative scope of practice of Kinesiology is the assessment of human movement and performance and its rehabilitation and management to maintain, rehabilitate or enhance movement and performance.

Further confounding and contradictory information is advanced in this draft document under the headings of *"Loyalty"* and *"Accountability"*. The document puts forward that the individual Council Board member must,

> *"commits to the duty of loyalty to the organization and places this loyalty **above all other obligations** for self and corporate interests".*

Ironically this statement in and of itself could be used to demonstrate an example of misplaced loyalties. Moreover, this statement is in direct conflict with the individual board members fiduciary responsibilities as set out in the Regulated Health Professions Act, (RHPA), Schedule 2 Health Professions Procedural Code, Duty 2.1(3)2. This section of the Legislation states that the primary or (*"above all other obligations"*) of an individual Council member is to the public and **NOT** the organization. Then in contradiction to this statement in the draft document under the Accountability heading stating.

> *"...; ensures decisions are in the public interest"*

Of course, this is a conflict of interest and subject to our Professional Misconduct Regulations for Council Board Professional R.KIN members.

Further down in the same section of the College draft document is a reference to Conflict of Interest stating,

> *"...including the importance of and process for declaring conflicts of interest in advance and as they arise".*

It is also important to note that during a term of service on the Council Board that the professional R.KIN members must also maintain their practice Standards and Regulations, *(i.e. Professional Misconduct Regulations)* as it relates to Collage Council Board and Committees activities and affairs. Any R.KIN's work or activities on Council Boards or Committees are included as part of Professional Practice of Kinesiology. Registered Kinesiologists. (R.KIN's), should at all times avoid conflicts of interest in accordance with our Regulation and Practice Standards, not commence their activities in one and attempt to doge further complications as is suggested in this draft document. This is again at odds with the ethical decision making *"understandings"* the competency indicator you are hoping the Council Board members will have. Further, operating under such confounding circumstance can only lead to bad judgement in decision making and actions the very thing we are trying to improve upon by developing these Council and Committee Competency Profile.

The RHPA Procedural Code clearly indicates that Regulatory Colleges should seek out the most qualified and competent members to serve on Statutory Committees and by the nature of the tasks and duties required of these Committee members this would primarily disqualify or most likely bar younger inexperienced members from meeting a minimal competency profile requirement. Again, the draft document makes no mention whatsoever, of an experiential competency building term of service requirement to create knowledgeable competent
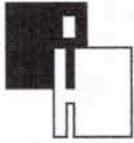
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**ROD
HARE**

Committee members that can meet a minimal standard to qualify to serve on more significant or important Council Board and Committees positions.

Disappointedly, the College draft Council and Committee Competency Profile, has fallen significantly short of producing a meaningful, workable, definition and process to advance their objective within the existing Governance system they must work in. The draft document has also presented with multiple confounding statements entirely invalidating its conception. The document lacks a sound defined foundational bases and provides unrealistic vague prattle surrounding the essential aspects of defining skills sets, competencies, qualifications. Absent, yet elemental to this initiative, is an application process with meaningful methodologies including the needed requisite evaluations and management of the process. There are also no compliance measures or consequences provided to incentivize and assure individual competency standards are adhered to.

The current Council Board and Registrar have permitted this document with its noted shortcomings to be realest to the membership arguably jeopardizing the College's management reputation. I would suggest, as is noted in this draft, that the Council be open about mistakes and know when to ask for help. Based on the draft document provided us clearly the College requires outside help in completing this task. In its current form the draft Council and Committee Competency Profile should just be discarded.

Thank you for the opportunity to have provided this input and it is my hope that it will be helpful and constructive.

Respectfully,

Rod Hare, R.KIN, RKT, P.ERG, MSc, BAPE, Dip(ATM)
Registered Kinesiologist

4

Registered Kinesiologist, *Registered Kinesiotherapist, Professional Ergonomist*
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Questions received during consultation webinars

Questions received from webinar participants are outlined below. The questions were edited for clarity.

Question	Answer
Did the Board discuss what type of board it is or wants to be prior to the drafting of this document? For example, governance versus collaborative or generative? Seems premature otherwise.	Council has discussed different types of reforms at previous Council meetings. In preparation for this project, staff considered the work undertaken by the College of Nurses of Ontario and its proposed Vision 2020, and governance models proposed by other regulators. The draft Competency Profile was adapted from the findings of a working group of the Health Profession Regulators of Ontario. These competencies are also being adapted by other colleges.
There appears to be a conflict between the statement on page 2 "It is not necessary for Council and committee members to be proficient in all competencies." and the column heading "must have upon assuming the role". A Council member seems to need pretty much all competencies.	Thank you for your feedback. The College will review this statement.
In my region for Council, there were initially no kinesiologists running for the Council seat. Would placing more limits on the Council seats, in addition to the election, make it too difficult to find those willing to run for Council?	Generally speaking, the College has been fortunate to have an engaged registrant base that wants to become involved. Very rarely has the College had to issue multiple calls for nominations for Council. The goal of the competency profile and governance reform in general is to reduce barriers to participation on Council by increasing transparency on the College's mandate, what Council does, and what is expected of a Council member. It is the College's hope that the profile becomes a foundation for better marketing and recruitment strategies to help fill gaps and make sure there are qualified kinesiologists serving on Council.

Council and Committee Competency Profile

The *Council and Committee Competency Profile* defines the knowledge, skill, judgement, attitude, and experience (i.e., competencies) required of College Council and committee members for effective performance in these roles. This document was adapted from the *Health Profession Regulators of Ontario's (HPRO) Boards/Councils Competencies and Eligibility/Disqualification Criteria* document. The competencies are defined throughout and the profile distinguishes between competencies for Council members and those required of committee members. The College will provide ongoing development, training, and support to members throughout their terms to enable them to perform effectively in their roles. Individuals will complete an orientation program prior to commencing their roles.

While individual Council and / or committee members will have the competencies to varying degrees, overall, it is important that the Council and committees themselves have a set of competencies, through one or more Council or committee members, that enable them to govern the organization.

The Council and Committee Competency Profile will be used to:
- Articulate the requirements to be a member of Council or committees;
- Determine eligibility and suitability of those seeking to stand for election to Council and/or be appointed to committee;
- Review applications for committee appointments based on identified competency and diversity needs and recommend to Council slates for committee appointments;
- Inform learning and development initiatives by the College to enable development in role; and
- Evaluate Council and committee performance.

The College strives to create a diverse and inclusive setting that reflects the communities we serve. We welcome people of all ages, physical abilities, race, ethnic origin, religion, and sexual orientation to join Council, committees, and staff. Please let us know if you require any accommodation to participate in Council elections and committee appointments.

COMPETENCIES FOR INDIVIDUAL COUNCIL AND COMMITTEE MEMBERS

Understanding Governance Responsibilities and Fiduciary Duties
Understands the role, fiduciary duties, effective governance principles, and the stewardship responsibilities of a Council/committee member including: risk management; business acumen; human resources; and financial literacy. Council/committee members have a commitment to the public and their right to safe, ethical services, demonstrated by an understanding and appreciation of, and commitment to, the public protection mandate and the time required to execute the role effectively.

Competency and Indicator	Council members	Committee members
Understanding of the Roles of the Council and Committees – understands the role of the Council and Committees and the role of individual Council and committee members	x	x
Understanding of the Roles of Management – understands the distinction between the role of the Council versus role of management, while being rigorous in asking the Registrar for information to support the Council in carrying out its fiduciary duties	x	x
Legal and fiduciary responsibilities - understands their legal and fiduciary responsibilities including good faith, trust, preparedness, participation	x	x
Accountability – understands the concept of accountability, both individually and organizationally; ensures decisions are in the public interest and that appropriate information is available to the public	x	x
Equality – understands that all Council Members are to be treated equally, including access to information and resources	x	x
Adherence to Confidentiality – understands and adheres to confidentiality obligations	x	x
Conflict of interest - understands the meaning of conflict of interest and the importance of and process for declaring conflicts in advance and as they arise	x	x
Ethical decision making - understands the importance of ethics in decision-making, contemplating ethical components of decisions, including fairness, objectivity, impartiality, and openness.	x	x
Financial and Organizational Oversight		
Competency and Indicator	Council members	Committee members
Risk management/identification and mitigation - Understands the concept of risk management and commits to identification and mitigation of organizational risk. Understands risk-based regulation. Ability to think critically to ensure the effective management of potential risks and uncertainties	x	x
Financial literacy / Assessing financial information - Understands finance and accounting, basic accounting terminology, and generally accepted accounting principles. Can read, interpret, and question financial statements. Has ability to understand conceptually the financial position of the College as presented in its financial statement, how to read and interpret financial statements to make informed decisions	x	

	Council members	Committee members
Financial management - Understanding of the financial planning process and short- and long-term financing. Familiarity with budget development process, how to review and analyze a budget and forecasting policy. Understands adequate financial controls.	x	

Leadership
Demonstrates skills and ability to lead others to solve problems, adapt and manage change, innovate and achieve results

Competency and Indicator	Council members	Committee members
Vision – understands the importance of an organizational vision and the methods/processes for developing a collective vision. Ability to inspire, motivate and offer direction to others.	x	
Team-Building – Has knowledge and understanding of team building techniques and dynamics. Ability to create strong morale and spirit in team. Demonstrates a positive attitude, energy, resilience, stamina and the courage to take risks. Ability to recognize and value the contributions of Council members, staff, and stakeholders.	x	
Succession planning - Understands the importance of planning for the succession of the leadership of the organization in the Board, Committee and Management streams	x	

Professionalism/Good character
Acts transparently with integrity, discretion, and humility to consider a range of perspectives and diverse ways of thinking to challenge the status quo, reject assumptions, and take nothing for granted. Attributes of integrity, accountability, and openness support Council members in exercising proper authority and good judgment in dealing with all stakeholders in a responsible, respectful, and professional manner.

Competency and Indicator	Council members	Committee members
Diplomacy – is diplomatic in interactions with others	x	x
Judgement – demonstrates good judgement in decisions and actions	x	x
Ethical – Has knowledge and understanding of ethical responsibilities and dilemmas and demonstrating ethical behaviour. Takes action based on values even when individual cost or risk is at stake.	x	x
Respectful – ability to respect others regardless of their background, culture, or divergent opinions; able to effectively locate/center issues considering the individuals and/or concerns involved; able to weigh/discuss competing considerations in a manner that is appropriate and respectful. Welcomes diversity of thought.	x	x
Honesty & Integrity – Acts with honesty and integrity at all times. Stands by and accounts for competency-based or evidence-informed decisions and actions even if they are unpopular or controversial. Conducts affairs with professional integrity.	x	x
Code of Conduct – Adherence to the Code of Conduct.		

Emotional Intelligence
The capacity to be aware of, control, and express emotions, and to handle interpersonal relationships judiciously and empathetically

Competency and Indicator	Council members	Committee members

	Council members	Committee members
Collaboration – inclusive and unifying; consensus-building; seeks stakeholder/partnerships as appropriate	x	x
Self-Awareness/Recognition of Limits – understanding personal strengths, areas of development and potential biases and remaining open to self-reflection, feedback, continuous growth and improvement.	x	x
Relationship-Building – able to relate to others congenially and connect with others to support teamwork and cooperation; seeks appropriate relationships to further the work of the College	x	x
Communicator/Communication Skills Able to communicate clearly, concisely, and accurately, orally and in writing		
Competency and Indicator	*Council members*	*Committee members*
Participatory – actively interacting and continuing to participate when difficulties arise	x	x
Active Listening – able to listen to others and articulate the views of others and appreciate diverse perspectives. Has ability to encourage others to elaborate on matters and interests. Employs effective questioning to elicit further information or gain greater understanding or clarity.	x	x
Thinks Broadly/Thought Processes Listening to others' views and considering them; being openminded to information presented		
Competency and Indicator	*Council members*	*Committee members*
Analytical/Critical Thinking/Objectivity – ability to understand and interpret information from different sources and system knowledge, process the information, connect ideas and concepts, and draw logical connections and conclusions. Ability to discern and propose responses or approaches to issues that are different from those already identified.	x	x
Strategic Thinking – ability to recognize the issues facing the organization; ability to apply broad knowledge and experience to discussions and decisions. Can think long term, set long term goals and identify a path to achieving long term objectives; ensures risks are assessed and monitored; ability to engage in short, medium and long-range planning to provide high-level guidance and direction for the College.	x	
Inclusiveness/ Respectful of Diversity Understanding and valuing differences in the values and norms of others and having the ability to apply this knowledge of the experience of diversity to deliberations and decision-making		
Competency and Indicator	*Council members*	*Committee members*
Appreciation of Different Perspectives – shifting personal cultural perspectives and incorporating varying perspectives into decision-making related to attributes such as differences in gender, ethnicity, religion, sexual orientation, (dis)ability, and socio-economic status, or profession-specific diversities such as region of practice, practice setting and context, specialization or modality; responding to inappropriate and non-inclusive behaviour to re-direct and build awareness	x	x

Adaptability – adapting behaviour to work effectively with others who have attributes different than their own and conducting self-assessments to understand how personal attitudes and values might create bias; adjusting and adapting communication and behaviour to reduce the impact of bias and to be effective across diverse contexts (e.g., not using racist or outdated terms; using preferred terms)	x	x
Openness – contributes to an environment and culture that welcomes diverse perspectives, new partners, and ideas	x	x
Understanding of Public Sector and Health Systems Awareness of the complex system in which the College works, including the stakeholders in the system, and the impact that the College's decisions have on the public		
Competency and Indicator	*Council members*	*Committee members*
Commitment to Public Service and Serving in the Public Interest – committed to serve the public and has knowledge of the concept of public interest and the ability to place the interests of the broad public ahead of the interests of individuals and organizations and to communicate this to others	x	x
Understanding of Health Systems – has knowledge of the health care system in Ontario and Canada; understands how these systems intersect and impact the public. Familiar with recent reforms and specific strategies to improve health services delivery, access to care and health outcomes. Understanding of trends, challenges, opportunities, and unique dynamics within health sector that are relevant to the College.	x	
Understanding of Health Regulation – has knowledge of the health regulatory system, its purpose and how it functions; has knowledge of the legislative framework and procedures relevant to the health regulatory processes; understands the accountability relationship of the College to the government through the Ministry of Health; analyzes the potential impact of decisions on the public.	x	x

ADDITIONAL COMPETENCIES FOR THE COUNCIL AND COMMITTEES AS A WHOLE/OVERALL While individual Council and / or committee members will have the competencies, to varying degrees as set out above, overall, it is important that the Council and committees themselves have a set of competencies, through one or more Council or committee members, that enable them to govern the organization.
Diversity on Council/Committee Deliberations are informed and decisions include and respect diverse perspectives, biases are identified and questioned, and the College's collective work of public protection supports positive systemic change in these and other areas: Cultural – representation from various cultures Gender – representation from individuals with differing gender identities Educational – diversity of educational training, including individuals with and without post-secondary education and training Geographic/regional – regional diversity including rural and urban as well as northern communities

Physical abilities and attributes – representation from individuals with various physical abilities, attributes and challenges Background/Experience –diverse set of background including work experience			
Competency and Indicator	Whole Council/committee vs. some members	Council	Committee
Recruitment Strategies – adoption of recruitment strategy to ensure representation of a variety of cultural and historical perspectives, region of practice, practice setting and context, specialization or modality	some members	x	
Performance Evaluation – evaluating Council/committee performance using measures that assess inclusivity	some members	x	
Risk Mitigation – recognition of organizational risks that lack of diversity can present and identification of ways to mitigate risk	some members	x	
Experience			
Competency and Indicator	Whole Council/committee vs. some members	Council	Committee
Governance work - Previous experience in governance work, either at a board, committee or community level.	some members	x	
Leadership experience - Has experience as part of a leadership team of an organization and has been in a leadership position for an organization or a board.	some members	x	
Knowledge			
Competency and Indicator	Whole Council/committee vs. some members	Council	Committee
Legislative framework and standards - Knowledge of the legislation and regulations governing the profession and Essential Competencies of Practice for Kinesiologists in Ontario.	whole	x	x
Organization justice - Understands organizational justice and understands the importance of workplace behaviour, including treatment of staff, pay, access to training, and equality in the workplace and at the board room table.	some members	x	
Strategic planning – Understands the importance of and the process for strategic planning, the setting of long terms strategic goals for an organization.	whole	x	

Resolution – Council and Committee Competency Profile

Whereas the Ontario Ministry of Health has introduced a new requirement that all Council and statutory committee candidates have met pre-defined competency/suitability criteria and attended an orientation training; and

Whereas implementation of clearly defined competencies for Council and committee members is a key component to ensuring effective governance; and competencies for individuals and boards/Councils as a whole have been identified as universal elements of good governance; and

Whereas in Ontario, many regulatory bodies are beginning to introduce competency profiles; and

Whereas in its 2019-2022 Strategic Plan, the College committed to strengthening its decision-making capacity through:
   i.   Developing a profile of qualifications and expertise to use in the selection of Council and committees;
   ii. developing training mechanisms for Council and committees; and
   iii. increasing openness around processes to select Council and committee members; and

Whereas the College's Council and Committee Competency Profile defines the knowledge, skill, judgement, attitude, and experience requirements for effective performance in the position of a Council or committee member; and

Whereas the College consulted extensively on the draft Council and Committee Competency Profile; and

Whereas the *Council and Committee Competency Profile* will be used to:
   i.   Communicate the requirements to be a member of Council or committees;
   ii. Determine the suitability and eligibility of individuals who wish to become Council or committee members;
   iii. Evaluate Council and committee performance;
   iv. Inform the development of orientation and training; and
   v.   Inform marketing and recruitment strategies to address vacancies as well as succession planning;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the revised Council and Committee Competency Profile.

Moved by:

Seconded by:

Date: March 1, 2021

Resolution –Codifying the need for orientation and training for registrants seeking to stand for election to Council and/or be appointed to a College committee

Whereas the Ontario Ministry of Health has introduced a new requirement that all Council and statutory committee candidates have met pre-defined competency/suitability criteria and attended an orientation training; and

Whereas in its 2019-2022 Strategic Plan, the College committed to strengthening its decision-making capacity through:
    i.   Developing a profile of qualifications and expertise to use in the selection of Council and committees;
    ii.   developing training mechanisms for Council and committees; and
    iii. increasing openness around processes to select Council and committee members; and

Whereas Council and committee members already complete orientation and training before attending their first meeting; and

Whereas staff is proposing to formalize this orientation process in the By-Laws and require this training to take place before a registrant submits a nomination or is appointed to a committee; and

Whereas having all Council and committee members participating in orientation and training will help reinforce the mandate of the Council and committees, and ensure they understand the duties and obligations involved with serving on Council or committees from the outset; and

Whereas training for all Council/Board members, Chairs and adjudicative committees have been identified as universal elements of good governance;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario codifies the need for orientation and training for all registrants seeking to stand for election to Council and/or be appointed to a College Committee.

Moved by:

Seconded by:

Date: March 1, 2021

Resolution – Codifying the need for orientation and training for Public Appointees

Whereas the Ontario Ministry of Health has introduced a new requirement that all Council and statutory committee candidates have met pre-defined competency/suitability criteria and attended an orientation training; and

Whereas the Ministry is looking for evidence that prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities; and

Whereas in its 2019-2022 Strategic Plan, the College committed to strengthening its decision-making capacity through:
  i.   Developing a profile of qualifications and expertise to use in the selection of Council and committees;
  ii. developing training mechanisms for Council and committees; and
  iii. increasing openness around processes to select Council and committee members; and

Whereas public appointees already complete an orientation program before the first Council meeting and this will help refine and improve the orientation and training process and add value to the learning;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario codifies the need for public appointees to Council to complete orientation and training before they attend their first meeting or 30 days after the first meeting.

Moved by:

Seconded by:

Date: March 1, 2021

Resolution – Eligibility criteria for Council and committee members

Whereas the Ontario Ministry of Health has introduced a new requirement that all Council and statutory committee candidates have met pre-defined competency/suitability criteria and attended an orientation training; and

Whereas in its 2019-2022 Strategic Plan, the College committed to strengthening its decision-making capacity through:
  i.   Developing a profile of qualifications and expertise to use in the selection of Council and committees;
  ii. developing training mechanisms for Council and committees; and
  iii. increasing openness around processes to select Council and committee members; and

Whereas many regulatory bodies are beginning to introduce changes to eligibility criteria for those seeking to stand for election to Council or be appointed to committee, to include criteria that registrants have successfully completed a qualification process as established by Council;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves revising the by-law to reflect the eligibility criteria as discussed.

Moved by:

Seconded by:

Date: March 1, 2021

Resolution – By-Law revisions to establish a new committee

Whereas the Ontario Ministry of Health has introduced a new requirement that all Council and statutory committee candidates have met pre-defined competency/suitability criteria and attended an orientation training; and

Whereas in its 2019-2022 Strategic Plan, the College committed to strengthening its decision-making capacity to improve patient/client safety and reduce risk of harm to patients/clients through:
  i.   Developing a profile of qualifications and expertise to use in the selection of Council and committees;
  ii.   developing training mechanisms for Council and committees; and
  iii. increasing openness around processes to select Council and committee members; and

Whereas many regulatory bodies are beginning to establish screening committees to determine eligibility and suitability of those seeking to stand for election to Council and/or be appointed to committee; and

Whereas there is no committee or other entity presently charged with the responsibility of assessing the eligibility of members to stand for election to Council or to be appointed to committees; and

Whereas the screening committee will consider the eligibility of candidates to stand for election or appointment;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves a by-law revision to establish a Committee which will have, *inter alia*, the following responsibilities:

- to ensure those seeking to stand for Council election meet the eligibility requirements established in the by-laws;
- to ensure those seeking appointment to committees meet the eligibility requirements established in the by-laws;
- to review applications for committee appointments based on identified competency and diversity needs and recommend to Council slates for committee appointments;
- and such other duties as may be identified and approved by Council.

Moved by:

Seconded by:

Date: March 1, 2021

Resolution – Develop a Council and committee evaluation framework

Whereas the Ontario Ministry of Health, through the College Performance Measurement Framework is looking for evidence that:

i. Council has developed and implemented a framework to regularly evaluate the effectiveness of Council meetings and Council; and
ii. The framework includes a third-party assessment of Council effectiveness at minimum every three years; and
iii. Ongoing training provided to Council has been informed by the outcome of relevant evaluation(s), and/or the needs identified by Council members; and

Whereas effective organizations recognize the value of evaluating performance, enhancing the overall effectiveness of both the governing body and the operations;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario will implement an evaluation process for Council and Committee performance and directs staff to prepare a project plan for development of a Council and committee evaluation framework, to be returned to Council for consideration.

Moved by:

Seconded by:

Date: March 1, 2021

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020
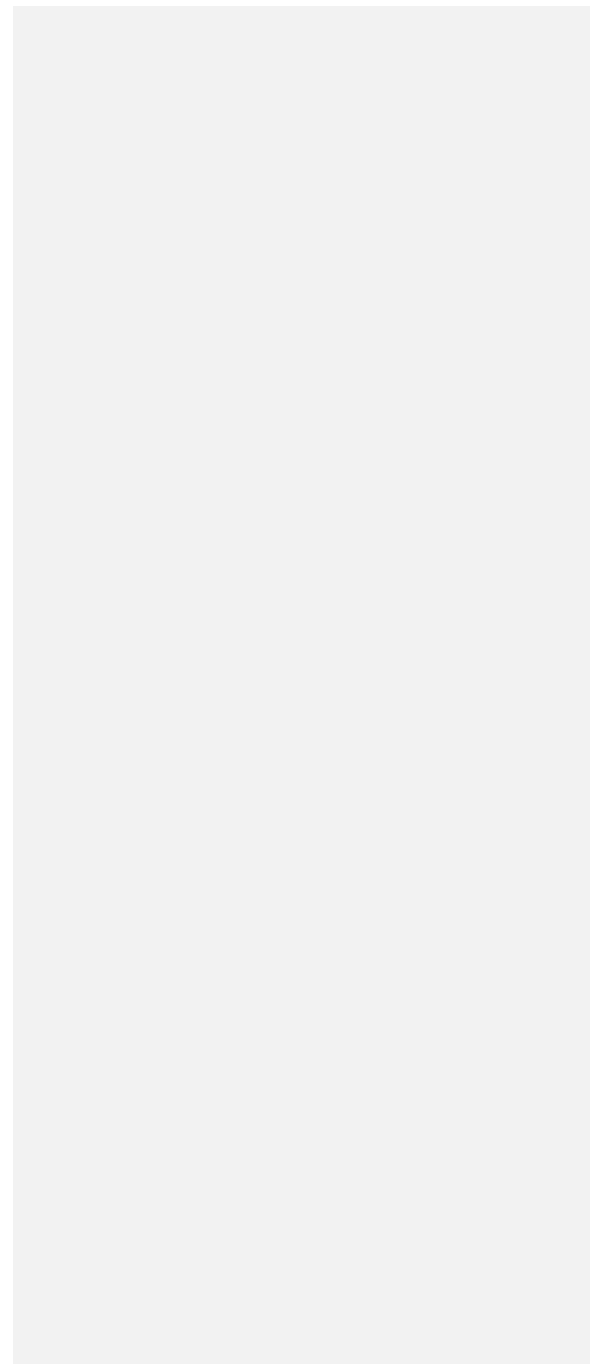
INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and

2. help Colleges improve their performance.

a)   Components of the CPMF:

1	**Measurement domains**	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	**Standards**	→	Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	**Measures**	→	Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	**Evidence**	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	**Context measures**	→	Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	**Planned improvement actions**	→	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario's health regulatory Colleges' key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence
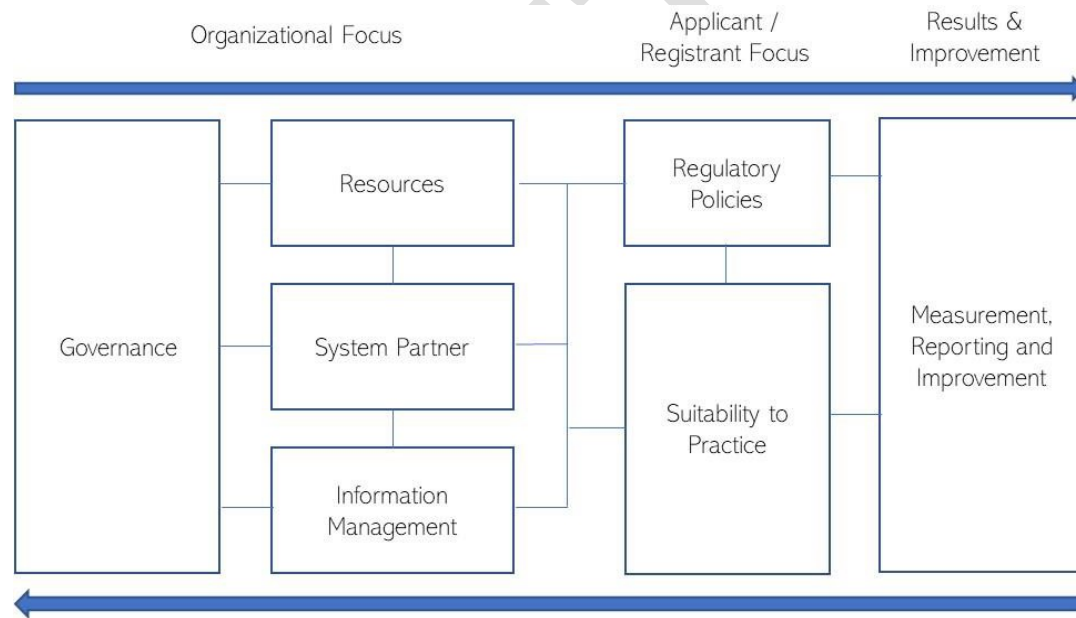
The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

	Domain	Areas of focus
1	**Governance**	• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. • Integrity in Council decision making. • The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	**Resources**	• The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	**System Partner**	• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	**Information Management**	• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	**Regulatory Policies**	• The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	**Suitability to Practice**	• The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	**Measurement, Reporting and Improvement**	• The College continuously assesses risks, and measures, evaluates, and improves its performance. • The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	**Measure**	**Evidence**	**Improvement**

1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:
		  i. Meeting pre-defined competency / suitability criteria, and
		  ii. attending an orientation training about the College's mandate and
		expectations pertaining to the member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.

		b. Statutory Committee candidates have:
		  i. met pre-defined competency / suitability criteria, and
		  ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.

		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil

	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
		  i. Council meetings;
		  ii. Council
			Nil

		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;

2. complete the self-assessment;

3. post the Council approved completed CPMF Report on its website; and

4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;

- Changes in comparison to baseline reporting; and

- Changes resulting from refined standards, measures and evidence.[1]

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[1] Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in column two. Furthermore,
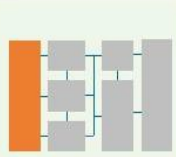
- where a College fulfills the "required evidence" it will have to:
  - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.

- where a College responds that it "partially" meets required evidence, the following information is required:
  - clarification of which component of the evidence the College meets and the component that the College does not meet;
  - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
  - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.

- where a College does not fulfill the required evidence, it will have to:
  - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.
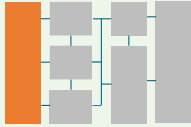
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	**Required evidence**	**College response**
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public *OR* list orientation training topics: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes ☐ No ☐ *Additional comments for clarification (optional):*

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is "No", but also to provide information on improvement plans or improvement activities underway if the response is "Yes" or "Partially".

DOMAIN 1: GOVERNANCE		
Standard 1 **Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.**		
Measure	**Required evidence**	**College response**
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* **While not a competency-based criteria, the College ensures that all Council and committee members meet the criteria in By-Law 10.09- Eligibility for Election. These criterion deal with whether a registrant is registered in good standing and does not sit on any other boards that are or may be perceived as a conflict of interest, among other items.** • Duration of orientation training: **Currently, this happens after a Council member is elected and occurs every August for a full day.** • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): **In-person (virtual in 2020) with presentation and discussion. External speakers (e.g. College legal counsel, auditors, staff from another regulatory college, etc.) are invited to provide additional perspectives. Some current Council members attend to share their experiences as board members.** • Insert a link to website if training topics are public *OR* list orientation training topics: **Training topics include:** • **The role of College and the role of Council**

		• **Where Council's role begins and ends, and the role of staff**
		• **Duties and responsibilities of a Council member (e.g. conflict of interest)**
		• **Expectations for meetings**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <mark>Yes ☐</mark> *No* ☐ **At its December 2020 Council meeting, staff presented a draft Council and Committee Competency Profile for Council's consideration. This profile details the knowledge, skill, judgement and attitude requirements the College is looking for in potential Council and committee members. The profile will help select candidates for election and selection to Council and the College's committees.** **The profile will be posted for feedback for 60 days and discussed at the March 2021 Council meeting. Later in 2021, staff will also present proposed by-law changes that will allow for a competency-based election and selection process. If approved, the by-law changes will be posted for feedback for 60 days. Part of this process will be to develop an in-depth orientation/training program for new Council members and on-going yearly training.**

		Additional comments for clarification (optional):

	b. Statutory Committee candidates have:
	
	   i. met pre-defined competency / suitability criteria, and
	
	   ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.
		The College fulfills this requirement: Yes ☐ <mark>Partially ☐</mark> No ☐

• The competency / suitability criteria are public: <mark>Yes ☐</mark>   No ☐
If yes, please insert link to where they can be found, if not please list criteria: **While not a competency-based criteria, the College ensures that all Council and committee members meet the criteria in** [**By-Law 10.09- Eligibility for Election**](#)**. For non-Council committee members (the College's By-Laws allow for registrants of the College who are not on Council to serve on committees), there are separate criteria outline in** [**By-Law 13.11- Eligibility for Appointment to a Committee**](#)**. These criterion deal with whether a registrant is registered in good standing and does not sit on any other boards that are or may be perceived as a conflict of interest, among other matters.**

• Duration of each Statutory Committee orientation training: **Each committee holds an orientation session that is at least half a day at its first meeting following the annual September Council meeting.**

• Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): **In-person (virtual in 2020) with presentation and discussion. External speakers (e.g. College legal counsel, auditors, etc.) may be invited to provide additional perspective.**

• Insert link to website if training topics are public *OR* list orientation training topics for Statutory Committee: **Training topics include:**

    • **Role and purpose of the Committee and its place within the College structure**

    • **Decision-making within the Committee's legal realm**

    • **Duties and responsibilities of a Committee member (e.g. conflict of interest)**

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <mark>Yes ☐</mark> No ☐

At its December 2020 Council meeting, staff presented a draft Council and Committee Competency Profile for Council's consideration. This profile details the knowledge, skill, judgement and attitude requirements the College is looking for in potential Council and committee members. The profile will help select candidates for election and selection to

		Council and the College's committees. **The profile will be posted for feedback for 60 days and discussed at the March 2021 meeting. Later in 2021, staff will also present proposed by-law changes that will allow for a competency-based election and selection process. If approved, the by-law changes will be posted for feedback for 60 days. Part of this process will be to develop an in-depth orientation/training program for new Council members and on-going yearly training.**
		Additional comments for clarification (optional):
c.	Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement: <mark>Yes ☐</mark> Partially ☐ No ☐

		• Duration of orientation training: **Because public appointees may be appointed at various time throughout the year, staff organizes a shorter version (no more than half a day) of its annual August training session for any new public appointees as they are appointed.**
		
		• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): **In-person (virtual in 2020) with presentation and discussion. External speakers (e.g. College legal counsel, auditors, staff from another regulatory college, etc.) are invited to provide additional perspective. Some current Council members attend to share their experiences as board members.**
		
		• Insert link to website if training topics are public *OR* list orientation training topics: **Training topics include:**
		
		    • **The role of College and the role of Council**
		
		    • **Where Council's role begins and ends, and the role of staff**
		
		    • **Duties and responsibilities of a Council member (e.g. conflict of interest)**

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <mark>Yes ☐</mark> No ☐ **As part of the introduction of a competency-based election/selection process, a new an in-depth orientation/training program for all new Council members (professional and public) and on-going yearly training will be developed.**

		Additional comments for clarification (optional):

1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
	
	   i. Council meetings;
	
	   ii. Council
		The College fulfills this requirement: Yes ☐ <mark>Partially ☐</mark> No ☐
		
		• Year when Framework was developed *OR* last updated: **The Council Effectiveness Review Framework was developed in 2014 and has not been updated since.**
		
		• Insert a link to Framework *OR* link to Council meeting materials where (updated) Framework is found and was approved: **The framework was approved on June 17, 2014 ([see page 10 of the minutes](#)); however, a copy has never been shared publicly.**
		
		• Evaluation and assessment results are discussed at public Council meeting: Yes ☐ <mark>No ☐</mark>
		
		• *If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:* **Results are discussed at a meeting behind closed doors.**

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <mark>Yes ☐</mark> No ☐ **The College will be looking for ways to improve how it evaluates the effectiveness of Council. The College will also try to work with other colleges to share resources on board evaluation and best practices, and perhaps collaborate on external evaluations.**
		Additional comments for clarification (optional) **In 2014 Council approved the Council Effectiveness Review Framework. The Framework includes a chair (president) performance feedback survey; a Council member self-reflection survey; and a committee effectiveness evaluation survey. All Council and committee members participate by completing at least one component and the framework is administered every two years.**
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes ☐ Partially ☐ <mark>No ☐</mark> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ <mark>No ☐</mark> *If yes, how often over the last five years? <insert number>* • Year of last third-party evaluation: *<insert year>*
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <mark>Yes ☐</mark> No ☐ **The College will be looking for ways to improve how it evaluates the effectiveness of**

		Council. The College will also try to work with other colleges to share resources on board evaluation and best practices, and perhaps collaborate on external evaluations.

		Additional comments for clarification (optional)

	c. Ongoing training provided to Council has been informed by:
	
	   i. the outcome of relevant evaluation(s), and/or
	
	   ii. the needs identified by Council members.
		The College fulfills this requirement: <mark>Yes ☐</mark> Partially ☐ No ☐
		
		• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training: **Council training needs are identified through the Council Effectiveness Review Framework noted above, and during Council meetings (typically unplanned) as gaps are noted by staff or Council members.**
		
		• Insert a link to Council meeting materials where this information is found *OR*
		
		• Describe briefly how this has been done for the training provided <u>over the last year</u>: **In 2020, Council received training on the following items:**
		
		    • **Conflict of interest (<u>see page 4 of the September 2020 Council meeting materials</u>)**
		
		    • **Human resources oversight (<u>see page 111 of the September 2020 Council materials</u>)**
		
		    • **The role of the Discipline Committee (At the September 2020 Council meeting)**
		
		    • **Some Council members attended governance training provided by the Health Profession Regulators of Ontario**
		
		    • **Training to all committee chairs and any other interested Council members. This training focuses on the legislated role of committees and other governance topics and is delivered by an external facilitator.**

		If the response is "partially" or "no", is the College planning to improve its performance over the next *reporting period?* <mark>Yes ☐</mark> *No ☐* **The College will continue improving training for Council and committee members. As part of the competency development process, the College will look for additional methods to provide training. Where possible, the College will also work with other colleges to develop training resources.**
		Additional comments for clarification (optional):

Standard 2		
Council decisions are made in the public interest.		
Measure	**Required evidence**	**College response**
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: <mark>Yes ☐</mark> Partially ☐ No ☐

		• Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented **OR** last evaluated/updated: **While not a policy, the College has a conflict of interest by-law. Both the Code of Conduct and the Conflict of Interest By-Law are found in the College's By-laws, which were approved in 2009. Council decided to publish minutes in 2011; minutes from 2009 are not publicly available.**
		
		The Code of Conduct has not been updated since it was approved in 2009. The Conflict of Interest By-law was updated in 2013. Details can be found in the [minutes of the May 14, 2013 Council meeting](#).
		
		• Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy **OR** Council meeting materials where the policy is found and was discussed and approved:
		
		    • **[Code of Conduct](#)**
		
		    • **[Conflict of Interest By-Law](#)**

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <mark>Yes ☐</mark> *No* ☐ The College has developed a conflict of interest policy that Council will consider later in 2021.

		Additional comments for clarification (optional)
	b. The College enforces cooling off periods[2].	The College fulfills this requirement: Yes ☐ No ☐
		• Cooling off period is enforced through: Conflict of interest policy: ☐ By-law: ☐ Competency/Suitability criteria: ☐ Other *<please specify>*
		• The year that the cooling off period policy was developed *OR* last evaluated/updated: **Cooling off periods are addressed in the following by-laws:** − **By-Law 10.09- eligibility for election and approved in 2011. This by-law was updated in 2011 (clarifying term limits), 2012 (clarifying cooling off periods) and 2013 (establishing a process for a second call for nominations).** − **By-Law 13.11- eligibility to become a non-Council committee member and approved in 2009.** − **By-Law 16.10- staff cooling off periods and approved in 2009. This portion of the by-law has not been updated since 2009.**
		• How does the college define the cooling off period?
		− Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced: **By-Law 10.09**, **By-Law 13.11** and **By-Law 16.10**. **During and after a call for election nominations and when recruiting non-Council committee members, staff review all nominations/applicants against the criteria in By-Law 10.09 or By-Law 13.11. To date, staff have not had to disqualify someone who has not followed the cooling off provisions. The College has not had to enforce By-law 16.10**

		− insert a link to Council meeting where cooling of period has been discussed and decided upon; *OR* where not publicly available, please describe briefly cooling off policy: **There are cooling off periods specific to kinesiologists and individuals wishing to become staff. For kinesiologists running for election, they cannot have been:**
		     • **an employee, officer or director of any professional association or certifying body in the healthcare and health-related fields for one year before the date of nomination and**
		     • **a member of the staff of the College at any time within the last three years.**
		For a kinesiologist applying to be a member-at-large on a committee, they cannot:

		• **be an employee, officer or director of any professional kinesiology association and**
		• **have been a member of the staff of the College at any time within the preceding three years.**
		Council or committee members cannot hold any other position, contract or appointment with the College while serving as a member of Council or its committees. If a Council or committee member wishes to apply for a staff position, there is a one-year waiting period before they may apply for a staff or consultant position with the College. For full details, click the links to the by-laws above.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		The College has developed a conflict of interest policy that Council will consider later in 2021. The implementation of a the competency profile may also include further by-law changes that enhance cooling off periods. This will be determined as the College further researches governance trends.
		Additional comments for clarification (optional)

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[2] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

	c. The College has a conflict of interest questionnaire that all Council members must complete annually.
	
	Additionally:
	
	  i. the completed questionnaires are included as an appendix to each Council meeting package;
	
	  ii. questionnaires include definitions of conflict of interest;
	
	  iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and
	
	  iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.
		The College fulfills this requirement: Yes ☐ <mark>Partially ☐</mark> No ☐

		• The year when conflict of interest the questionnaire was implemented *OR* last evaluated/updated: **N/A.** • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: <mark>Always ☐</mark> **(See comments below)** Often ☐ Sometimes ☐ Never ☐ • Insert a link to most recent Council meeting materials that includes the questionnaire: **N/A**
		If the response is "partially" or "no", is the College planning to improve its performance over the next *reporting period?* <mark>Yes ☐</mark> No ☐ **The College will implement a conflict of interest questionnaire later in 2021.**
		Additional comments for clarification (optional) **While the College does not have a questionnaire, before each Council and committee meeting begins, Council and committee members are given an opportunity to verbally declare any conflicts of interest with items on the agenda. Upon election to Council or appointment to a committee, all members must complete a professional affiliations form, confirming that they do not and will not hold a position that may conflict with their role as a Council or committee member.**
	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement: Yes ☐ Partially ☐ <mark>No ☐</mark>
		• Describe how the College makes public interest rationale for Council decisions accessible for the public: **N/A** • Insert a link to meeting materials that include an example of how the College references a public interest rationale: **N/A**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <mark>Yes ☐</mark> No ☐ The College will begin detailing the public interest rationale for each of the item on the agenda in its meeting materials later in 2021.
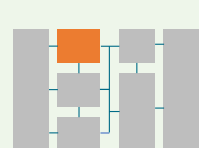
		Additional comments for clarification (if needed)

Standard 3
The College acts to foster public trust through transparency about decisions made and actions taken.

Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: **Yes** ☐ Partially ☐ No ☐ • Insert link to webpage where Council minutes are posted: **Council minutes have been posted since 2011 and can be found on the Council meeting minutes webpage. Minutes are posted once they are approved (i.e. at the next meeting).** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
	  i. the meeting date;
	  ii. the rationale for the meeting;
	  iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
	  iv. if decisions will be ratified by Council.
		The College fulfills this requirement: **Yes** ☐ Partially ☐ No ☐
		
		• Insert a link to webpage where Executive Committee minutes / meeting information are posted: **Executive Committee meeting materials are posted on the Council Committee Meetings webpage. The College began posting this information in the summer of 2020. On this page, notice of Council and Executive Committee meetings will be published.**
		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		
		Additional comments for clarification (optional)

	c.	Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement:	Yes ☐	Partially ☐ No ☐
			• Insert a link to the College's latest strategic plan and/or strategic objectives: **College's strategic plan for 2019-2022. Previous strategic plans can be found on the Corporate Documents webpage.**		
			If the response is "partially" or "no", is the College planning to improve its performance over the next *reporting period? Yes ☐ No ☐*		
			Additional comments for clarification (optional)		
3.2 Information provided by the College is accessible and timely.	a.	Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement:	Yes ☐	Partially ☐ No ☐
			If the response is "partially" or "no", is the College planning to improve its performance over the next *reporting period? Yes ☐ No ☐*		
			Additional comments for clarification (optional) **Notice of meetings and meeting materials are posted on the College's Council and Committee meeting webpage.**		
	b.	Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement:	Yes ☐	Partially ☐ No ☐
			If the response is "partially" or "no", is the College planning to improve its performance over the next *reporting period? Yes ☐ No ☐*		
			Additional comments for clarification (optional) **Notice of Discipline hearings can be found on the Upcoming Discipline Hearings webpage.** **Outcomes from the Discipline Committee can be found on the Discipline Committee Decisions webpage.**		
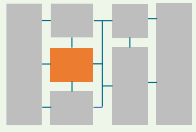
DOMAIN 2: RESOURCES

Standard 4

The College is a responsible steward of its (financial and human) resources.

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to Council meeting materials that include approved budget *OR* link to most recent approved budget: **The most recent approved budget can be found on page 47 of the June 2020 Council meeting materials.** *If the response is "partially" or "no", is the College planning to improve its performance over the next* *reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

	b. The College:
	
	   i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;
	
	   ii. possesses the level of reserve set out
	in its "financial reserve policy".
		The College fulfills this requirement: <mark>Yes ☐</mark> Partially ☐ No ☐

		<u>If applicable:</u> • Insert a link to "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved: **Council first considered a financial reserve policy in 2011 (before the College made meeting materials public). The reserve policy was revised in April 2014 (see page 2 of the April 9, 2014 minutes) and in December 2018 (see page 39 of the December 2018 Council meeting)** • Insert most recent date when "financial reserve policy" has been developed **OR** reviewed/updated: **The policy was last updated in 2018. Please see page 39 of the December 2018 Council meeting** • Has the financial reserve policy been validated by a financial auditor? <mark>Yes ☐</mark> No ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)
	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as	The College fulfills this requirement: Yes ☐ Partially ☐ <mark>No ☐</mark>
		• Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <mark>Yes ☐</mark> No ☐

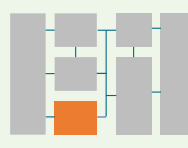|	current staffing levels to support College operations).	*Additional comments for clarification (optional)* **Staff is developing an updated human resources plan that will first be presented to the Finance and Planning Committee. Once reviewed by this committee, this will be presented to Council. Succession planning is also addressed in the College's Risk Management Plan.**

DOMAIN 3: SYSTEM PARTNER	
Standard 5 **The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.**	
Standard 6 **The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.**	
Standard 7 **The College responds in a timely and effective manner to changing public expectations.**	

	College response
Measure / Required evidence: N/A	*Colleges are requested to provide a narrative that highlights their organization's best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.* *Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).*
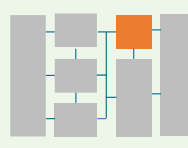
The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that</u> have emerged through a dialogue with the <u>Ministry of Health</u>. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. **In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:** • **Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.**	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).* • At the beginning of the COVID-19 pandemic, the College convened all the professional associations in kinesiology to share developments from the Ministry of Health and the Chief Medical Officer of Health. While all registrants were receiving regular updates from the College, staff felt it prudent to engage the associations as another avenue to disseminate important information and updates. This group met once and this initial call led to open and on-going dialogue between the College and associations. Staff noticed an increase in questions from the executive directors asking for updates and/or clarification on advice and guidance. This dialogue ensured that all registrants received information from multiple, reputable sources. College staff keep in contact with association executives throughout the year and the associations are on the College's email list and receive all updates, and vice-versa. • Before regulated health professionals were allowed to return to practice following revisions to Directive 2 by the Chief Medical Officer of Health (CMOH), the College convened a working group of the colleges of Massage Therapy, Occupational Therapy and Physiotherapy to create return to practice guidance for practitioners. This group was chosen because these practitioners often work together in multi-disciplinary teams. These colleges agreed that it was important to have similar guidance to avoid conflicting information in the practice setting. The guidance was developed by considering information from the Ministry, CMOH, Public Health Ontario and other jurisdictions in Canada who had already eased some COVID-19 restrictions for health professionals. This guidance follows all public health recommendations and is sufficiently flexible to allow the colleges to tailor some aspects to their specific profession. View the guidance. • Where possible, College staff reached out to staff at the colleges of professionals who work alongside kinesiologists to try and align messaging on essential vs. non-essential care, providing services virtually, IPAC, return to work and re-deployment, among other topics. The College was also part of a group of practice advisors from several colleges who met regularly to discuss common practice issues and interpretation of guidance. These interactions enabled the College to adjust its messaging as necessary to better serve the needs of patients/clients, who still relied on the services of kinesiologists during the shutdown. • The College convened another working group of the colleges of Massage Therapy, Occupational Therapy and Physiotherapy to coordinate a training webinar for regulated health professionals delivered by Public Health Ontario. The College felt it was important to be proactive on

questions it would eventually receive as the province moved into later stages of re-opening. The purpose of the webinar was to focus on infection prevention and control in the context of COVID-19. Over 1200 practitioners attended the live event and over 200 questions for Public Health were received. The recording was distributed to all 26 health profession regulators and has been viewed over 650 times. View the webinar.

Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.	**Standard 7: The College responds in a timely and effective manner to changing public expectations.**
The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.	Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.

• *Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.*
• *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).*

• College staff are leading participants on several working groups among the regulated health professions. For example, College staff currently chair the Communications Committee of the Health Profession Regulators of Ontario (HPRO); co-chair HPRO's Quality Assurance (QA) Working Group; and actively participate in the Ontario Regulators for Access Consortium (ORAC). Participation on these groups provides a forum for discussion of common issues and resource sharing. For example, throughout the COVID-19 pandemic,

• *How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).*
• *The College is asked to provide an example(s) of key successes and achievements from the reporting year.*

• As a partner college with the Citizen Advisory Group, the College participated in a focus group in May to gauge patients/clients expectations of regulated health professionals when providing care during the pandemic. This collaboration with other colleges allowed the staff to seek feedback directly from patients/clients to inform the development of return to work guidance to kinesiologists.
• Recognizing that the public, applicants and registrants want information that is easy to find and understand, the College

staff regularly reached out to colleagues on the Communications Committee and QA Working Group to clarify direction and align messaging where possible. The College also leveraged ORAC to adjust its processes for applicants to submit documents for registration during the pandemic.

- The College participated on HPRO's Governance Working Group, which worked to develop a council and committee competency and eligibility profile. The College is in the process of customizing the document to suit its own purposes and preparing proposed by-law changes to enable competency-based Council and Committee elections/appointments and training process. This change will increase transparency and confidence in the election process because a set of rigorous and defined criteria will come into force for the selection of Council members and the criteria will be posted on the College website.

- The College is an active participant in HPRO's marketing and communications efforts on behalf of all 26 health regulatory colleges. Each year, the Communications Committee executes marketing tactics that promote the role of colleges, how to find regulated health professionals, and how to submit a concern or complaint. These tactics (sponsored articles, videos, Google Ads and social media posts) drive users to the www.ontariohealthregulators.ca (OHR) website. The website serves as a gateway to all the regulated health professions and from the site, users can access each college's website, their public register and find information on the complaints process. The OHR website also has a page that lists all active public consultations at the colleges. From here, the public can provide input into consultation processes. Through this collaboration and resulting campaigns, the College has seen increases in traffic to its website from members of the public.

- The College participates on HPRO's Anti-BIPOC Racism Working Group. The aim of the group is to create tools and resources for all

launched a new corporate website in July 2020. As a member of the Citizen Advisory Group (CAG), the College consulted various reports from previous CAG meetings to help inform its website re-design. The College was able to benefit from this partnership with other colleges to inform its re-design process. All content was reviewed and revised to ensure it was written in plain language. The site map was more intuitively labelled by audience to enable visitors to quickly find what they were looking for. Understanding that most web users don't take the time to scroll through a website menu, a robust search feature was added throughout the site to make finding information by key word more accessible. An enhanced news feature was added to make viewing College developments easier. Visit the website.

- A new look and revised content was only one component of this launch. In response to calls for more transparency around college processes, staff added more information on the website about the role and expectations of Council members, such as the Code of Conduct and Conflict of Interest By-Law. The College also provided links to explain how public members are appointed to the College's Council. In the summer, the College began posting notice of Executive Committee meetings, which includes the date and time, agenda, and short purpose of the meeting. View the Council webpage.

| | colleges to help them and their registrants address systemic racism.
• In 2020 the College joined a group of nine colleges that is working to find efficiencies and ways to collaborate in its operations. The group is discussing issues such as physical space, human resources and data. One project the group is currently collaborating on are ways to understand and report CPMF data. This data project will benefit the public because the colleges are trying to achieve some consistency in reporting to avoid significant differences when reporting the same data elements, which can make it more difficult for the public to find the information they need. The collaborations on administrative and HR matters allows the colleges to share resources and find financial savings. These savings can then be diverted to matters that benefit the public, such as increased marketing of college resources, increased peer and practice assessments and improved functionality to find practitioners on the public register.
• In 2013 the College created the CKO-Universities Liaison Committee. It serves as a forum for discussion between the College and academic institutions. Members of this Committee come from the various Ontario universities offering kinesiology or similar programs. The Committee meets annually, and each school receives information and updates from the College throughout the year. This partnership has led to schools modifying curriculum to align with the College's entry-to-practice competencies (e.g. adding ethics courses, courses on business skills, etc.), increased sharing of information about the College from faculty (e.g. sharing of College e-newsletters and its Jurisprudence e-Learning Module) and increased student interaction with the College with the opportunity to complete a co-op at the College. | |

DOMAIN 4: INFORMATION MANAGEMENT	
Standard 8 **Information collected by the College is protected from unauthorized disclosure.**	

Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non- health) or sensitive nature that it holds	The College fulfills this requirement: Yes ☐ <mark>Partially ☐</mark> No ☐

		• Insert a link to policies and processes **OR** provide brief description of the respective policies and processes: **The way the College protects against the unauthorized disclosure of information is covered in several documents:**
		    • **The Risk Management Plan, which is reviewed annually ([see page 57 of the June 2020 Council meeting minutes](#))**
		    • **In 2015 staff developed a guideline for handling privacy issues and a privacy applications chart. The guideline defines a privacy breach, provides an overview of applicable privacy legislation and describes how the College will address breaches. The applications chart details areas across the College were sensitive information is stored, how it is protected and how is accountable for that information.**
		    • **The College also has several policies around records management. These policies describe how the College stores information, how long information is retained and how it should be destructed.**

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting *period? Yes ☐ <mark>No ☐</mark>*
		Additional comments for clarification (optional)

DOMAIN 5: REGULATORY POLICIES
Standard 9
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.

Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes ☐ ==Partially== ☐ No ☐
		• Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment *OR* describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how): **Many of the College's practice standards, practice guidelines and policies have scheduled review dates. However, these dates are not always adhered to because of shifting priorities and the need to complete other organizational projects. However, practice standards, practice guidelines and policies are revised based on an identified need. If a standard or guideline needs updating, the appropriate staff lead will conduct an environmental scan and literature review. The revised standard or guideline is then presented to the appropriate committee, which will consider the revisions. The committee then recommends that Council approve the document for posting for feedback. Once the deadline for comment closes, staff reviews feedback and edits the document as necessary. At its next meeting, Council approves the final document for posting. Policies follow a similar approach, except they are not posted for feedback in most cases.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? ==*Yes*== ☐ *No* ☐ **Staff will be looking to develop a policy that states how all corporate policies and standards and guidelines are updated and when.**
		Additional comments for clarification (optional)

| b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:

 i. evidence and data,

 ii. the risk posed to patients / the public,

 iii. the current practice environment,

 iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)

 v. expectations of the public, and

 vi. stakeholder views and feedback. | The College fulfills this requirement: **Yes** ☐   Partially ☐   No ☐

 • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) *OR* describe it in a few words.

 Throughout the COVID-19 pandemic, health professionals can be re-deployed from their normal place of work to another setting to provide support. In response, the College created a draft practice guideline for kinesiologists on their responsibilities when re-deployed. The purpose was to help ensure that no matter where a kinesiologist is deployed during a health emergency, they are always responsible for providing service that is in the patient's/client's best interest. The College sought feedback on a draft Practice Guideline- Working Outside Scope of Practice during a Health Emergency. Based on feedback received, the guideline was re-formatted into frequently asked questions that can be easily updated during a rapidly evolving situation. The College also developed a consultation report that summarizes the feedback received.

 Before regulated health professionals were allowed to return to practice in spring 2020 following an easing of COVID-19 restrictions, the College convened a working group of the colleges of Massage Therapists, Occupational Therapists and Physiotherapists to create return to practice guidance for practitioners. This group was chosen because these practitioners often work together in multi-disciplinary teams. These colleges agreed that it was important to have similar guidance to avoid conflicting information in the practice setting. The guidance was developed by considering information from the Ministry, the Chief Medical Officer of Health, Public Health Ontario and other jurisdictions in Canada who had already eased some COVID-19 restrictions for health professionals. This guidance follows all public health recommendations and is sufficiently flexible to allow the colleges to tailor some aspects to their specific profession. View the guidance. |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* |

		Additional comments for clarification (optional)

DOMAIN 6: SUITABILITY TO PRACTICE
Standard 10 **The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.**

Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[3].	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements *OR* describe in a few words the processes and checks that are carried out: **As part of the initial assessment process, new applicants for registration in the General Class are required to submit a number of documents. The College's registration decisions are based on these documents. The documentation required will vary but generally includes the following:** **A. Proof of Language Proficiency** **B. Evidence of successful completion of a university bachelor program in Kinesiology; or completion of a university bachelor program that is similar to Kinesiology;** **C. Evidence of successful completion of the approved examination** **D. Evidence of successful completion of the jurisprudence course** **E. Proof of Canadian Police Information Centre (CPIC) criminal record check** **F. Evidence of Professional Liability Insurance** **The policy 'Required Documents' outlines the submission requirements for the documents required for registration. The College understands that getting documents for registration may be difficult during the COVID-19 pandemic and has implemented alternative means of submission of documents such as acceptance of electronic copies of any document required to complete registration.**

The policy is posted on the College website for ease of reference.

Applicable Links:
Required Documents: https://www.coko.ca/wp-content/uploads/2020/06/Required-Documents-Policy-March-2016.pdf

Referral of a Registration Application to the Registration Committee Policy: https://www.coko.ca/wp-content/uploads/2020/06/Referral-of-a-Registration-Application-the-Registration-Committee-Policy-June-2012.pdf

- Insert a link *OR* provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):

To ensure compliance with requisite registration requirements, required documents are assessed in keeping with the Colleges registration policies and the General Registration Regulation of the *Kinesiology Act 2007.*

Applicable Links:
Language Proficiency: https://www.coko.ca/wp-content/uploads/2020/06/Language-Proficiency-Policy-May-2012.pdf

Translation: https://www.coko.ca/wp-content/uploads/2020/06/Translation-Policy-May-2012.pdf

Good Conduct: https://www.coko.ca/wp-content/uploads/2020/06/Good-Conduct-Policy-formerly-Police-Background-Check-Policy-June-2017.pdf

Professional Liability Insurance: https://www.coko.ca/wp-content/uploads/2020/06/Professional-Liability-Insurance-Policy-June-2017.pdf

		Alternative Documents: https://www.coko.ca/wp-content/uploads/2020/06/Alternative-Documentation-Policy-June-2012.pdf **The College reviews documents upon submission to verify their authenticity. Where applicable and where an alternative means of submission is not identified, all documents must:** **be submitted directly to the College by the issuing body;** **have a seal of authentication affixed;** **be submitted within a specified timeframe to ensure currency.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting *period? Yes ☐ No ☐*
		Additional comments for clarification (optional) **The College will be updating the Required-Documents Policy to include timelines for submission for specifics documents where currency is required.**

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[3] This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).	The College fulfills this requirement:	Yes ☐	Partially ☐	No ☐

The College fulfills this requirement: Yes ☐ (highlighted) Partially ☐ No ☐

- Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon **OR** describe in a few words the process and checks that are carried out.

The Office of the Fairness Commissioner (OFC) tracks and provides Ontario regulators open access to its Exemplary Practices Database. The Exemplary Practices Database identities commendable practices to assist regulated professions in the development and improvement of their registration practices.

The College also garners best registration practices by its involvement in the Ontario Regulators for Access to Care (ORAC) registration working group.

Lastly, the College regularly reviews our registration polices and processes to ensure their continued defensibility.

Links:
OFC https://www.fairnesscommissioner.com/en/Exemplary_Practices/Pages/default.aspx
ORAC https://regulatorsforaccess.ca/
Registration Polices https://www.coko.ca/about/corporate-documents/

- Provide the date when the criteria to assess registration requirements was last reviewed and updated.

This date varies as there multiple polices that govern our registration processes.

Registration Polices https://www.coko.ca/about/corporate-documents/

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

Additional comments for clarification (optional)

10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency[4] and other ongoing requirements are continually met (e.g., good character, etc.).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		
		 • Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon **OR** provide a brief overview:
		
		 In accordance with <u>section 7(1) 2 of the General Registration Regulation of the _Kinesiology Act, 2007_</u> (the Registration Regulation), a registrant holding a General Class certificate of registration is required to have practised kinesiology for at least 1500 hours during every three-year period beginning on the date of their registration. The requirement of 1500 practice hours is one of the means whereby the College assess registrant's currency of practice skills.
		
		 The College monitors registrant's compliance with this term, condition and limitation by requiring Registrants in the General Class to make a declaration on their annual renewal application affirming whether they have practised kinesiology for at least 1500 hours in the previous three years. Registrants who fail to meet this requirement are referred by the Registrar to the Quality Assurance Committee for a peer and practice assessment.
		
		 Section 9(3) of the Registration Regulation details the requirements that must be sufficed for Inactive Class registrants to be reissued a General Class certificate of registration:
		
		     **A member who holds an inactive certificate of registration may be reissued a general certificate of registration if the member,**
		        **(a) applies in writing to the Registrar for reinstatement;**
		        **(b) pays any fee, penalty or other amount owed to the College;**
		        **(c) provides the College with any information that it has required of the member; and**
		        **(d) satisfies a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding a general certificate of registration**
		
		 The College has developed an Inactive Class policy which outlines the application process, describes the conditions imposed on the Inactive Certificate of Registration and establishes a reinstatement process to the General Class. Under the current policy, Inactive Class registrants

wishing to re-enter the Active Class within 2 years of first applying for the Inactive Class, are deemed to have met the requirements in clause 9(3) (d) of the Registration Regulation. After 2 years, the member would be referred to a Panel of the Registration Committee to make this determination.

The College is in the process of updating the Inactive Class Policy. A proposed change to the policy involves requiring that kinesiologists who apply for reissuance to the General Class, who have practised kinesiology less than 1,500 hours in the three years preceding the date of their application, be referred by the Registrar to a Panel of the Registration Committee for review of their currency of knowledge, skill and judgement in the profession. This change is in keeping with the legislative benchmark of 1500 practice hours under the Registration Regulation and helps to identify and address any gaps in a kinesiologist knowledge, skill, and judgement prior to them returning to active practise.

Kinesiologists, and those who employ or work with them, have obligations to report certain important information to the College of Kinesiologists of Ontario and/or other bodies. This is known as mandatory reporting. Mandatory reporting ensures that the College becomes aware of and can investigate incidents of possible professional misconduct, incompetence or incapacity, which help protect the public.

Kinesiologists are also required to self disclose information specific to their professional conduct on their annual renewal application and throughout the registration term. Information required to be reported includes but is not limited to:

- An offence under the Criminal Code or the Controlled Drugs and Substances Act of Canada; or any other offence, whether inside or outside of Canada
- Subjection of bail or similar conditions imposed by a court or other competent authority in any jurisdiction
- Finding of professional misconduct, incompetence, incapacity, or any similar finding, in any jurisdiction
- Being the subject of an investigation or proceeding by a regulatory body or licensing authority regarding professional misconduct, incompetence, incapacity, or any similar matter, in any jurisdiction
- Finding of professional negligence, malpractice, or any similar finding, in any jurisdiction

- **Termination of employment or revocation, suspension, or restrictions of employee privileges for reasons of professional misconduct, incompetence, or incapacity**
- **Dissolution of partnerships, associations, or health professional corporation for reasons of professional misconduct, incompetence, or incapacity**

Links:

Good Conduct Policy https://www.coko.ca/wp-content/uploads/2020/06/Good-Conduct-Policy-formerly-Police-Background-Check-Policy-June-2017.pdf

Mandatory Reporting Requirements https://www.coko.ca/kinesiologists/mandatory-reporting/

Mandatory Reporting Guidelines https://www.coko.ca/wp-content/uploads/2020/12/Mandatory-Reporting-Guideline-Revised-December-2017.pdf

Inactive Certificate of Registration and Reinstatement to the General Class Policy https://www.coko.ca/wp-content/uploads/2020/06/Revised-Inactive-and-Reinstatement-Policy-June-2017.pdf

• List the experts / stakeholders who were consulted on currency:

The Registration Regulation includes a practice hours requirement and was circulated for feedback to stakeholders and experts including but not limited to the following:

- **Other Health Regulated Colleges;**

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

- **University faculty members providing kinesiology degree programs and degree programs similar to kinesiology;**

- **The Ontario Kinesiology Association;**

- **Ontario Athletic Therapy Association;**

- **Canadian Society of Exercise Physiology;**

- **The Public**

		• Identify the date when currency requirements were last reviewed and updated: **Same as above** • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. **The College monitors the practice hours requirement by registrant's self declaration on their annual renewal form. Further, kinesiologist who are registered in the Inactive Class for more than two years are referred to a panel of the Registration Committee and must satisfy the panel that they possess current knowledge, skill and judgement in kinesiology. These registrants are required to submit a self-assessment on their reinstatement application form of the continuing education activities they have been engaged in during their period of inactivity amongst other things.** **If the panel is satisfied with the information the registrant has submitted it will re-issue a certificate of registration in the General Class. If the panel is not satisfied, it may direct the registrant to complete a retraining or refresher program, or it may impose terms, conditions and/or limitations on their certificate of registration. Registrants may also be required to undergo a peer and practice assessment once they have been reinstated.** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting* *period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

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

10.3 Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert a link to the most recent assessment report by the OFC **OR** provide summary of outcome assessment report:
		https://www.fairnesscommissioner.com/en/Professions_and_Trades/Pages/Registration-Practices-Assessment-Report-2016---Kinesiologists.aspx
		• Where an action plan was issued, is it: Completed ☐ In Progress ☐ Not Started ☐
		No Action Plan Issued ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	**Required evidence**	**College response**

11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: **Yes** ☐ Partially ☐ No ☐
		
		 • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
		
		    – Name of Standard
		    – Duration of period that support was provided
		    – Activities undertaken to support registrants
		    – % of registrants reached/participated by each activity
		    – Evaluation conducted on effectiveness of support provided
		
		 In 2018, the College developed and implemented the Prevention of Sexual Abuse e-Learning Module to help registrants understand what constitutes a boundary violation and sexual abuse; how to recognize warning signs; how to act on them to protect the client; and what to do if boundary violations occur. The module also covers the expectations of registrants with respect to mandatory reporting. The module contains a multiple-choice quiz to help test registrants' ability to analyze the relevant issues, apply the standard and guidelines, and identify learning opportunities.
		
		 Each year, new General Class registrants or registrants reissued General Class certificates who have yet to complete the module, are required to do so. Registrants who neglect to complete the module within the prescribed timeline are eligible for peer and practice assessment and may be referred to the Inquiries, Complaints and Reports Committee for non-compliance. Registrants may count completion of the module as a learning activity in their individual learning plans toward their continuing professional development requirements. In 2020, over 400 General Class registrants completed the module. Eighty nine percent completed the module by the 90-day deadline. The remainder complied within the next three weeks.

Aggregate data is used to inform the development of further resources to support registrants' understanding of standards and guidelines (e.g., newsletter articles, coaching opportunities during peer and practice assessments). For example, the College published an article *"Do you know what you need to report?"* on the website as well as a dedicated Mandatory Reporting practice resource webpage that includes a Mandatory Reporting Checklist: https://www.coko.ca/kinesiologists/mandatory-reporting/

In addition, General Class registrants are required to complete a biennial self-assessment, which asks kinesiologists a series of questions related to the practice standards, guidelines, and *Essential Competencies of Practice* that enables them to plan continuing professional development. The 2020/21 online Self-Assessment portal was modified to focus on risk areas in kinesiology practice. The *Practice Standard: Professional Boundaries* and *Practice Guideline: Professional Boundaries and Prevention of Sexual Abuse; and Practice Guideline: Mandatory Reporting* are bolded as areas of higher risk. Registrants are directed to review and rate their level of proficiency for each and develop learning activities as necessary.

Additionally, the peer and practice assessment core question pertaining to professional boundaries was modified, asking participants to describe a situation, real or hypothetical, that goes beyond the professional boundaries of a patient/client-therapist relationship. Peer assessors were trained to provide coaching around the standard, guidelines, and e-learning module.

Registrants also provided suggested topics for future case studies, such as home visits, registrants working in small towns, working with seniors, etc.

- Does the College always provide this level of support: Yes ☐   **No** ☐
If not, please provide a brief explanation:

The College has not developed and implemented a prescribed e-learning module every time a practice standard or guideline is developed or revised, partially due to resource constraints, but also in recognition of the time and energy it requires registrants to complete. Prior to launching the Prevention of Sexual Abuse e-Learning Module, the College introduced a prescribed Ethics and Professionalism e-Learning Module that helps registrants better understand the application of the Code of Ethics and the process of making ethical decisions.

These resources, along with webinars, explainer videos, and newsletter articles are the types

		of supports that the College generally provides to registrants when new legislation is introduced, or standards and guidelines are developed or revised.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting *period? Yes ☐ No ☐* **Please see above**
		Additional comments for clarification (optional)

| 11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[5]. | a. The College has processes and policies in place outlining:

  i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;

  ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and

  iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. | The College fulfills this requirement: Yes ☐   Partially ☐ No ☐

• List the College's priority areas of focus for QA assessment and briefly describe how they have been identified *OR* link to website where this information can be found:

The *Essential Competencies of Practice for Kinesiologists in Ontario* informs all regulatory functions including self-assessment, and peer and practice assessment. The relevance of competencies and performance indicators depends upon the individual kinesiologist's practice setting, role, responsibilities, and patients/clients. The development and validation of the *Essential Competencies* involved a province-wide validation survey to obtain data on the relevance of the competencies and performance indicators, and to assess their importance to practice and the public interest.

Peer and practice assessments (PPA) are tailored to an individual kinesiologists' practice using a pre-questionnaire, which determines "trigger" questions based on areas of practice identified by the registrant. Not all competencies can be measured during the PPA, and not all competencies can be measured using a single tool. These assumptions formed the basis of the blueprint for the tool development process. Focus groups ranked the competencies, the level of importance to assess, and provided feedback on assessment type. The tabulation of the data (rating of importance and frequency) was reviewed, adjusted (based on importance to public protection) and approved by the Quality Assurance Committee. For clinical and mixed practice, the assessment includes a situation-based interview, case-based interview, and a chart review. For non-clinical practice, the assessment includes a situation-based interview, and questions specific to the member's non-clinical area of practice.

The PPA is a structured interview based on the behaviour-based interview (BBI) methodology. BBI results offer high educational value to the participants, who are invited via the assessor feedback in the assessment report, to engage in specific learning that will enhance their overall professional competency. For information on the development and validation of the *Essential Competencies of Practice for Kinesiologists in Ontario* and peer and practice assessment see link below:

The Development of the College of Kinesiologists of Ontario Peer and Practice Assessment Final Report |

Commented [RP1]: Hyperlink to be added.

Over the years, the College has gathered aggregate data on areas of risk through the self-assessment, peer and practice assessment, practice inquiries and professional conduct program, which is used to support the need for and refine peer and practice assessment, and competency enhancement, inform peer assessor training and coaching as well as the develop further supports for registrants. The College will continue to prioritize areas of risk as the pandemic continues and as it moves to virtual peer and practice assessments.

- Is the process taken above for identifying priority areas codified in a policy: Yes ☐ No ☐
  If yes, please insert link to policy
  The above process is outlined in the following document:

  The Development of the College of Kinesiologists of Ontario Peer and Practice Assessment Final Report

  > **Commented [RP2]:** Hyperlink to be added.

- Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach *OR* describe right touch approach and evidence used:

  The Development of the College of Kinesiologists of Ontario Peer and Practice Assessment Final Report

  > **Commented [RP3]:** Hyperlink to be added.

  White Paper – The Validity of Behaviourally Based Interviews

  > **Commented [RP4]:** Hyperlink to be added.

  McMaster Health Forum: *Evidence Brief – Modernizing the Oversight of the Health Workforce in Ontario, 21 September 2017*

  > **Commented [RP5]:** Hyperlink to be added.

- Provide the year the right touch approach was implemented *OR* when it was evaluated/updated (if applicable):

  Peer and practice assessment was introduced in 2015. In October of 2019, the Quality Assurance Committee reviewed and adopted proposed revisions to the PPA tools. During the summer and fall of 2019, the tools and processes were reviewed and modified based on feedback from stakeholders to focus on areas of risk for the profession, reduce redundancies, and reduce the time it takes for kinesiologists to prepare for and participate in the assessment. Behaviour-based interview questions and the patient record review were compressed.

If evaluated/updated, did the college engage the following stakeholders in the evaluation:

- Public   Yes ☐   **No** Ξ
- Employers   Yes ☐   **No** Ξ
- Registrants   **Yes** Ξ   No ☐
- other stakeholders Yes ☐   No ☐

• Insert link to document that outlines criteria to inform remediation activities *OR* list criteria:

The *Competency Enhancement Policy (3.5)* and *Mentorship Program Information Package* can be found at the following webpage:

https://www.coko.ca/about/corporate-documents/

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

Additional comments for clarification (optional)

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[5] "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. https://www.professionalstandards.org.uk/publications/right-touch-regulation).

11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: Yes x Partially ☐ No ☐
		• Insert a link to the College's process for monitoring whether registrant's complete remediation activities *OR* describe the process: **The Director of Quality Assurance tracks registrants' completion of remediation activities following Quality Assurance Committee dispositions.** **The Quality Assurance Program *Competency Enhancement Policy (3.5)* outlines the process when the Quality Assurance Committee (QAC) determines that a kinesiologist has not demonstrated sufficient knowledge, skill, or judgement, and a registrant is required to participate in Competency Enhancement (remediation).** **https://www.coko.ca/about/corporate-documents/** **Competency Enhancement may involve completing one or more of the following: a demonstrated change report, a course/learning module, a mentorship program, a second Peer and Practice Assessment, and/or any other action specified by the QAC.** **The QAC's decision and reasons letter to registrants directed to participate in Competency Enhancement outlines the review process as follows:** ***"The QAC or a Panel reviews the assessor's report, the kinesiologist's submissions, and other relevant information, and makes decisions.*** ***If, after considering the assessor's report and any other information relevant to the PPA, the Panel is of the opinion that the kinesiologist's knowledge, skills or judgement are not satisfactory, the Panel provides to the kinesiologist its opinion, the kinesiologist is notified of the Panel's intent to direct the kinesiologist to participate in a specified continuing education or remediation program (referred to as Competency Enhancement), and the kinesiologist is invited to make another written submission to the Panel.*** ***If, after considering any further written submissions made by the kinesiologist, the Panel is still of the opinion that the kinesiologist's knowledge, skills, or judgement are not satisfactory, the Panel may exercise any of the powers under section 80.2 of the Health Professions Procedural Code, including directing the kinesiologist to participate in a specified continuing education or remediation program (Competency Enhancement)."*** **The decision and reasons letter clarifies the action required to demonstrate compliance with the practice standards and Essential Competencies that were assessed. A kinesiologist**

directed to complete a Demonstrated Change Report must provide a submission within 30 days in accordance with the *Peer and Practice Assessment: General Requirements Policy*. The Director, Quality Assurance, ensures that the submission is received, and the submission is presented to the QAC for review and approval to render a subsequent/final decision at the next QAC meeting.

Occasionally the QAC directs a registrant to complete a mentorship program. The *Mentorship Program Information Package* outlines the steps involved in developing, implementing, and evaluating a Mentorship Program:
https://www.coko.ca/about/corporate-documents/

The mentor and kinesiologist review their progress in meeting the learning goals before the interim evaluation and again before the final evaluation. The mentor and kinesiologist sign the learning plan and evaluation, and submit a copy to the Director, Quality Assurance for review and approval. The Director reviews and considers whether the Mentorship Program has been successfully completed based on the indicators in the learning plan, the mentor's final evaluation and comments, and the QAC's disposition. The Director notifies the kinesiologist of the outcome of the program and informs the kinesiologist of any follow-up activity that is necessary.

- Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation *OR* describe the process:

Kinesiologists who are directed to complete a demonstrated change report are required to review the relevant College practice resources and/or legislation, as per the QAC's decision and reasons letter. The kinesiologist must submit to the College evidence of demonstrated change for each respective essential competency, outlining what they have learned; changes made to their practice based on the new knowledge; and how the new knowledge impacts patient/client care/service. For example, a Panel may direct the registrant to complete a demonstrated change report regarding the need to have a master list/legend of abbreviations and acronyms in their practice and submit supporting documentation.

The decision and reasons letter clarifies the further action required to demonstrate compliance with the practice standards and Essential Competencies that were assessed. The kinesiologist is directed to submit a Demonstrated Change Report within 30 days in

accordance with the *Peer and Practice Assessment: General Requirements Policy*. The Director, Quality Assurance, ensures that the submission is received, and the submission is presented to the QAC for review and approval to render a subsequent/final decision.

Occasionally the QAC directs a registrant to complete a mentorship program. Mentorship is a formal one-to-one arrangement whereby a kinesiologist works with an experienced kinesiologist to address gaps in knowledge, skills and judgement identified through the peer and practice assessment. The goal is to provide an objective review of the kinesiologist's practice, specifically the areas where opportunities for improvement were identified during the peer and practice assessment, and to enable the kinesiologist to demonstrate that they can practise safely, competently, and ethically.
https://www.coko.ca/about/corporate-documents/

The mentor and kinesiologist review their progress in meeting the learning goals before the interim evaluation and again before the final evaluation. The mentor and kinesiologist sign the learning plan and evaluation, and submit a copy to the Director, Quality Assurance for review and approval. The Director reviews and considers whether the Mentorship Program has been successfully completed based on the indicators in the learning plan, the mentor's final evaluation and final comments, and the QAC's disposition. The Director notifies the kinesiologist of the outcome of the program and informs the kinesiologist of any follow-up activity that is necessary. The kinesiologist may be required to undergo a second PPA after completing the mentorship program, in accordance with the QAC Panel's disposition.

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

Additional comments for clarification (if needed)

Standard 12
The complaints process is accessible and supportive.

Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: **Complaints webpage**- **Describes the complaints process and how to submit a complaint** **Understanding sexual abuse webpage**- **Describes sexual abuse and how the College handles these matters. This page also describes how a patient/client can access funding for therapy/counselling following an allegation of sexual abuse.** **Complaints Form**- **Fillable form that anyone wishing to make a complaint can complete and submit to the College.** • Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes ☐ No ☐ • Does the College evaluate whether the information provided is clear and useful: Yes ☐ No ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional) In early 2021, staff will engage the Patient Relations Committee in a review of the website materials for sexual abuse to ensure it is clear and meets public expectations.
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures)

In the 2020 reporting year, the College received a total of 3 complaint inquiries. Of the 3 inquiries, 2 were responded to within 5 business days. In this reporting year, the College responded to 66.6% of enquiries within 5 business days, with follow-up timelines as necessary. The calculation is as follows:

**(Numerator = 2): Number of responses provided to the initial public inquiry within 5 days
(Denominator = 3): Number of all inquiries from the public related to the College's complaints process**

Numerator / Denominator = 2/3 = 66.6% responses to inquiries from the public within 5 business days with follow-up timelines as necessary.

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

Additional comments for clarification (optional)

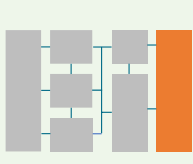|		

	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	• List all the support available for public during complaints process:
		
		    • **Members of the public are provided with direct support from the assigned College investigator, who is available via phone or email as a resource for questions related to the process or potential outcomes.**
		
		    • **Members of the public are referred to the Complaints section of the College website, which has a frequently asked questions section and addresses topics of a general nature, such as how long the process may take, who makes the decision about the complaint and how to appeal the decision.**
		
		    • **Members of the public who confirm a complaint receive specific information regarding the range of decisions that can be issued by the Inquiries, Complaints and Reports Committee (ICRC) and if they will appear on the kinesiologist's profile on the Public Register. The complaint confirmation letter also states that the ICRC has no ability to direct the kinesiologist to pay money or make a refund.**
		
		• Most frequently provided supports in CY 2020:
		
		    • **Complaint confirmation letter**
		
		    • **Referrals to the website**
		
		    • **Direct inquiries to investigator from complainant**

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting *period? Yes ☐ No ☐*
		Additional comments for clarification (optional)
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process *OR* provide a brief description: • **Once the complaint is confirmed, the complaint confirmation letter serves to accurately summarize the specific issues that require investigation by the College and a response from the registrant. The letter also provides an overview of the**

		process and the timelines. • **Both the complainant and the registrant are provided with the contact information of the College staff or investigator that is facilitating the case and this person is available to answer any process related questions at any time from either party.** • **Both the complaint and the registrant are updated at key milestones in the complaints process, including the deadlines for written responses as well as the date of the ICRC meeting where the case will be discussed.** • **In the unlikely event that the case should extend beyond 150 days from the date that the complaint was confirmed by the complainant, a delay letter is sent to both parties explaining the reason for the delay. No delay letters were required during the reporting period.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

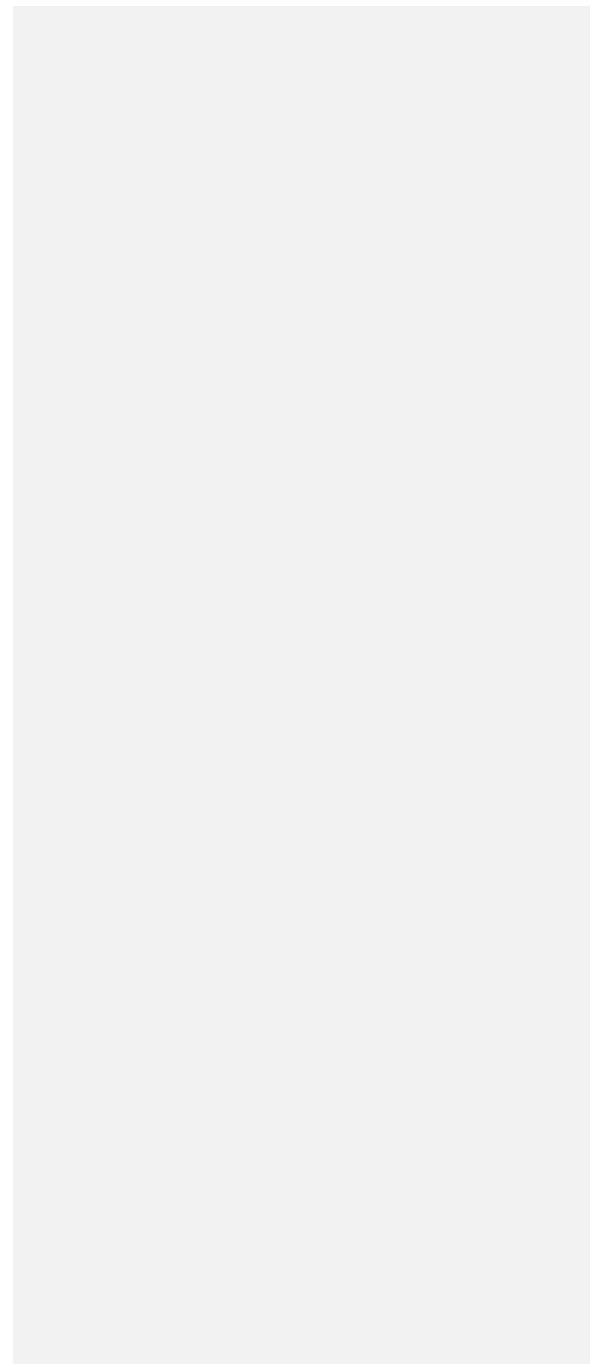| **Standard 13** |
| --- |
| **All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.** |

Measure	**Required evidence**	**College response**
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		• Insert a link to guidance document *OR* describe briefly the framework and how it is being applied: • The College assesses risk on intake using a three- point risk matrix from 1 – Low,; 2 – Medium3 – High. This risk value is assigned on intake and updated at after the registrant responds and before the matter appears before the ICRC. • Risk levels are used to prioritize case investigations and scheduling for ICRC meetings. There is currently no formal decision matrix or triage protocol. • All complaints, reports and investigations conducted in the calendar year were completed within established statutory timelines.

		• Provide the year when it was implemented **OR** evaluated/updated (if applicable):
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		The College is planning on improving the established risk assessment matrix over the next reporting period by including formal, written criteria to the existing 3-point matrix and expanding this to include measures of complexity such as volume of issues or volume of evidence required for a complete investigation.
		Additional comments for clarification (optional)

Standard 14		
The College complaints process is coordinated and integrated.		
Measure	**Required evidence**	**College response**
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes ☐ <mark>Partially ☐</mark> No ☐
		• Insert a link to policy *OR* describe briefly the policy: **The College currently posts on the Public Register all findings of the Discipline Committee related to a particular registrant. The College also posts on the Public Register a decision of the ICRC that is more serious than advice and recommendations.** • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home'): **N/A**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting *period?* <mark>*Yes ☐*</mark> *No ☐* The College is planning to develop consistent criteria for disclosure of concerns about a registrant with other regulators or external partners, such as law enforcement.
		Additional comments for clarification (if needed)

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT	
Standard 15 **The College monitors, reports on, and improves its performance.**	

Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: **Yes ☐** Partially ☐ No ☐
		• Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included *OR* list KPIs and rationale for selection: **KPIs are defined in both the College's strategic plan and it's annual operational plans (see page 50 of the June 2020 Council materials). KPIs in the strategic plan are chosen with the help of an external facilitator, who guides Council and staff in prioritizing needs and how to realistically achieve the strategic objectives. KPIs in the operational plans are chosen to ensure staff are achieving the overall strategic objectives.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)
	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: **Yes ☐** Partially ☐ No ☐
		• Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes: **Council reviewed and approved the plan in June 2020 (see page 57 of the College's June 2020 meeting package).**

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

		Additional comments for clarification (if needed)
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: **Yes** ☐ Partially ☐ No ☐
		• Insert a link to Council meeting materials where relevant changes were discussed and decided upon: **See page 29 of the June 2020 Council meeting materials**.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.	The College fulfills this requirement: **Yes** ☐ Partially ☐ No ☐
		• Insert a link to College's dashboard or relevant section of the College's website: **Dashboard updates are provided at each quarterly Council meeting. For an example, see page 23 of the December 2020 Council meeting package. The College also posts all annual reports on its Corporate Documents webpage.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

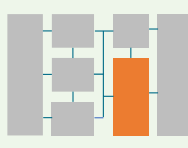|		*Additional comments for clarification (if needed)*

PART 2: CONTEXT MEASURES

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

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

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

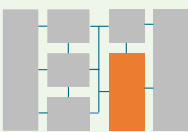Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document,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

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 11	
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.	

Statistical data collected in accordance with recommended methodology or College own methodology:	☐ Recommended ☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:	

Context Measure (CM)	

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*	

Type of QA/QI activity or assessment	#	
i. Self-Assessment 2020/2021	2310	***What does this information tell us?*** *Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).*
ii. *Ethics and Professionalism e-Learning Module*	321	
iii. *Prevention of Sexual Abuse e-Learning Module*	412	
iv. Peer and Practice Assessment (BBI, Patient Record Review)	0	
v. *Competency Enhancement: Demonstrated Change Report*	2	*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College's risk- based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.*
vi. *Competency Enhancement: Mentorship Program*	1	
vii. *<Insert QA activity or assessment>*		
viii. *<Insert QA activity or assessment>*		
ix. *<Insert QA activity or assessment>*		
x. *<Insert QA activity or assessment>*		
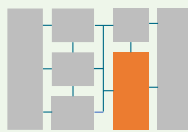
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.

NR *= Non-reportable: results are not shown due to < 5 cases*

Additional comments for clarification (if needed)

General Class registrants who are registered prior to the beginning of the self-assessment period (December 1st) are required to complete the Self-Assessment. Registrants who move to the Inactive Class during the period are not required to complete the Self-Assessment. Numbers above based on data snapshot on January 28, 2021.

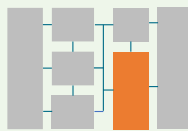*All kinesiologists registered in the General Class must complete the College's mandatory e-learning modules at least once.*

In 2020, Peer and Practice Assessments were paused due to the on-going COVID-19 pandemic and changing restrictions. In Spring 2021, PPAs will resume and will be conducted virtually to ensure kinesiologists provide safe, ethical, and competent services.

PPA participants are provided two opportunities to make submissions to the Quality Assurance Committee (QAC) to demonstrate sufficient knowledge, skills, and judgment. During the reporting period, the QAC issued eight kinesiologists notices of intent to direct participation in competency enhancement, specifically to complete a demonstrated change report. After reviewing the kinesiologists' submissions following the notice, only two kinesiologists were directed to complete a demonstrated change report.

One mentorship program was initiated and completed during the reporting period based on a PPA from a previous cycle. The kinesiologist will be re-assessed through a second PPA in Spring 2021.

DOMAIN 6: SUITABILITY TO PRACTICE
Standard 11
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

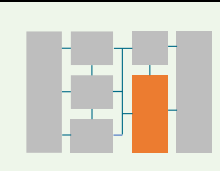| Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's*
CM 2. Total number of registrants who participated in the QA Program CY 2020	**2310**	**100**	*knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-*

	2	8.7%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *			*compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.* *The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.*

Additional comments for clarification (optional)

CM 2. All General Class kinesiologists are required to participate in the Self-Assessment (2310 number based on data snapshot of General Class kinesiologists on January 28, 2021). Some of these registrants underwent multiple QA activities during the reporting period (e.g., e-learning modules, remediation, etc.).

CM 3. At CKO, the policy is that all registrants who participate in PPA are referred to QAC, who review assessors' reports and participants' submissions. Twenty-three reports were reviewed by the QAC during the reporting period for PPAs conducted in 2019 that were carried over. PPA participants are provided two opportunities to make submissions to QAC to demonstrate sufficient knowledge, skills and judgment before a final decision is rendered (e.g., no further action, complete remediation). During the reporting period, the QAC issued eight kinesiologists notices of intent to direct participation in competency enhancement, specifically to complete a demonstrated change report. After reviewing the kinesiologists' submissions following the notice, only two kinesiologists were directed to complete a demonstrated change report.

No registrants were referred to the QAC in the reporting year for neglecting to complete mandatory QA program requirements (e.g., e-learning modules). There were no PPAs conducted in 2020. The registrants who were referred to QAC in the reporting year were registrants who undertook PPA in the previous year.

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	***What does this information tell us?*** *This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	2	100	
II. Registrants still undertaking remediation (i.e. remediation in progress)	0		

Additional comments for clarification (if needed)
One of the two kinesiologists directed to complete a Demonstrated Change Report completed the report and demonstrated requisite competencies in January 2021.
The kinesiologist directed to complete a mentorship program, completed the mentorship program in the reporting year and will be re-assessed through PPA in 2021.

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.					

Statistical data collected in accordance with recommended methodology or College own methodology:　　　　　　　☐ Recommended　☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		
Themes:	#	%	#	%	
I. Advertising	1	50			
II. Billing and Fees					
III. Communication	1	50			*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.*
IV. Competence / Patient Care					
V. Fraud					
VI. Professional Conduct & Behaviour			3	100	
VII. Record keeping					
VIII. Sexual Abuse / Harassment / Boundary Violations					
IX. Unauthorized Practice					
X. Other <please specify>					
Total number of formal complaints and Registrar's Investigations**		100 %		100 %	

__Formal Complaint__: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint. *__Registrar's Investigation__: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.* *∱ __NR__ = Non-reportable: results are not shown due to < 5 cases (for both # and %)* *** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.*
Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		

Statistical data collected in accordance with recommended methodology or College own methodology:	☐ Recommended ☐ College methodology	
If College methodology, please specify rationale for reporting according to College methodology:		

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	**2**		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	**3**		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	**3**		

CM 9. Of the formal complaints* received in CY 2020**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)Ɨ			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed** of by ICRC	2	40%	
IV. Formal complaints that proceeded to ICRC and are still pending			***What does this information tell us?*** *The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.*
V. Formal complaints withdrawn by Registrar at the request of a complainant ∆			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	3	60%	
** ***Disposal:*** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*			
* ***Formal Complaints:*** *A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that*			

do not result in a formally submitted complaint.

ŧ **ADR***: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.*

Δ *The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.* # *May relate to Registrars Investigations that were brought to ICRC in the previous year.* ** *The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.* φ **Registrar's Investigation:** *Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.* **NR** = *Non-reportable: results are not shown due to < 5 cases (for both # and %)*
Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE
Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ⌋ Recommended   ⌋ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2020	

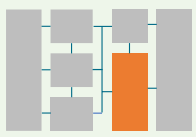| Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisionsǂ						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising		1					
II. Billing and Fees							
III. Communication					1		
IV. Competence / Patient Care							
V. Fraud							
VI. Professional Conduct & Behaviour						3	
VII. Record keeping							
VIII. Sexual Abuse / Harassment / Boundary Violations							
IX. Unauthorized Practice							
X. Other *<please specify>*							

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.
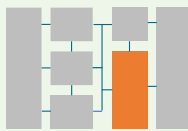
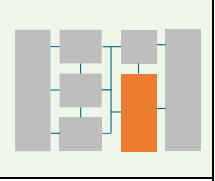*ⱡ NR = Non-reportable: results are not shown due to < 5 cases.*

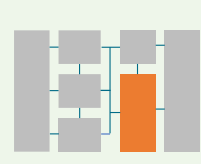| |
|---|
| *++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or findings.* |
| ***What does this information tell us?*** *This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.* |
| *Additional comments for clarification (if needed)* |

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13 **All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.**	

Statistical data collected in accordance with recommended methodology or College own methodology:	☐ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 11. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2020	**93**	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2020	**126**	

*   **Disposal Complaint:** *The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

*   **Disposal Registrar's Investigation:** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13 **All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.**	

Statistical data collected in accordance with recommended methodology or College own methodology:	☐ Recommended ☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:	

Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. **
I. An uncontested^ discipline hearing in working days in CY 2020	2	
II. A contested# discipline hearing in working days in CY 2020	0	*The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*

* **Disposal:** *Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).*
^ **Uncontested Discipline Hearing:** *In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.*
\# **Contested Discipline Hearing:** *In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE
Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	2	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	2	***What does this information tell us?*** *This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	1	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	2	

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

NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE
Standard 13   **All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.**

Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type	#	*What does this information tell us?* This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
I. Revocation$^+$	0	
II. Suspension$^\$$	2	
III. Terms, Conditions and Limitations on a Certificate of Registration**	0	
IV. Reprimand$^\wedge$ and an Undertaking$^\#$	0	
V. Reprimand$^\wedge$	2	

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

\+ Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to "revoke" the certificate which terminates the

registrant's registration with the college and therefore his/her ability to practice the profession.

\$ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:

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

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

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his

or her practice #   An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:
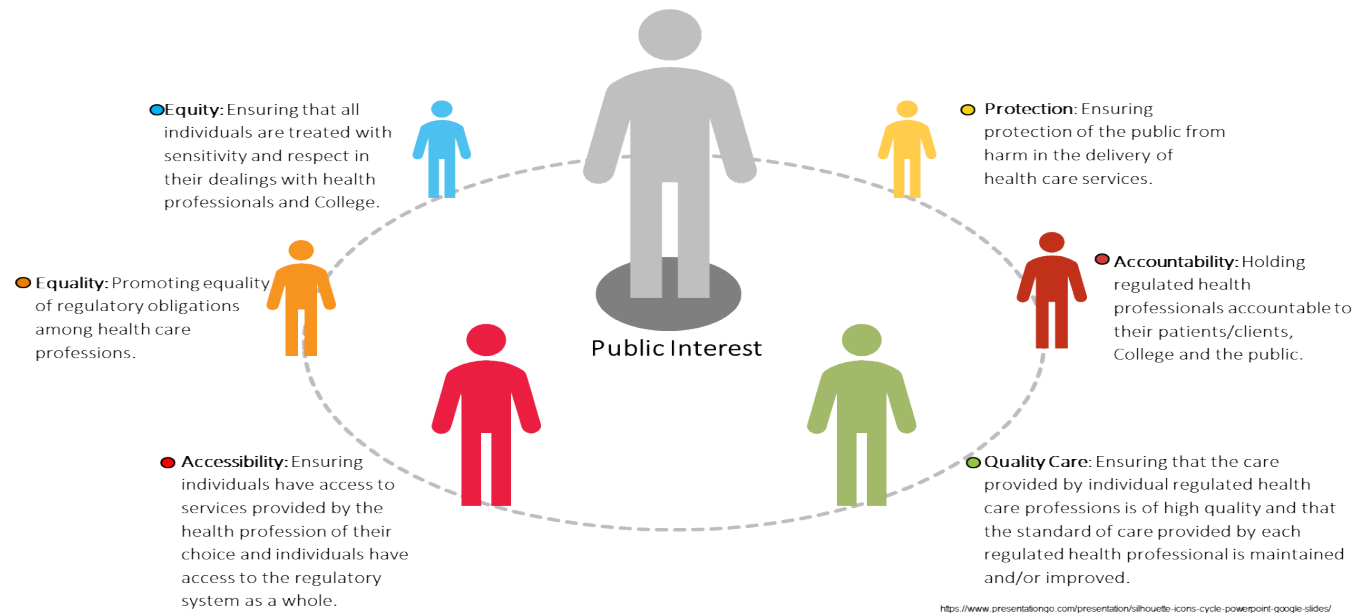
Regulatory Oversight and Performance Unit Health
Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division Ministry of Health
438 University Avenue, 10th floor Toronto,
ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST
in the context of the College Performance Measurement Framework

Equity: Ensuring that all individuals are treated with sensitivity and respect in their dealings with health professionals and College.

Equality: Promoting equality of regulatory obligations among health care professions.

Accessibility: Ensuring individuals have access to services provided by the health profession of their choice and individuals have access to the regulatory system as a whole.

Public Interest

Protection: Ensuring protection of the public from harm in the delivery of health care services.

Accountability: Holding regulated health professionals accountable to their patients/clients, College and the public.

Quality Care: Ensuring that the care provided by individual regulated health care professions is of high quality and that the standard of care provided by each regulated health professional is maintained and/or improved.

https://www.presentationgo.com/presentation/silhouette-icons-cycle-powerpoint-google-slides/

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

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

Whereas all health regulatory colleges were required to complete and submit the CPMF to the Ministry of Health and post the final copy to their websites by March 31, 2021; and

Whereas staff have completed a draft submission, which was provided to Council for review, and further refinement will occur after the March 1 Council meeting;

Resolution

Therefore, be it resolved that Council accept the draft CPMF for submission to the Ministry and posting to the College website on March 31, 2021.

Moved by:

Seconded by:

Date: March 1, 2021

2020/2021 Committee Composition- Revised February 2021

Committee	Professional members	Public members	Member(s)-at-large
Executive	Jennifer Pereira, Chair Ben Matthie Elwin Lau	Mary Pat Moore, Vice-Chair Leslee Brown	n/a
Finance	Jennifer Pereira Ben Matthie	Chad McCleave, Chair Mary Pat Moore	n/a
Registration	Ryan Wight, Chair Graydon Raymer Elwin Lau Jennifer Pereira Susan Garfat Ben Phalavong	Sara Gottlieb, Vice-Chair Victoria Nicholson Leslee Brown (alternate – if needed) Teresa Bendo (alternate – if needed)	Jaclyn Benn Holly Wykes Kristin Baker
Quality Assurance	Graydon Raymer, Chair Marie Cousineau Candace Glowa Susan Garfat	Leslee Brown, Vice-Chair Victoria Nicholson Teresa Bendo	Mardy Fraser Alicia Oliveira Jane Gage Adeola Giwa Xana Ouellette
ICRC	Elwin Lau, Chair Ben Matthie Susan Garfat	Chad McCleave, Vice-Chair Leslee Brown Teresa Bendo	Michelle Young Doug Freer Francesca McKenzie Leanne Smith Evan Irani Kimberly Finnie
Patient Relations	Ryan Wight Jennifer Pereira Marie Cousineau Ben Phalavong	Teresa Bendo, Chair Victoria Nicholson, Vice-Chair Mary Pat Moore Sara Gottlieb	Ariel Zohar Aaron McCullagh Edward Madou Mashood Khan
Examination Appeals	Ben Matthie, Chair Ben Phalavong	Chad McCleave Mary Pat Moore	
Discipline	All	Sara Gottlieb, Chair Mary Pat Moore, Vice-Chair All	Alyssa King Pamela Paquette
Fitness to Practise	Jennifer Pereira, Chair All	All	Amber Provencal Levesque

Resolution- Approval of revised Committee slate for 2020/2021

Whereas staff determined that a conflict existed on the Exam Appeals Committee because the Committee Chair was also a member of the Registration Committee; and

Whereas a new chair for the Exam Appeals Committee was needed immediately to call a meeting to review pending appeals; and

Whereas Executive Committee approved via email that Ben Matthie be appointed Chair of the Exam Appeals Committee to allow a meeting to proceed; and

Whereas to allow Council members to continue developing leaderships skills, Victoria Nicholson agreed to be appointed to the Patient Relations Committee and to be the Committee's Vice-Chair;

Therefore, be it resolved that Council approve the following changes to the 2020/2021 Committee slate:

- Ben Matthie is appointed Chair of the Exam Appeals Committee
- Victoria Nicholson is appointed to the Patient Relations Committee and is also appointed Vice-Chair

Moved by:

Seconded by:

Date: March 1, 2021