

Council Meeting Agenda

Date and Time: March 27, 2017 at 9:00 a.m.

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

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

	ITEM	BY WHOM	TYPE	ACTION	TIME
1	Call to Order Roll Call	M. P. Moore	Verbal	Information	9:00 am
2	Conflict of Interest	M. P. Moore	Verbal	Decision	9:05
3	Approval of Agenda	M. P. Moore	Verbal	Decision	9:10
4	Approval of Minutes	M. P. Moore	Verbal	Decision	9:10
5	<p style="text-align: center;">Action Items from the December 5, 2016 Meeting</p> <ul style="list-style-type: none"> • Staff to review and revise the Terms of Reference for the Planning and Finance Committee - Complete • Staff to follow up with the Health Boards Secretariat regarding process for public appointee reimbursement - Complete • Cara Moroney to revise the ADR policy to reflect that ADR agreements are not made public, but are kept on members' internal record - Complete 				9:15
6	Quality Assurance <ul style="list-style-type: none"> • Continuing Professional Development: Prescribed Learning Module policy revision • Peer and Practice Assessment policy revision 	K. Johnson/ L. Thacker	Document	Decision	9:20
7	Executive Committee/President's Report <ul style="list-style-type: none"> • CKO-Universities Liaison Committee Report • Professional Associations Meeting 	M. P. Moore	Verbal	Information	10:00
BREAK					10:15
8	Briefing on Bill 87	B. Kritzer/ C. Moroney	Verbal	Presentation/ Document	10:30
9	Registrar's Report	B. Kritzer	Verbal	Information	11:30
LUNCH					12:00 pm
10	Patient Relations <ul style="list-style-type: none"> • Approval of Practice Standard- Supervision & Education of Students & 	C. Moroney	Document	Decision	1:00

	Support Personnel				
11	Finance and Planning a. Appointment of Auditor b. Budget 2017-2018 c. Operational Plan 2017-2018	C. McCleave	Document	Decision	1:45
BREAK					2:45
12	Reports Discussion a. Q4 Interim Finance b. Q4 Business Plan Update c. Registration Committee d. Inquiries, Complaints and Reports e. Discipline Committee f. Quality Assurance g. Patient Relations	M. P. Moore	Document	Information/ Decision	3:00
13	Public register by-law amendment	C. Moroney	Document	Decision	3:30
14	2017 Council Elections • Direction to Registrar to call election	M. P. Moore	Document	Decision	3:45
15	Council Self-Evaluation	M. P. Moore	Verbal	Information	4:00
ADJOURNMENT					4:15

College of Kinesiologists of Ontario Council Meeting Minutes	
Date/Time of Meeting	Monday, December 5, 2016 at 9:00 a.m.
Chair	Mary Pat Moore
Timekeeper	Mary Pat Moore
Note taker	Zeina Yusuf
Present	Mary Pat Moore, Michelle Meghie, Daniel Crete, Graydon Raymer, Michelle Young, Elwin Lau, Nicole DiFilippo, Kalen Johnson, Lori-Anne Beckford, Ken Alger, Marilyn Bartlett, Samantha Eyles Teleconference: Fergal O'Hagan, Steve Anderson, Chad McCleave (10a.m.), Gennady Vaserbakh
Regrets	Alexander (A.J.) Stephen, Jennifer Pereira
Staff in Attendance/ Guests	Staff: Brenda Kritzer, Nancy Leris, Cara Moroney, Stamatis Kefalianos, Magdalena Reder, Ryan Pestana, Zeina Yusuf Guests: Deanna Rudiak from CG Group, Rod Hare from Association of Registered Kinesiologists of Ontario (ARKO), Stuart Moulton via teleconference from Ontario Kinesiology Association (OKA).
Constitution of the Meeting	As a notice of the meeting had been duly given in accordance with the by-laws of the College of Kinesiologists of Ontario and a quorum was present, the meeting was duly constituted for the transaction of business.
Conflict of Interest	None declared.
Approval of Agenda	UPON A MOTION duly made by Kalen Johnson and seconded by Daniel Crete, it was resolved that the agenda be approved. CARRIED.
Approval of Minutes	UPON A MOTION duly made by Lori-Anne Beckford and seconded by Graydon Raymer it was resolved that the Minutes of September 12-13, 2016 be approved. CARRIED.
	Mary Pat Moore, President, welcomed new public-appointed Councillors Ken Alger and Marilyn Bartlett. Quality Assurance Committee Report Kalen Johnson, Committee Chair, provided an update. At its last meeting, the Committee underwent its annual training on the mandate and duties of Committee members, the peer and practice assessment review process and emerging issues in the Quality Assurance portfolio. Peer and Practice Assessment (PPA) The Committee met to decide eight cases from the Spring 2016 PPA cycle. Based on member and assessor feedback, the PPA pre-questionnaire will be revised to ensure members are better prepared for the patient/client record

	<p>review.</p> <p>it was reported that members who reported insufficient currency (less than 1,500 hours of practice in the previous three years) at renewal will be selected to undergo a PPA in 2017.</p> <p>Ethics and Professionalism Module</p> <p>The College is in the final stages of completing its ethics and professionalism e-learning module. The module will be a mandatory component of the Quality Assurance Program. It is intended to guide members in applying the essential competencies, practice standards and code of ethics in their practice.</p> <p>The online platform is being pilot tested by members and is scheduled to launch in spring 2017, following the end of the self-assessment period.</p> <p>Prevention of Sexual Abuse e-Learning Module</p> <p>The College is developing a learning module on the prevention of sexual abuse. This initiative is in keeping with recent action taken by the Ministry of Health and Long-Term Care to strengthen the <i>Regulated Health Professions Act, 1991</i> (RHPA) and how colleges respond to allegations of to sexual abuse of patients by members.</p> <p>Similar to the ethics and professionalism module, this module will explain relevant practice standards and present scenarios to members on establishing appropriate boundaries and recognizing warning signs of inappropriate behaviour. The College has facilitated several focus groups to develop content that is reflective of most practice roles, settings, and that reflects current sexual abuse issues in health care.</p> <p>Student Placement</p> <p>The College's first student placement was completed in November. Carlyn Aspilla, from the University of Guelph-Humber, assisted the Quality Assurance Program and other program areas with projects. Some of her key projects were developing a recordkeeping video for kinesiologists and a new presentation for students.</p>
	<p style="text-align: center;">ICRC Report</p> <p>Lori-Anne Beckford, Committee Chair, provided an update on the Committee's fall meetings. She reported that the newly constituted Committee underwent its annual training.</p> <p>The Committee approved the appointment of an investigator relating to a Registrar's report. It met again to consider two cases: one case regarding a referral from the Quality Assurance Committee for non-compliance and one is a complaint.</p> <p>The Committee also considered the draft policy on Alternative Dispute Resolution, which is to be considered by Council.</p>

	<p style="text-align: center;">Discipline Committee Report</p> <p>Steve Anderson, Committee Chair, updated Council on the ongoing disciplinary matter. A pre-hearing conference was held with respect to a referral made for Christopher Challenger.</p> <p>A panel has been selected for the hearing taking place on January 16, 2017. The panel members are Mary Pat Moore, Ken Alger and Jennifer Pereira.</p>
	<p style="text-align: center;">Patient Relations Committee Report</p> <p>This was a nil report. The Committee met last in February 2016.</p>
	<p style="text-align: center;">Executive Committee Report/President's Report</p> <p>Mary Pat Moore provided an update on the last Executive Committee meeting. At this meeting, the creation of Finance and Planning Committee and Committee Chair appointments were approved. The Committee discussed training for Committee Chairs and provided suggestions as to what the training should include and common issues faced by Chairs when facilitating meetings.</p> <p>Brenda and Mary Pat also reviewed Council's Code of Conduct and noted the importance of attendance at Committee meetings and panels.</p>
	<p style="text-align: center;">Registration Committee Report</p> <p>Samantha Eyles, Committee Chair, provided an update. The Committee met for its annual training in October.</p> <p>The Fall entry-to-practice examination was held on September 17th and 265 candidates wrote with 72% passing.</p> <p>From June to August, renewal notices were sent to all members.</p> <p>Stamatis Kefalianos, Director, Registration, provided statistics from the 2016 renewal period. The presentation included information about current registrants, their practice areas, education background and various employment statistics. It was noted that significant changes to membership numbers in 2016 were due to the grandparenting period ending.</p> <p>Stamatis reviewed the entry-to-practice exam development process. It was noted that the Examination Committee, Item Writing Committee and the exam administration provider work in tandem to develop the exam.</p>
	<p style="text-align: center;">Finance Q3 Interim Report</p> <p>Nancy Leris, Director, Finance and Operations, provided an interim report for quarter 3.</p> <p>The most significant changes to the revised projections were in the Office and General and Rent and Facilities line items. There was an increase in bank charges due to the high volume of grandparenting applicants and renewals. Rent and Facilities was increased due to remediation work following a flood in the College's in-suite washroom. Nancy reported that expenditure under Professional Conduct has been less than allocated as this is a demand driven portfolio. Any surplus at year-end will be directed to the reserve fund.</p>

	<p style="text-align: center;">Business Plan Q3 Update</p> <p>Nancy Leris provided an update on the College’s activities for Q3.</p> <p>During the renewal period, College staff contacted members who had been suspended to ensure they understood their obligations. Additionally, the members’ employers were notified of their suspension.</p> <p>A Finance and Planning Committee was established in Q3. This Committee will deliberate on financial matters and advise the Registrar and Council. As the College engages in projects with other colleges and FHRCO, as well as responds to Ministry directives, such a committee will be beneficial to the operational planning.</p>
	<p style="text-align: center;">Outlook for 2017</p> <p>Brenda provided an outline of the College’s proposed initiatives for 2017.</p> <p>The College will work on various support mechanisms for victims of sexual abuse, including financial support. As a proactive measure, the College is developing a learning module for members on the prevention of sexual abuse.</p> <p>Staff will explore ways to further membership engagement through surveys, focus groups, consultations and participation in committees. Additionally, there will be continued collaboration with professional associations to discuss issues within the profession impacting the College’s mandate of public protection.</p> <p>The College plans to review its standards, core competencies and Jurisprudence e-learning module to ensure members are provided with relevant and valuable resource for their practice. A priority this year will be to focus on employer education with regards to the value of employing a regulated professional, standards and reporting requirements.</p>
	<p style="text-align: center;">Communications Update</p> <p>Ryan Pestana provided an update on various communications campaigns.</p> <p>The College began university visits in the fall with visits to 13 universities and colleges in Ontario, reaching approximately 300 students. College staff attend career fairs and provide class presentations on the registration and examination process, and what it means to be regulated. This is an opportunity for students to ask questions they may have about the exam.</p> <p>Ryan reported on third quarter statistics for the IDS brochure campaign. The campaign has an Ontario-wide reach in doctor’s offices and the diabetes health network. Over 7,300 brochures were picked up from July to September and this has resulted in more visits to the College website. Ryan noted that the brochure has the highest pick-up in the Primary Care Network and Diabetes Health Network.</p> <p>The College developed a digital media campaign. Two videos were released in November directed at the public for distribution via Facebook and Fifth Story’s</p>

	<p>lifestyle page, For Your Life. The videos feature a registered kinesiologist interacting with a client, and focuses on how the public can find a kinesiologist and the value of seeing a regulated health professional.</p>
	<p style="text-align: center;">Registrar’s Report</p> <p>Brenda reported on a meeting held by the Ministry of Health and Long-Term Care. The Ministry has proposed amendments to the Regulated Health Professions Act that relate to the prevention of sexual abuse and the recommendations from the Ministry’s Sexual Abuse Task Force.</p> <p>Brenda reported that the Clinic Regulation Working Group report was submitted to the Ministry of Health and Long-Term Care and that there will be opportunity for further discussion of this project with the Ministry.</p> <p>College staff attended the Canadian Network of Agencies and Regulators (CNAR) Conference in November. Brenda participated on a panel where she shared the College’s Council self-effectiveness survey and staff performance review framework. Since then the College has responded to a number of requests to share these materials.</p>
	<p style="text-align: center;">Sexual Abuse Task Force Report</p> <p>Cara Moroney reported on the recommendations made by the Sexual Abuse Task Force, formed in 2015 to review how colleges are addressing sexual abuse. The task force report was released in 2016 with 34 recommendations, some of which are incorporated in the Ministry’s proposed legislative amendments.</p> <p>A number recommendations focus on increasing transparency and accountability, and enhancing education around sexual abuse. They call for strengthened requirements in the Regulated Health Professions Act (RHPA) by expanding the list of sexual abuse acts subject to mandatory revocation.</p> <p>After a strategic review of the recommendations, the College will focus its initial efforts on six recommendations and develop corresponding policies and guides. This includes the fast tracking of sexual abuse complaints and developing an information guide for patients on their rights during the complaints process. The College will also create guidelines for members on how to monitor those working under their supervision. The College will address reporting obligations through its sexual abuse learning module. The College’s application form will be reviewed to ensure applicants are aware of standards and have had no concerns prior to registration.</p> <p>The Patient Relations Committee will have an increased role in directing these initiatives for Council’s approval.</p>
	<p style="text-align: center;">NEW BUSINESS</p>
	<p style="text-align: center;">Creation of the Finance and Planning Committee</p> <p>Brenda provided a briefing note on the creation of a Finance and Planning Committee. She noted that as the College matures, new projects and initiatives</p>

	<p>will arise which require diligent planning. There is also a need for Council to better understand financial information and reporting as a not-for-profit body. The Committee will provide support to Council on understanding financial reports and audited statements.</p> <p>Mary Pat brought forward the Committee’s Terms of Reference as approved by Executive Committee. Ken Alger recommended that the terms of reference should reflect more on the planning function of the Committee and what this entails.</p>
	<p style="text-align: center;">Appointment of Committee Chairs</p> <p>Mary Pat brought forward new appointments for committee chairs as approved by Executive Committee. Council reviewed the document and had no concerns. Mary Pat encouraged the involvement of professional members as committee chairs. Brenda noted that a training session for chairs will be provided in early 2017. The training will ensure that chairs have an understanding of meeting procedures and how to run a committee meeting.</p>
	<p style="text-align: center;">Draft Alternate Dispute Resolution (ADR) Policy</p> <p>Cara Moroney, Director, Professional Conduct, presented the draft ADR policy. A presentation was given at the last Council meeting outlining the ADR philosophy and process as an alternative to the investigation process.</p> <p>The draft policy was developed to reflect a less formal and less adversarial approach to the complaints process. It outlines the process, features and criteria for suitability of the ADR option. Policies from other colleges were examined and the College reached out to the Ontario College of Pharmacists (OCP) for feedback on the policy. Their comments were incorporated into the policy and the College will work further with the OCP to develop additional policies around mediators.</p> <p>Cara clarified that if a complaint goes through the ADR process, it is not posted on the Public Register; however, it is kept on the member’s internal record. Council recommended that the policy includes this note.</p> <p>Mary Pat brought forward a motion to approve the draft ADR policy.</p> <p>UPON A MOTION duly made by Samantha Eyles and seconded by Graydon Raymer, it was resolved that the draft alternate dispute resolution policy be approved. CARRIED.</p>
	<p style="text-align: center;">Action Items</p> <ul style="list-style-type: none"> • Staff to review and revise the Terms of Reference for the Planning and Finance Committee. • Staff to follow up with the Health Boards Secretariat regarding timelines for public appointee reimbursement. • Cara Moroney to revise the ADR policy to reflect that ADR agreements are not made public, but are kept on members’ internal record
Adjournment	Motion to adjourn the meeting made by Kalen Johnson at 3:15 p.m

Policy

Type:	Quality Assurance		
Number:	3.1		
Name:	Peer and Practice Assessment: General Requirements Policy		
Status:	Final	Version:	1
Date Approved:	September 22, 2014	Date Revised:	April 14, 2015 –March 27, 2017

Policy statement: Assessing members' knowledge, skill and judgment is a priority for the College. The peer and practice assessment process is one of the key ways the College protects the public by ensuring that members are delivering competent, safe and ethical services. Each year, the College shall select General Class members to undergo peer and practice assessment. The Peer and Practice Assessment will initially assess up to no less than 1% of General Class members annually.

Procedure:

Participation and Selection Criteria

- 1) ~~Initially, up to~~ Each year, No less than 1% of members registered in the General Class will be required to participate in the Peer and Practice Assessment (PPA) ~~annually~~, including:
 - a) Members selected at random, including by stratified random sampling;
 - b) Members who were previously granted a deferral;
 - c) Members for whom a request is made by the College for the member to provide information about their self-assessment and CPD activities and/or their records of such and either,
 - i) insufficient information is provided by the member, or
 - ii) the member's records do not demonstrate that the member has engaged in adequate self-assessment or CPD activities;
 - d) Members who have not practised the profession at least 1500 hours within the previous three years¹;
 - e) Members selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of those criteria.

¹ Selection under this criterion will be based on self-reporting of practise hours on the annual renewal form.

- f) Members requiring a re-assessment following a competency enhancement process; or
 - g) Members requiring a re-assessment following a disputed assessment.
- 2) For practical reasons, selections may be grouped geographically throughout the year.
 - 3) Members may volunteer to participate in the Peer and Practice Assessment (PPA).
 - 4) Random selection of members for Peer and Practice Assessment (PPA) will be made by the Director, Quality Assurance (or his/her designate), using an in-house or online automated selection program.
 - 5) Following random selection, staff will:
 - a) Create a Report– both hard and soft copy – that provides the output of the selection:
 - i) Date the report;
 - ii) Indicate the process for creating the random selection; and
 - iii) Indicate the name of the individual who created the random selection.

Exclusions

- 6) Exclusions:
 - a) Members who have passed the College's entry-to-practice examination in the previous three years will be excluded from the random selection of members for Peer and Practice Assessment (PPA). (This excludes other types of referrals as described above).
 - b) Members who have been reviewed through a Peer and Practice Assessment (PPA) and have met the College's criteria for satisfactory knowledge, skills and judgment will be excluded from the random selection pool for a minimum of five years.

Notification Procedures

- 7) Members are given three months from the date of selection to complete the Peer and Practice Assessment (PPA).
- 8) Members who are selected for Peer and Practice Assessment will be notified of this in writing by email.
- 9) Notice of selection for Peer and Practice Assessment (PPA) will include the following information and materials:
 - a) An outline of the Peer and Practice Assessment (PPA) process;
 - b) The start and end date of the three-month period for Peer and Practice Assessment (PPA)s for those selected at random and the deadline by which the assessment must be carried out;
 - c) A pre-assessment questionnaire intended to solicit information to support the allocation of an appropriate assessor and facilitate efficient arrangement of the assessment;
 - d) A copy of the Membership Guide to the Peer and Practice Assessment (PPA) for review prior to the Assessment; and

- e) Instructions on requesting a deferral.
- 10) If a deferral or exemption is requested the member must submit the request, in writing, to the College within 10 business days of receiving the selection letter specifying the timeframe requested, and provide appropriate supporting documentation.
- 11) Decisions regarding deferrals, extensions and exemptions are made on an individual basis. Staff has the authority to grant extensions, which cannot be longer than three months, and deferrals as defined by the QA Committee. Requests of a different nature to those set previously by the Committee (no precedent) will be presented to the Committee for a decision.
- 12) If a member requires special accommodation for the Peer and Practice Assessment (PPA) the member must submit the request, in writing, to the College within 10 business days of receiving the selection letter, specifying the accommodation requested (e.g. a learning disability requiring extra time for discussions or physical accommodation requirements).
- 13) Decisions regarding special accommodation are made on an individual basis.

**Notice of Assignment
of an Assessor**

- 14) Staff will assign an assessor to each selected member.
- 15) As far as is practicable and based on the responses in the pre-Assessment Questionnaire, members participating in Peer and Practice Assessment (PPA) will be assigned an assessor from a similar area of practice.
- 16) Members requesting service in French will be assigned a French speaking Assessor.
- 17) Members will be notified in writing of the assessor that has been assigned to them as soon as reasonably possible after the receipt of the pre-assessment questionnaire by the College. The Assessor Allocation Notice will include:
 - a) The name and registration number of the assessor; and
 - b) Instructions regarding notifying the College of any potential bias and the format for doing so.
- 18) Staff ask both the assessor and the member about potential bias in the pairing using the following questions:
 - In considering whether there is a potential bias, reflect on the following questions:
 - a) Have you had a working or personal relationship with this individual in the past?
 - b) How close were your interactions?
 - c) How long ago was this relationship?

- d) If the answer to the first question is yes, would you view this assessor as being unbiased in relation to you and your practice?
- e) Could you or the facility in which you work reasonably be viewed as a competitor to the member/assessor (e.g. for patients, clients, referral sources, etc.)?
- f) If the answer to this is yes, would you view the assessor/yourself as being unbiased?

19) Where the matter cannot be resolved by staff, the QA Committee will review submissions related to bias at their next scheduled meeting and will respond in writing to members with its decision as soon as reasonably possible.

Location

20) For members in clinical and mixed practice, the assessment will take place at the member's primary workplace location as indicated on the College's public register.

21) Where, according to the requirements of the *Health Professions Procedural Code* and in the opinion of the Director, Quality Assurance, it is not possible to carry out the assessment in the member's primary workplace location, the member is required to meet the assessor at a mutually convenient neutral location and to provide all information (patient records, etc.) as required by the QA Regulation, policies and the *Health Professions Procedural Code*.

22) Where the member is not involved in clinical practice the assessment will occur by telephone.

Feedback on process & Assessor

23) Following the Peer and Practice Assessment (PPA) the member will receive a post assessment questionnaire that will be used to collect feedback on the process and the assessor. Feedback will be gathered and reported in aggregate form only.

Follow-up to Peer and Practice Assessment (PPA)

24) The assessor will return the Peer and Practice Assessment (PPA) Report and Patient Record Review Tool to the Director, Quality Assurance as soon as reasonably possible.

25) All participants will be sent a letter, generally within four weeks of the assessment that includes a copy of the Peer and Practice Assessment (PPA) Report, Patient Record Review Tool, a summary of the member's gaps, and a summary of the member's regulatory history. The member will be granted 30 days in which to make a submission to the QA Committee.

26) College staff will conduct an initial review of all Peer and Practice Assessment (PPA) Reports and Patient Record Review Tools received and will prepare a report for the QA Committee that:

- i. Identifies those Reports and Tools that indicate the member has met the College's criteria for satisfactory knowledge, skills and judgement; and

- ii. Identifies those Reports and Tools that indicate the member has *not* met the College's criteria for satisfactory knowledge, skill or judgement.

27) Peer and Practice Assessment (PPA) Reports, Patient Record Review Tools, summaries of the members' gaps, and summaries of the members' regulatory histories will be considered by the QA Committee at the next Committee meeting.

28) Following the QA Committee meeting staff will prepare, in addition to the meeting minutes, a chart summarizing the Committee's decision on the action to be taken in respect of each open file.

Reporting, review and notice – satisfactory PPA Reports

29) If, after considering the Peer and Practice Assessment (PPA) Report, Patient Record Review Tool, summary of the member's gaps, and summary of the member's regulatory history, the QA Committee confirms the opinion that the member's knowledge, skill or judgement are satisfactory, notice of this will be provided to the member in writing, and confirmation that the Peer and Practice Assessment (PPA) is complete. This Notice of Completion will be provided to the member as soon as reasonably possible following the meeting of the Committee.

Reporting, review and notice – unsatisfactory PPA Reports

30) The QA Committee will consider the PPA Report and any other information relevant to the assessment. If the QA Committee determines that the member's knowledge, skill or judgment is not satisfactory, the member will be advised and informed of his or her right to make a written submission to the QA Committee. This Notice of Intent to Direct Participation in Competency Enhancement will be provided to the member as soon as reasonably possible following the meeting of the Committee.

31) The member will have 30 days from the date of receipt of the Notice of Intent to Direct Participation in Competency Enhancement to make written submissions to the Committee.

32) At the next suitable meeting the QA Committee will consider any written submissions made by the member and make its final determination on the result of the assessment.

33) Should the QA Committee still be of the opinion that the member's knowledge, skill and judgement are not satisfactory, the Committee will exercise any of the powers under Section 80.2 of the *Health Professions Procedural Code*. This may include providing advice and recommendations regarding future actions to be taken by the member.

34) The member will be notified of the outcome of this meeting in writing, as soon as reasonably possible following the meeting. For those members required to participate in competency enhancement, this

notification will include reasons for the decision.

Non-Compliance

35) If, in the opinion of the QA Committee, a member selected for participation in Peer and Practice Assessment (PPA) fails to participate as required, that member may be referred to the Inquiries, Complaints and Reports Committee (ICRC) for non-compliance.

Resolution– Peer and Practice Assessment: General Requirements Policy

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

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

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

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

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

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

Moved by: _____

Seconded by: _____

Date: March 27, 2017

Policy

Type:	Quality Assurance		
Number:	2.4		
Name:	Continuing Professional Development: Prescribed Learning Module Policy		
Status:	Draft	Version:	1
Date Approved:	March 27, 2017	Date Revised:	

Policy Statement: All members of the College registered in the General Class will complete the College's prescribed learning modules. They are designed to introduce a general practice issue/topic, help members understand the fundamental concepts, guide them in integrating the new knowledge into their practice, and enable them to protect the public and themselves. The modules are not meant to be exhaustive, cover every dilemma or confirm members' competence.

Procedure:

- 1) The modules provide a series of practice scenarios based on case studies, and a quiz that tests members' knowledge and ability to analyze the relevant issues. Members are expected to use their results to identify areas for improvement in their individual learning plans.
- 2) Aggregate results will be used to help the College identify areas where members may benefit from additional educational resources.
- 3) Prescribed learning activity will be considered acceptable continuing professional development activity for the purposes of the QA Program.
- 4) The learning modules will be implemented as a mandatory program requirement for all members in the General Class, and must be completed within a prescribed timeline (e.g. three months of the start date).
- 5) Members are required to complete the learning module through the use of the Self-Assessment Portal. The format of the module allows members to complete the module at their own pace, individually or with a group, and monitors each member's completion to confirm compliance with the QA Program requirements.
- 6) Members are not normally required to submit evidence of completion of the prescribed learning modules to the College unless requested to do so by a College employee. Members who fail to submit evidence of completion or other information regarding the prescribed learning module in response to a request by the College will be notified that they are eligible for Peer and Practice

Assessment and may be referred to the Inquiries, Complaints and Reports Committee for non-compliance.

- 7) Members selected for Peer and Practice Assessments or referred to the Inquiries, Complaints and Reports Committee for non-compliance will have their prescribed learning module status reviewed by College staff to confirm completion of the requisite module(s).

Resolution– Continuing Professional Development: Prescribed Learning Modules Policy

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

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

Whereas the Continuing Professional Development: General Requirements Policy addresses continuing professional development which is self-directed; and

Whereas the College will issue prescribed learning modules designed to introduce important general practice issues/topics, help members understand the fundamental concepts, and guide them in integrating the new knowledge into their practice;

Therefore, be it resolved that Council approves the recommended amendment to the Continuing Professional Development: Prescribed Learning Modules Policy.

Moved by: _____

Seconded by: _____

Date: March 27, 2017

COLLEGE OF
KINESIOLOGISTS
OF ONTARIO



BILL 87 – Changes to the RHPA

March 27, 2017



Background: Drivers for change

- ❖ The Sexual Abuse Task Force Report
- ❖ Media and public scrutiny – calls for transparency
- ❖ Government priorities
- ❖ 8-9 years since the last major amendments to RHPA



The Amendments

The amendments can be grouped into 4 topics:

1. Reducing & eliminating sexual abuse
2. Enhancing Transparency
3. Increasing ministerial powers
4. Miscellaneous amendments

Eliminating and Addressing Sexual Abuse (SA)



- a) Regulations on how to investigate and prosecute sexual abuse
 - *Wait and see. No College action at this time*

- b) Additional funding for those complaining of sexual abuse through the abuse therapy fund
 - *Contribution of \$20,000 to the fund this fiscal year*
 - *Policies and procedures to be developed once specifics of legislation passed*

- c) Offences leading to mandatory revocation expanded
 - *Ensure College resources amended to reflect changes, e.g., jurisprudence. Practice Standards. etc.*

Eliminating and Addressing Sexual Abuse



- d) Other orders by the Discipline Committee
 - i) No gender-based restrictions
 - *No changes required (never done)*
 - ii) Minimum of suspension required (for all other SA cases)
 - *Would be decided through discipline decisions and precedence*
 - iii) No deferring of penalties ordered by the Discipline Committee
 - *No changes required by the College*

Eliminating and Addressing Sexual Abuse



- d) Revised definition of patient (for purposes of SA)
 - i) 1 year post-clinical termination
 - *Requires revisions of standards and guidelines, jurisprudence, etc.*
 - *Education and communication to membership, applicants, students, universities*
 - ii) regulation-making power on criteria to determine definition
 - *work with FHRCO to provide advice to government (not sure whether this power will be used in immediate future)*

- f) Increased fines for failing to make mandatory report
 - *educational campaign for members on mandatory reporting*



Enhancing Transparency

- a. Expansion of information on public register
 - Requires by-law amendments to comply with provisions in legislation, e.g. removal of information provisions

- b. New mandatory self-reporting obligations
 - Requires revisions of standards and guidelines, jurisprudence
 - Education and communication to membership
 - Update of public register to include this information

- c. Posting Council meeting materials
 - College is already doing this. No action required



Increased Ministerial Power

- a) Mandating committee structure
 - No College action required at this time. Will work with FHRCO to advise Ministry of Health

- b) Additional prescribed functions for the Patient Relations Committee
 - No College action required at this time.
 - Committee will also work to revise all standards regardless of whether they deal with sexual abuse

- c) Collection and disclosure of information by Colleges
 - Wait and see; no action required at this time



Miscellaneous Amendments

- a) Disclosure of information in the public interest (including long-term care homes)
 - *No immediate action required.*
 - *Once enacted - will develop a policy outlining how the College will assess whether disclosure is necessary*

- b) Earlier Interim Suspensions (for ICRC)
 - *No action required at this time*

- c) Alternative Dispute Resolution (ADR) and withdrawal of complaints
 - *No action required at this time*
 - *College working on ADR policies – will not be affected by amendments*



Thank You

Web www.coko.ca

Email info@coko.ca



Federation of Health Regulatory Colleges of Ontario (FHRCO)
Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
email: bakenny@regulatedhealthprofessions.on.ca
web: www.regulatedhealthprofessions.on.ca
Phone: 416-493-4076/Fax: 1-866-814-6456

February 27, 2017

Hon. Dr. Eric Hoskins, Minister
Ministry of Health and Long-Term Care
Hepburn Block, 10th Flr
80 Grosvenor St
Toronto ON M7A 2C4

TRANSMITTED BY FAX AND EMAIL

Dear Minister Hoskins:

Re: Submissions of the Federation of Health Regulatory Colleges of Ontario on Bill 87

The Federation of Health Regulatory Colleges of Ontario welcomes the opportunity to make submissions on the proposed amendments to the *Regulated Health Professions Act (RHPA)* found in Schedule 4 of Bill 87, *Protecting Patients Act, 2016*.

Introduction

The Federation is the provincial organization that brings together the 26 health regulatory Colleges for the health professions governed under the *RHPA*. Under the statutory mandate to protect the public interest through regulation, the Colleges govern more than 300,000 health professionals in Ontario.

The members of the Federation are committed to having the strongest legislative framework available to support patients and prevent sexual abuse. The Federation supports the intent and assumed goals of Bill 87; many of the provisions in Bill 87 that pertain to transparency have already been implemented by many *RHPA* Colleges. In some areas, Bill 87 could go further to protect the public and support the effectiveness of College complaints, investigations, and discipline processes.

The Federation's members, with their expertise in regulating health professionals in the public interest, can provide a unique perspective in ensuring that the proposals are effective and able to achieve the outcomes that will protect the public. As such, the Federation is making a number of suggestions, collating the amendments into four substantive topics dealing with:

1. Reducing and Eliminating Sexual Abuse;
2. Enhancing Transparency;
3. Increased Powers of the Minister; and
4. Miscellaneous Amendments.

We have also provided an appendix which addresses drafting issues. The Federation understands and supports the intentions behind these revisions to the *RHPA* and the *Health Professions Procedural Code* (the “Code”) but there are some matters that we believe are quite significant and need to be carefully considered in order to avoid unintended negative consequences.

While we have provided as much feedback as possible in this early submission, we know that more could be achieved through ongoing discussion as the Bill moves through the legislative process.

1. Reducing and Eliminating Sexual Abuse

a. Minister Prescribed Functions: RHPA s. 43(1)(w). This amendment permits the Minister to make regulations specifying how Colleges are to investigate and prosecute sexual misconduct cases. In addition, the Minister can make regulations providing for further “functions and duties” for Colleges.

Federation member Colleges, with experience in sexual abuse matters, are continually working to improve their procedures for dealing with such cases; many of the proposals relating to sexual abuse in Bill 87 and in the Sexual Abuse Task Force report have already been implemented. Federation members, who operationalize legislation, are offering to work with the Ministry on regulations as they are developed. Federation members also look forward to working with the external advisor who will be appointed. Our suggestions in this area are put forward to strengthen the legislative framework to ensure that the provisions will achieve the desired outcome and avoid unintended negative consequences.

The Federation will have additional comments to make about this amendment and would welcome further information from the Ministry about the intent of the legislative amendments.

b. Funding for Sexual Abuse: RHPA s. 43(1)(y), Code s. 1.1, 85.7, 95(1)(q). The intention of this amendment is to expand funding for individuals who may have been sexually abused. As we understand it, eligibility for funding for a person who makes a complaint, or is the subject of a report that alleges sexual abuse, commences when the complaint or report is made. In addition, the Minister may make regulations expanding the types of expenses for which funding will be provided. The amendments also state that awarding funding will not be taken as a finding that sexual abuse occurred and cannot be considered by any other committee of the College, which reduces the likelihood that an appearance of bias challenge could be successfully made.

While the Federation supports broader access to funding, we note that these amendments may have a contrary effect in some instances.

Under the amendments, Colleges will no longer be able to maintain (or create) alternative criteria for funding by regulation (e.g., criminal findings of sexual assault of a patient; where the patient has not been named in a complaint or report). Accordingly, where Colleges intended to go beyond the criteria established in the Code, it might not be possible to do so. We urge revisions to avoid this.

c. Mandatory Revocation: RHPA s. 43(1)(u) and (v), Code 51(5) and (5.1), 71.1. The criteria for a mandatory revocation (and the corresponding inability to apply for reinstatement for at least five years) will be expanded to include a list of additional sexual acts. Additional grounds can be enacted through a Minister's regulation. The mandatory revocation also applies where a regulator outside of Ontario makes a finding of professional misconduct that involves the expanded list of revocable sexual acts. In addition, the Minister can make a regulation designating certain offences (e.g., sexual assault, fraud) as also requiring mandatory revocation.

The Federation supports the expansion of mandatory revocation for frank acts of sexual abuse. We are concerned about whether using a prescribed list of sexual acts is too restrictive an approach to take and would welcome the opportunity to discuss other approaches which might afford a higher level of protection without unintentionally excluding some acts that are potentially no less egregious than those on the list.

d. Other Orders by the Discipline Committee in Sexual Abuse Cases: Code s. 51(4.1) and (4.2), 51(5).2, 51(5).3(vi) and (vii). A discipline panel will be prevented from ordering gender-based restrictions in any case (not just sexual abuse cases). Where a discipline panel makes a finding of sexual abuse that requires mandatory revocation and defers the penalty portion of the hearing, it must immediately suspend the member's certificate of registration until the mandatory revocation is ordered. In addition, where a finding of sexual abuse is made and mandatory revocation is not required, a suspension must be ordered.

The Federation supports these changes. In our view, the requirement to suspend a member immediately where there is a finding that requires mandatory revocation is essential to public protection. We note that beyond sexual abuse findings, there are other situations in which mandatory revocation arises and this provision should be expanded to cover all such findings (i.e., offence findings resulting in mandatory revocation discussed in submission 1(c) above). There is no reason to permit a practitioner to keep practising where revocation will inevitably result when the penalty hearing is held. In fact, permitting the practitioner to practise in the interim could encourage attempts by the member to delay the penalty hearing.

e. Definition of Patient for Sexual Abuse Purposes: RHPA s. 43(1)(o), Code s. 1(6). These amendments address the definition of persons who constitute patients in the context of sexual abuse. A "patient" will include former patients for a period of one year after the professional relationship ends (or such longer time as prescribed in a College's regulation). In addition, the Minister can make regulations setting additional criteria for the definition of a "patient".

The Federation supports the intent of these proposed amendments, but urges an approach that will reduce the risk of unintended consequences. The Federation appreciates the need to prevent a practitioner from circumventing the mandatory penalty provisions in this amendment. The ambiguity in the proposed wording could prevent Colleges from fully addressing the goals of this amendment.

Colleges recognize that defining a "patient" is challenging and many have worked on defining a patient as appropriate for professions' practices and practice settings. We concur that there can be

value in consistency across professions but note that the provider/patient interface is highly variable. The nature of a “patient” may even vary considerably within a single profession (e.g., a radiologist viewing an x-ray as compared to a psychiatrist, both of whom are physicians).

In order to recognize this variability, courts show deference to the contextual approach taken by College Discipline Committees (e.g., *College of Physicians and Surgeons of Ontario v. McIntyre*, 2017 ONSC 116, and *Clokie v. Royal College of Dental Surgeons (Ontario)*, 2016 ONSC 4164).

We note, as well, that there are implications to having a different definition of “patient” for sexual abuse purposes and other purposes (e.g., abandonment of patients, billing, record retention, conflicts of interest) and this warrants further exploration.

Instead of a “one size fits all” approach, we believe that there would be value in prescribing criteria for defining “patient” for the purposes of sexual abuse (e.g., sharing of personal health information; circumstances where the person might reasonably rely on the practitioner in making health care decisions; reasonable expectation of being able to obtain additional services).

We also note that the proposed wording is ambiguous as it does not identify when the one-year period begins. It might be anticipated that this ambiguity could lead to unnecessary legal proceedings.

The Federation looks forward to further discussion of these issues.

e. Fines Increased for Failing to Make a Mandatory Report: Code s. 93(2) and (3). The maximum fine on a first offence for an individual who fails to make a mandatory report relating to sexual abuse will be doubled to \$50,000. For corporations, it will be quadrupled to \$200,000.

The Federation takes the mandatory reporting provisions seriously and supports these amendments.

2. Enhancing Transparency

The Federation believes that increased transparency, including the proposals in Bill 87, will enhance Ontario’s health professional regulatory system, which is recognized as having one of the most open professional regulation statutes in the world.

a. Expansion of the Public Register: RHPA s. 43(1)(t), Code s. 23, 94(1)(l.2). The mandatory, universal content of the Colleges’ public registers will be expanded. New information would include: the date a former member died if known, cautions, Specified Continuing Education and Remediation Programs (SCERPs), the date and status of referrals to discipline, a copy of the specified allegations, a synopsis of disciplinary and incapacity decisions even where the finding was that the allegations were not proved, acknowledgements and undertakings, and any inspection outcomes. Also, the Minister will be able to make a regulation requiring additional information to be placed on the public register. The Registrar will now have an explicit duty to post all information promptly. The Registrar will also be required to correct information that is incomplete or inaccurate. The “pardon” provision,

permitting the removal of less serious findings after six years, will be amended to prevent the deletion of any findings of sexual abuse, not just those where there has been sexual touching.

Colleges already have made by-laws placing most, if not all, of this information on their public registers and we support the provisions related to transparency in Bill 87. These provisions will bring consistency in the details of precisely how this information is posted on the register. We do note, however, that the expansion of the public register does not appear to include items that some Colleges currently post, such as relevant pending charges, bail conditions, and convictions. Those items appear to remain within the discretion of individual Colleges.

We also note that our ability to ensure that information related to criminal proceedings is complete and up-to-date is hampered by our own access to information. It would be a tremendous advance in the protection of the public interest to require the Attorney General to promptly notify Colleges of these events when they relate to registered practitioners.

In relation to this section, the Federation is quite concerned with the inclusion of an explicit requirement to correct information that is incomplete or inaccurate. Colleges already correct information that they learn is inaccurate or is no longer accurate. The current drafting of this section could allow for court challenges by members who might consider it their legal “right” to dilute the content of the wording on the public register, making the usefulness of the information negligible for the public. The outcome will be public register postings that are of less assistance to the public accessing them. This is a prime example of unintended consequences.

The Federation also raises whether the proposal to place a synopsis of incapacity determinations on the public register has been fully analyzed for compliance with the Ontario *Human Rights Code* and section 15 of the *Canadian Charter of Rights and Freedoms*. These determinations relate to whether the member has a disability that interferes with the safe practice of the profession, e.g., mental illnesses or substance abuse disorders that impair judgment. Even if this provision is found to be legal, there needs to be consideration regarding how public protection is enhanced by publishing details of those proceedings or determinations as opposed to the terms, conditions, and limitations that arise from them which are posted on the public register.

The Federation also notes that Bill 87 does not address transitional issues such as whether the posting of additional information applies to the date of the conduct, the date of the referral to discipline, or to the date of the disposition that occurs after the enactment. This lack of clarity is likely to result in legal challenges that will delay implementation and may lead to inconsistency of interpretation amongst Colleges.

b. New Mandatory Self-Reporting Obligations: Code s. 85.6.3, 85.6.4. Two new self-reporting obligations will be created. The first will require members to report all other regulatory bodies they are registered with and any findings of professional misconduct or incompetence (but not incapacity) made by those bodies. The second will require members to report all charges for an offence and any resulting bail conditions.

Many Colleges already require the reporting of this information through their by-laws. While the Federation generally supports the inclusion of these provisions, it would be desirable also to require the Attorney General to notify Colleges of charges for an offence and release conditions of practitioners.

c. Posting Council Meeting Information on the College Website, Code s. 7(1.1) and (1.2). Colleges will be required to post the dates and agendas for upcoming Council meetings on their websites.

Many Colleges already post this information. Currently the wording of the proposed amendments does not require the posting of Council meeting materials, which would enhance this provision. We note, however, that if Council meeting materials are added to the amendments, explicit exceptions should be specifically included for privileged materials (e.g., legal advice) as well as information that relates to any part of the meeting that it is anticipated will be closed to the public.

3. Increased Powers of the Minister

a. Committee Structure: RHPA s. 43(1)(p) to (s), Code s. 10(3), 17(2) and (3), 25(2) and (3), 38(2), (3) and (5), 64(2) and (3), 73(3).3, 94(1)(h.1) to (h.4). The Minister will have the power to make regulations controlling all aspects of the structure of the statutory committees. This authority will place in the hands of the Minister, and beyond the purview of the Legislature, the power to make fundamental changes to the very essence of self-regulation. Further submissions, including submissions from individual Colleges, will be made on this issue. At this point, the Federation believes it is impossible to assess the significance and impact of these broad ranging amendments without first seeing the proposed Minister's regulations. If enacted, the Federation trusts that the Minister will consult with the Colleges before making any regulations.

4. Miscellaneous Amendments

a. Disclosure of Information where there is a Compelling Public Interest: RHPA s. 36(1)(g). There are significant issues with the confidentiality provisions of the RHPA beyond the ability to disclose confidential information with regulators of long-term care homes (discussed below). For example, some Colleges have experienced media reports to the effect that someone told the College of a threat to public safety "and the College did nothing". Currently a College is generally not able to say anything other than that the matter is under investigation. This inability to respond to the assertion, particularly where it is incorrect, undermines public confidence in the College. Clause 36(1)(g) of the RHPA should be amended to read, "...if, in the opinion of the Registrar, there is a compelling public interest in the disclosure of that information".

b. Earlier Interim Suspensions: Code s. 25.4, 37, 62, 63(1). The ICRC will now be able to make an interim order prior to a referral to discipline. The criteria for making an interim order is expanded to include situations where the member's physical or mental state places the public at risk even in non-incapacity cases. This amendment will enable the earlier protection of the public in urgent cases, especially where an extensive investigation still needs to be done. Interim orders cannot include

gender-based restrictions. There are a number of significant drafting issues with these provisions which are described in the Appendix.

c. Disclosing Information to Regulators of Long-Term Care Homes: RHPA s. 36(1)(d). The confidentiality provision will be amended to permit disclosure of College information to the regulators of long-term care homes. The Federation recommends that this duty should be expanded to include regulators of other similar facilities and would suggest that a corresponding duty be created for the long-term care home (and related) regulators to disclose information to the Colleges.

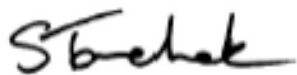
Conclusion

The members of the Federation are offering to work with the Ministry to share their experience and expertise in the regulation of healthcare professionals in Ontario. Daily, Federation members operationalize legislation, and we can help to prevent any undesirable implications of legislative amendments before unintended consequences occur.

Generally, the Federation supports the overarching objectives of the proposed amendments contained in Bill 87. In some cases, members have already implemented the changes that would follow through enactment of these legislative amendments and, as has been identified, some of the proposed changes do not go far enough. The Federation has also made a number of suggestions to ensure that the intent of the Bill is achieved. Finally, the Federation has identified a number of drafting issues, some of which are quite significant, and would ask that these be given close scrutiny.

The Federation appreciates the opportunity to be part of the process to ensure that the public is fully protected.

Sincerely,



Shenda Tanchak, President
Federation of Health Regulatory Colleges of Ontario¹

cc. Dr. Bob Bell, Deputy Minister, Ministry of Health and Long-Term Care
Ms. Denise Cole, Assistant Deputy Minister
Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch
Stephen Cheng, Manager (Acting), Regulatory Policy Unit
FHRCO Board of Directors

¹ The College of Naturopaths of Ontario has not approved the letter but has agreed to stand aside and allow the Federation's response to proceed.

Appendix 1

Drafting Suggestions (In Sequential Order)

Drafting Suggestions for Amendments to the Act

- S. 5(2) the proposed wording is that the Minister can require Council to disclose the personal or personal health information of a member. It is suggested that the “Council” be replaced with “Registrar” as the current wording would require that Council be informed of the personal or personal health information of a member.
- S. 5(2.2) requires Colleges not to disclose personal information “if other information is sufficient for the purposes set out in subsection (2.1)”. It would be difficult for Colleges to determine these purposes since they are so broad. It might be better to rephrase s. 5(2.2) so that the Minister is not permitted to request personal information or personal health information if it is unnecessary for the purpose since the Minister is more familiar with the purposes.
- S. 43(1)(w) it is unclear whether the phrase “functions and duties” relates only to allegations of sexual misconduct or whether it could relate to anything the Colleges do. While the context is about sexual misconduct it would enhance clarity if the phrase “with respect to matters involving allegations of a member’s misconduct of a sexual nature” was repeated after the words “functions and duties”.

Drafting Suggestions for Amendments to the Code

- S. 7(1.2) indicates that if the Council intends to exclude the public from a Council meeting, the website posting should indicate this and the grounds for doing so. However, we note that decisions to exclude the public must be made by Council at the meeting. Accordingly, before the meeting is held, one can only speculate as to whether portions of the meeting will be closed and why. Council will not have considered the issue yet. The provision should probably begin with: “If the Registrar anticipates that Council will exclude the public from any meeting or part of a meeting under subsection (2), the anticipated grounds for doing so ...”.
- S. 23(2).2 relates to former members. The phrase “The name of each former member of the College” implies that, without this authorizing provision, information about former members could not be posted on the public register². That undermines the approach taken by most Colleges that information about former members can and should remain on the public register. To eliminate this possible unintended consequence, the provisions should simply begin: “2. Where a member is deceased,...”³ This drafting concern is potentially of enormous significance.

² There is sometimes an inference in law that making a list (here, a list of information about former members that is on the public register) implies that items not on the list are excluded (i.e., the “*exclusio unius*” rule).

³ Or, in the alternative, at least separate out the two items so that the names of all former members are one paragraph and the date of death is a separate paragraph. This would reinforce the interpretation that additional items about former members could be added through College by-laws.

- S. 23(2).9 refers to the “notice of specified allegations against a member”. There is no such document at most, if not all, Colleges. It should be reworded to read: “A copy of the specified allegations ...”.
- S. 23(2).11 requires acknowledgements and undertakings (A&U’s) to be posted if they are “in relation to professional misconduct and incompetence”. The intent is probably to differentiate them from A&U’s for incapacity and quality assurance. However, the language is unclear as to whether they include ICRC A&U’s or apply just discipline A&U’s. Perhaps the following phrase might be clearer: “in relation to concerns of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee”.
- S. 23(2) refers to a number of dispositions of the ICRC (e.g., cautions, SCERPs, A&U’s) that stay on the public register permanently. However, some Discipline Committee dispositions are eligible to come off the public register after six years (see S. 23(11)). It seems inconsistent to make less serious ICRC dispositions appear on the register permanently while some discipline dispositions are potentially temporary. The two provisions should be reconciled, perhaps by repealing s. 23(11).
- S. 23(14) defines the results of a hearing using the phrase “and where the panel has made no finding, includes the failure to make a finding”. This language is confusing as a finding is always made. Preferable language would be similar to the following: “and including any finding that professional misconduct or incompetence has not been proved”.
- S. 25.4(1) permits interim orders to be made upon receipt of a complaint or “report”. In this context, the “report” refers to the s. 79 report of the Registrar to the ICRC at the conclusion of an investigation. The obvious intent of the amendments is to permit the ICRC to make an interim order immediately upon the concern being identified as urgent, not after a lengthy investigation is undertaken. To achieve this intent, the word “report” should be changed to “the appointment of an investigator under section 75”. This drafting concern is potentially of enormous significance.
- S. 25.4(4) deals with the duration of interim orders. There are two drafting issues with this provision:
 - The language in the Bill says that the order ends upon the “disposition” of the matter by the ICRC which, conceivably, could end the interim suspension upon a referral to discipline. To reduce ambiguity, the provision could be worded: “(4) An order under subsection (1) continues in force until the matter is finally determined.” An alternative, but less satisfactory, solution would be to change the phrase “otherwise disposed of by a panel of the Inquiries, Complaints and Reports Committee” to read: “otherwise *finally* disposed of by a panel of the Inquiries, Complaints and Reports Committee”.
 - It is unclear whether an interim order can be amended if necessary. For example, additional information may come to the attention of the College indicating that a more restrictive interim order is needed to protect the public. On the other hand, the practitioner may propose amendments that would protect the public as much as, or even more than, the original order while having a less severe impact on the member.These drafting concerns are potentially of enormous significance.
- S. 51(5.1) requires a mandatory revocation lasting at least five years where a regulatory body outside of Ontario has made a finding of professional misconduct involving revocable sexual acts. However, this provision does not apply to findings made by regulatory bodies inside Ontario. For

example, if a practitioner was also registered with the Ontario College of Social Workers and Social Service Workers or the Ontario College of Teachers and was revoked by one of them for frank sexual acts, the practitioner would not necessarily be revoked by the *RHPA* College. This result could also conceivably occur where a practitioner is registered with two *RHPA* Colleges. The solution would be to amend 51(1)(b) to remove the requirement that the misconduct finding must be for a regulator outside of Ontario. Including other Ontario regulators is also more consistent with the drafting approach taken in s. 85.6.3. This drafting concern is potentially of enormous significance.

- S. 85.6.4 requires members to self-report when they are charged with an offence and every bail condition imposed. There are a number of drafting issues with this provision.
 - Unlike the other self-reporting duties, the provision does not include a requirement to disclose the location of the entity laying the charges or imposing the bail conditions (i.e. the location of the courthouse where any information has been laid or any indictment has been preferred in relation to the member). This omission will make it difficult for Colleges to verify the accuracy and completeness of the self-report (which sometimes minimizes the conduct).
 - S. 85.6.4 requires members to self-report every bail condition. Not all relevant restrictions on conduct flowing from a charge are contained in bail conditions. Other instruments that contain similar restrictions include terms of release and peace bonds, for example. A more precise list of relevant restrictions might read as follows:

“A member shall file a report in writing with the Registrar if the member has been charged with an offence, and the report shall include information about every condition of release imposed on the member as a result of the charge including, but not limited to, information regarding any summons, appearance notice, promise to appear, undertaking or recognizance whether with or without sureties. A member shall also file a report in writing with the Registrar if the member has entered into a common law peace bond or a recognizance pursuant to s. 810, s. 810.01, s. 810.011, s. 810.02, s. 810.1, s.810.2 or s. 83.3 of the *Criminal Code*.”

In the alternative a broader provision could be used such as: “every bail condition or other restriction imposed on or agreed to by the member relating to the charge”.

Practice Standard- Clinical Supervision & Education/Supervision/Delegation During Placemen of Students & Support Personnel

Definitions

Student: Currently enrolled in an educational institution, and as part of that education, is seeking work experience.

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

Intent

The College encourages members to participate, ~~where possible,~~ in the preparation of students/support personnel for future practice. ~~The College also has an obligation to protect the public through the regulation of members' practice. Since the College only regulates members,~~ membersAs regulated health professional, kinesiologists must be aware of their responsibilities and accountability when they are acting as a supervisor ~~a complaint regarding the conduct or actions of student/support personnel could result in an investigation of the supervising member.~~

Standard Statement Objective

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

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

Description of Standard Performance Expectations

A member demonstrates the Standard by:

1. Maintaining professional accountability for all aspects of care/service which they assigned to students/support personnel including:

Standards – Professional Misconduct – Clinical Education/Supervision & Education of Support Personnel and Students, n/Delegation During Placement – June 2012– April 2017

- ~~initial assessments and evaluations;~~
- ~~interpretation of referrals;~~
- ~~the development, evaluation and modification of the treatment plan;~~
- ~~documentation and billing;~~
- ~~discharge planning (not to be assigned to students/support personnel);~~
- ~~maintaining professional boundaries (see below for more details)~~

Comment [k1]: This is a contradiction within the sentence. Make it a separate point

~~1.2.~~ Evaluating the knowledge, skills and ~~clinical reasoning judgment~~ of the student(s)/support personnel being supervised prior to ~~any assignment~~.

~~2.3.~~ Ensuring that the duties assigned to students/support personnel ~~are commensurate with the complexity of the environment/practice setting are appropriate and take into consideration the complexity of the practice environment along with~~ their:

- knowledge, skills and ~~clinical reasoning judgment~~,
- level of education,
- ~~e~~Experience, and
- ~~c~~Confidence

~~3.4.~~ Ensuring that the student/support personnel is competent to perform any ~~clinical~~ intervention, service or activity that is assigned to them.

~~4.5.~~ Conducting ongoing ~~training and~~ evaluation of students/support personnel to ensure that:

~~5.6.~~ they are competent to perform any ~~clinical~~ intervention, service or activity that is assigned to them; and

~~7.~~ their performance of assigned clinical interventions, services and activities meets the standard of practice of the profession.

~~6.8.~~ ~~Documenting training and evaluation of students/support personnel.~~

~~7.9.~~ ~~Minimizing risk of harm to the patient or client by e~~Ensuring that he or she supervises students/support personnel ~~are supervised~~ at an appropriate level based on consideration of the activities ~~to be performed and assessment of the level of competency of the student/support person that the student/support personnel will perform, minimizing any potential risk of harm to the patient/client.~~

~~10.~~ Obtaining informed consent from patient/clients or their substitute decision-makers prior to involving students/support personnel.

~~8.11.~~ ~~Obtaining informed consent for any course of treatment or change in the treatment plan (this is not to be assigned to students/support personnel)~~

~~9.~~ Ensuring that patient/client records and related documentation ~~reflect accurately who has entered what information/notations and who has provided what services or performed which acts described in the notes. that it is a student/support personnel that completed the documentation and indicates what services they provided~~ written or completed by students/support personnel includes their name, student/support personnel status and are transparent as to who performed what services.

~~10.~~

Formatted: Indent: Left: 0.63 cm, No bullets or numbering

~~11,12.~~ Ensuring that patient/client records and related documentation written or completed by students/support personnel include a formal acknowledgment that the information has been reviewed by the supervising member.

~~12,13.~~ Immediately discontinuing student/support personnel involvement in circumstances where their actions or deficient knowledge, skills or clinical reasoning places the patient, client or public at risk, or where the patient/client withdraws consent for their involvement.

~~1.~~ Maintaining professional accountability for all aspects of care/service assigned to students/support personnel including:

- ~~• initial assessments and evaluations;~~
- ~~• interpretation of referrals;~~
- ~~• the development, evaluation and modification of the treatment plan;~~
- ~~• documentation and billing;~~

~~13,14.~~ discharge planning (not to be assigned to students/support personnel);

Education regarding Professional Boundaries

Members are not only accountable for the care/service provided by students/support personnel, but are also responsible for ensuring that maintaining professional boundaries are maintained between the student/support personnel and the patient/client. Members are expected to:

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

Definitions

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

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

Legislation

Regulated Health Professions Act, 1991

Notation

~~In the event of any inconsistency between this standard and any legislation that governs the practice of members, the legislation governs.~~

Cataloguing Information	
Number:	
Committee:	
Subject:	

Decision Note

Date: March 27, 2017

Issue: Revisions of Clinical Supervision Standard

Background:

- The Clinical Supervision Standard (note the title is being revised to be more straightforward) was developed and approved prior to proclamation, along with the other Practice Standards, and was an important building block towards achieving proclamation
- Two of our standards have been revised since proclamation – Professional Boundaries and Record Keeping in order to update the information and also make them more streamlined.
- Because the practice standards were developed prior to proclamation there was no membership to circulate the standards to for comment. Giving the profession an opportunity to provide important feedback and insight is crucial to ensuring our standards are comprehensive and relevant.
- In the College's strategic initiatives under Strategic Goal #2 – Support for members – the College has committed to systematically reviewing and updating all existing standards over the next couple of years
- Further, protecting patients from boundary violations by unregulated and/or support personnel was one of the issues identified by the Sexual Abuse Task Force Report (SATF). Hence updating the Clinical Supervision Standard is a priority for the College.

Analysis

- A review of the Practice Standard – Clinical Supervision, indicated an opportunity to respond to the concerns in the SATF by devoting a new section in the standard specifically around kinesiologists' accountability to ensure supervised personnel maintain appropriate boundaries with clients
- Revising this standard and devoting this specific section will help instill public confidence in the kinesiology profession and better educate members on their accountability for their own professionalism as well as that of others
- In circulating the standard and inviting comment we will also reinforce our educational efforts regarding professional boundaries more generally and the risk for sexual abuse.
- The consultation will help us to inform the membership about other changes that will be coming with Bill 87 and to help them understand these changes in the broader context of current changes to the health regulatory system.

Cataloguing Information	
Number:	
Committee:	
Subject:	

- Other changes to the standard include minor revisions for clarity and changes in the format to reflect the new format in the two previously revised standards – Record-Keeping and Professional Boundaries.
- The Patient Relations Committee (PRC) has reviewed the revisions and also offered additional amendments reflected in the version recommended to Council.
- The PRC recommends that Council circulate this Practice Standard for comment

Motion:

- To approve for public circulation and comment, the revised Practice Standard – Clinical Supervision to the membership and stakeholders for a period of 60 days.

Decision of Council/Committee:

-

Moved by_____. Seconded by_____

Date:_____



Resolution –Appointment of Auditor for 2016-17

Preamble:

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

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

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

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

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

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

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

Therefore

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

Moved by:

Seconded by:

Date:

College of Kinesiologists of Ontario - Revenue Projections & Operating Cost Estimation - 2017/2018 - 2019/2020

	Budget	Revised Projections				
	2016/2017	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Revenues	(\$)	(\$)	(\$)	(\$)	(\$)	\$
Jurisprudence Fee	17,063	27,378	14,475	14,475	14,475	14,475
Application Fee	40,000	53,000	30,000	30,000	30,000	30,000
Examination Fee	160,000	199,315	120,000	120,000	120,000	120,000
Registration Fees	1,269,788	1,697,373	1,656,563	1,699,540	1,745,217	1,788,153
Interest At Bank	3,000	3,296	3,000	3,000	3,000	3,000
Total Revenue Projections	1,489,851	1,980,362	1,824,038	1,867,015	1,912,692	1,955,628
Operating Expenses	Budget 2016/2017 \$	Revised Projections 2016/2017 \$	2017/2018 \$	2018/2019 \$	2019/2020 \$	2020/2021 \$
Council and Committees	71,500	60,000	60,500	69,500	69,500	69,500
Professional Services	30,000	38,000	29,125	29,408	29,696	29,990
Communications/Media	152,700	81,000	145,700	86,700	136,700	86,700
Rent and Facilities Costs	219,527	237,723	224,421	231,978	235,685	243,547
Office and General	82,100	113,390	108,910	106,410	108,410	110,410
Staff Salaries/Benefits & Stat Remittances	850,000	830,000	895,903	931,739	969,008	1,007,768
Registration Costs	161,600	152,000	169,150	139,750	139,750	139,750
Quality Assurance Costs	74,400	45,000	82,170	53,170	53,170	53,170
Professional Conduct	116,000	51,000	59,500	49,000	50,000	50,000
TOTAL OPERATING COSTS	1,757,827	1,608,113	1,775,379	1,697,655	1,791,919	1,790,835
SURPLUS (DEFICIT)	(267,976)	372,249	48,659	169,360	120,773	164,793
Inflation at 2% per year beginning 2018/2019				1,731,608	1,827,757	1,826,652

**COLLEGE OF
KINESIOLOGISTS
OF ONTARIO**



Draft Operational Plan 2017-2018

About the Operational Plan

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

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

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

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

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

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

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

Strategic Initiatives:

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

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

Strategic Initiatives:

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

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

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

Strategic Initiatives:

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

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

Strategic Initiatives:

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

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

Strategic Initiatives:

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

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

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

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

Operational Plan 2017-18

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

Strategic Initiatives	Commitments for 2017-18	Status (Q1)
<p>Begin outreach to employers of kinesiologists so that employers understand their reporting obligations, the standards that kinesiologists must adhere to and the benefits of regulation to the employer. This will be done by leveraging kinesiologists' high engagement with the College and using them to reach employers</p>	<ul style="list-style-type: none"> • Develop and distribute employer-focused brochure • Enhancements to website to include employer responsibilities • Distribution of brochure via e-newsletter to members, including background article 	
<p>Continue working with FHRCO on a Federation-wide public awareness campaign that promotes regulated health professions in Ontario and the benefits of regulation to the public</p>	<ul style="list-style-type: none"> • Support FHRCO's launch of new website in 2017-18 directed at increasing public awareness and understanding of health professions governance 	
<p>Continue the development of public awareness campaigns that highlight the role of kinesiologists in the healthcare system and how the College protects the public</p>	<ul style="list-style-type: none"> • Continue current brochure campaign using vendor's network of doctors' offices and the diabetes health network. • Consider additional mechanisms in which kinesiologists in practice can be profiled. Currently two videos aimed at the public are available through the website and You Tube. 	

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

Strategic Initiatives	Commitments for 2017-18	Status (Q1)
Development of communications pieces directed to members that enhance their competencies (e.g. consent, reporting obligations, appropriate boundaries, ethics, etc.)	<ul style="list-style-type: none"> • Focused articles in @CKO throughout 2017 on mandatory reporting, maintaining boundaries, and obtaining consent • Release video on peer and practice assessment • Produce a video on consent • Release of videos on standards and professionalism 	
Survey kinesiologists on the efficacy of College communications and how we can enhance communications	<ul style="list-style-type: none"> • Develop online survey to gauge members' feedback on the website and e-newsletter • 	
Understand and address members' needs for professional development	<ul style="list-style-type: none"> • Launch Ethics and Professionalism e-Learning Module And Prevention of Sexual Abuse e-Learning Module • Increase number of peer and practice assessments 	
Facilitate quarterly meetings with presidents and executive directors of professional associations to collaborate on professional development opportunities and discuss approaches to membership engagement	<ul style="list-style-type: none"> • Partner with professional associations to explore how to meet members' continuing professional development and competency enhancement needs. 	
Encourage further enrichment of university undergraduate programs	<ul style="list-style-type: none"> • Continue work with representatives of educational institutions to improve their understanding of students' needs and to collaborate on education/training opportunities for members • Facilitate second College student placement in partnership with Ontario academic institution 	
Ensure that members have access to practice guidance through mentorship program, practice resources, webinars and workshops	<ul style="list-style-type: none"> • Develop further practice resources internally 	
Analyse and develop responses to QA program evaluation metrics	<ul style="list-style-type: none"> • Conduct program evaluation to measure impact of programming, relevance, and to identify efficiencies • Facilitate focus groups to solicit feedback on program components and stakeholder satisfaction. 	

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

Target	Measures	Status (Q1)
Provide opportunities for members of the public and all stakeholders to comment on bylaws, policies, programming and quality of College's website	<ul style="list-style-type: none"> • Circulate for comment revised standard on supervision of support personnel • Engage members in development of definition of "inactive" • Publish on college website and in Newsletter, how the College is actively working to prevent sexual abuse by members 	
Provide information to the public on it's members and on the College's continuing transparency efforts	<ul style="list-style-type: none"> • Review website to ensure that it is easy to navigate and to identify ways in which users can access information on our members, on policies and practices, and on new initiatives. • Review opportunities to participate in public meetings, publish on our website and newsletter, our availability to attend speaking engagements • Ensure public register provides the necessary information pursuant to transparency by-laws 	
Collaborate with other Colleges to harmonize transparency practices and to align with or cooperate in developing policies and standards (e.g. streamlined record keeping, clinic regulation)	<ul style="list-style-type: none"> • Review actions taken by others to enhance transparency and evaluate whether their methods are transferrable to the CKO 	
Respond to legislative changes regarding transparency	<ul style="list-style-type: none"> • Analyse requirements of Bill 87 to ensure that we have met all requirements 	

Operational Priority One: *Registration policies and administrative processes are fair, effective and efficient*

Target	Measures	Status Q1
Registration processes are consistent with the Fair Access to Regulated Professions Act and the work of the Office of the Fairness Commissioner (OFC)	<ul style="list-style-type: none"> • Implement recommendations for improving registration practices (if identified by the OFC during Audit) • Work with educators to encourage development of remediation/upgrading education options. • Revise application and renewal forms to ensure reporting of any instances of complaints relating to behaviours which would be considered disgraceful or dishonourable by the profession, particularly as such behaviours would relate to sexual abuse. • Revise policy on how Registration Committee will handle “good conduct” reviews. 	
Suspended and inactive class members understand and meet requirements to re-enter active practice	<ul style="list-style-type: none"> • Processes in place to manage inactive class such that members remain closely connected to the College • Ensure that suspended members, and members facing revocation, are duly informed of suspension and implications of such. (This is for non-payment of fees) • Policy development on re-entry after revocation for non-payment. 	
Jurisprudence e-Learning Module reflects the changing practice and regulatory environment	<ul style="list-style-type: none"> • Jurisprudence module revised and updated relating to sexual abuse with new practice scenarios. 	
The examination development process meets the College’s needs and fairly evaluates the competency of potential measures	<ul style="list-style-type: none"> • Develop new contract for provision of examination development and administration services. • Consider the development of an online exam 	
Reassess Kinesiologist Core Competency Profile and blueprint in year 5 (2017/2018)	<ul style="list-style-type: none"> • Develop plan for updating Core Competency profile. 	

Operational Priority Two: *the College demonstrates good governance, sound risk management and strategic acuity*

Target	Measures	Status (Q1)
Risk to the College's reputation, viability, and mandate are understood by Council and mitigating strategies are in place to assure ongoing operations	<ul style="list-style-type: none"> • Risk Management Strategy re-evaluated to ensure that policy requirements re: sexual abuse therapy fund are addressed. • Council members will complete the Council Effectiveness Evaluation Framework and identify actions necessary by the Council or the College to improve effectiveness. 	
Council plans for the long term as well as the short-term and ensures that operational plans align with strategic goals and are responsive to the changing environment of health care governance	<ul style="list-style-type: none"> • Respond to ministry strategies on governance model for health professionals • Collaboration with other regulators and the ministry regarding regulation to address issues in clinics • Development of performance measures through business planning and auditing 	
The College database (iMIS) responds to the needs of staff, applicants and members	<ul style="list-style-type: none"> • Review and clean-up of data • Software upgrade • Re-design application and renewal forms to ensure alignment with MOHLTC requirements • Re-design applicant and member portals to enable greater self-service functionality • Implement process to register professional corporations • Design and build QA program tables in database to conduct program analytics, identify risk factors and evaluate impact of programming, and enhance functions of communication with membership 	

Operational Priority Three: *The College fulfills its mandate diligently and takes actions to protect the public from professional misconduct by kinesiologists*

Target	Measures	Status (Q1)
Committee members and assessors demonstrate the necessary expertise, judgement and accountability in their actions and decisions	<ul style="list-style-type: none"> • Assessors participate in mandatory annual training session • Conduct review of peer and practice assessment component to adopt a risk-based/harm-reduction assessment framework • Council members are provided with training in conflict of interest, chairing meetings, writing decisions, and specific committee mandates 	
Victims of sexual abuse by members receive prompt and sensitive attention from the College	<ul style="list-style-type: none"> • Support is made available to patients who may be victims of sexual abuse by members • Specific procedures are implemented for handling on a priority basis, any complaints of sexual abuse 	
The College responds to legislative changes regarding sexual abuse	<ul style="list-style-type: none"> • Policies and bylaws re developed regarding supports to be provided to victims of sexual abuse by members 	
Members clearly understand appropriate behaviours to be maintained	<ul style="list-style-type: none"> • Members are provided with guidance, and support in maintaining professional behaviours (see above concerning mandatory e-learning modules) • Scheduled review of all standards over next 1-2 years 	
Members clearly understand their mandatory reporting obligations	<ul style="list-style-type: none"> • Materials are developed for members on mandatory reporting obligations. • Member education is developed concerning mandatory reporting. 	



Resolution: Approval of Budget and Business Plan for 2017-2018

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

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

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

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

Therefore, be it resolved that Council approve the budget and business plan for 2017-2018.

Moved by:

Seconded by:

Date: March 27, 2017



Issue/Decision Note

Date: March 25, 2017

Issue: Adding funds to the Abuse Therapy Reserves

Background:

- The Abuse Therapy Fund is mandated by *the Regulated Health Professions Act, 1991*
- It is intended to be a fund for victims of sexual abuse to access in order to pay for therapeutic counselling with respect to the sexual abuse they suffered at the hands of a regulated health professional. Such funds are available to victims once other funding from insurance and OHIP are exhausted.
- Currently, the College's fund is at \$10,000
- While the fund has not been accessed and the College has not investigated any allegations of sexual abuse, legislative changes coming to the RHPA make it prudent for the College to contribute more funds in the coming years
- The College is proposing to add \$20,000 in the 2016/17 fiscal year. This has been approved by the Finance and Planning Committee.

Analysis:

- Currently, the Abuse Therapy fund can only be accessed by a victim(s) after a finding of sexual abuse has been made by the Discipline Committee. Further, the money must be paid directly to a specified counsellor and can only be spent on counselling services related to the abuse.
- Changes to the RHPA proposed in Bill 87 will allow victims of alleged sexual abuse to apply for funding from the fund from the point in time of the filing of the complaint or the report – they would not have to wait until a finding has been made by the Discipline Committee, which can be months or even years.
- Further, the use of money from the fund may be extended beyond just the therapy itself, to include other costs associated with the victim accessing therapy such as transportation costs, child care costs, etc.
- The money will not have to be paid back if there is no finding of sexual abuse.
- The need to support victims is extremely important and may also assist victims in better participating in the College's investigation and prosecution processes.
- Further, the College plans to make it part of their policies regarding addressing sexual abuse that victims are made aware of their right to access the fund.
- Because the funding will be made available earlier, there is potential that more applications will be made and be made sooner. The College needs to prepare prudently for this possibility.

Outcome Desired:

- To contribute the said amount to the Abuse Therapy Fund

Decision of Council:

Moved by _____. Seconded by_____

Date: _____

COLLEGE OF KINESIOLOGISTS OF ONTARIO - RESERVE FUND BALANCES

INTERNALLY RESTRICTED FUND BALANCES	O/B 2014-2015	2015-2016	2016-2017	C/B 2016-2017
	\$	\$	\$	\$
Abuse Therapy	10,000		20,000	30,000
Investigations & Hearings	20,000	100,000	20,000	140,000
Property & Technologies	40,000	50,000		90,000
Total				260,000

Unaudited year: Approved by Finance Committee

REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE PROJECTIONS TO YEAR END
FOR THE FISCAL YEAR 2016/2017

updated 28-02/2017

	1	2	3	4	5
CATEGORY	APPROVED REVENUE FORECAST	REVENUES RECEIVED TO DATE (interim)	REVISED PROJECTIONS	VARIANCE	
	\$	\$	\$	\$	
Revenue:					
Jurisprudence Fee (\$48.25)	17,063	26,779	27,378	10,315	
Application Fee (\$100)	40,000	52,000	53,000	13,000	
Examination Fee (\$400)	160,000	199,315	199,315	39,315	
Registration Fees*	1,269,788	1,693,598	1,697,373	427,585	
Interest Income	3,000	2,756	3,296	296	
TOTAL REVENUE	1,489,851	1,974,448	1,980,362	490,511	
*	Approved Forecast	Interim Actual (Apr- Feb)			
	\$	\$	Approved Forecast before Athletic Therapists registered		
New Registrants					
- Sept - Nov (\$650)	38,350	81,900			
- Dec - Feb (\$487.50)	12,188	34,651			
- Mar - May (\$325)	6,175	128,475			
- Jun - Aug (\$162.50)	5,525	28,763			
Renewal (\$650)	1,139,450	1,357,459			
Inactive (\$200)	61,800	54,600			
Inactive Late (\$50)	-	1,150			
Registration Late Fee (\$100)	6,000	6,600			
Re-instatement Fee (\$325)	300	-			
Total	1,269,788	1,693,598			

Notes

All revenue categories are expected to exceed projections by end of Q4.

EXPENDITURES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST TO YEAR END 2016/2017

update 28/02/2017

	1	2	3	4	5
CATEGORY	BUDGET	EXPENDITURE TO DATE	FORECAST TO YEAR END	VARIANCE	
	\$	\$	\$	\$	
Expenditure:					
Council & Committees	71,500	47,195	60,000	11,500	
Professional Fees	30,000	29,579	38,000	-8,000	
Communications & Media	152,700	72,106	81,000	71,700	
Rent & Facility Costs	219,527	231,434	237,723	-18,196	
Office & General	82,100	101,781	113,390	-31,290	
Salaries & Wages	850,000	738,483	830,000	20,000	
Registration	161,600	146,500	152,000	9,600	
Quality Assurance	74,400	44,142	45,000	29,400	
Professional Conduct	116,000	22,841	51,000	65,000	
TOTAL EXPENDITURE	1,757,827	1,434,060	1,608,113	149,714	

Notes:

Council & Committees including Elections

Expenditures to cover Examination, Council, Quality Assurance, ICRC and Discipline came under. Fewer members in Exam committee and use of teleconference for some meetings. Reduced two-day Council meetings to one day. Meetings planned for end of Q4 are Registration Committee teleconference, three Registration Committee panels, Finance Committee meeting, Patient Relations Committee meeting, Quality Assurance Committee and the two-day Council meeting.

Professional Fees

Payment to Consultant for Evaluation of Educational Equivalency and Evaluation of Draft Proposal from OATA on Specialty Designation and Accreditation

Communications and Media

Expenditures for public awareness, printing, translation and web support were lower than forecast. Competitive procurement process used. Digital strategy preferred instead of traditional print. Expenditures for pamphlet program occurred largely in 2015-2016. One final payment in Q4 for

public awareness and IT service provider

Rent and Facilities

Increase in cost due to flood in the College's in-suite washroom and College's purchase of a security cabinet for short-term secure storage.

Office and General

Increase in Bank Charges due to the volume of registration renewals and hiring of a consultant for chair's training at Council

Salaries and Wages

Vacancy in one position for two months resulting in salary variance.

Quality Assurance

Decision to forego advance payment for the annual license and hosting fee for the self assessment and CPD online tool. No reductions were offered. Work planned in Q4 for Sexual Abuse Online module will happen in next fiscal year.

Professional Conduct

Expenditures for Investigations and Discipline are demand driven. Actual spending has been less than allocations. Surplus will be directed to reserve fund. Allocations for end of Q4 for legal advice to panel chair on decision writing and court reporter fees for attendance at a discipline hearing.



Expect to receive at least 12 more people by end of fiscal year

At least 10 more new applicants

At least 10 new people register between by end of March at \$325

**COLLEGE OF
KINESIOLOGISTS
OF ONTARIO**



COLLEGE OF KINESIOLOGISTS OF ONTARIO

DRAFT
Operational Plan 2016-17

About the operational plan

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

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

Vision:

Our vision is a healthier Ontario through excellent kinesiology practice.

Mission:

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

Values:

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

Strategic Goals 2015-2018

Three Strategic Goals will drive the activities and development work of the College between 2015 and 2018.

Goal #1.

The value of the regulation of kinesiologists is demonstrated and recognized through public accountability.

This goal speaks to initiatives which:

- help the public to understand how regulation of kinesiologists adds value
- enhance the accountability of kinesiologists and in turn, the College's accountability.

Goal #2

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

This goal focuses on the College's support for its members. Support is provided through

- encouraging further enrichment of university undergraduate programs;
- understanding and addressing members' needs for professional development;
- ensuring that professional practice standards and guidelines are comprehensive, timely and meaningful.

Goal #3

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

This goal addresses public confidence in the College as a regulator that puts the interests of the public ahead of the interests of members. The goal requires the College to enhance transparency:

- understand the needs of the public for information; and
- respond to public needs with openness regarding College policies, decision-making processes, and information about College members that would be relevant to the public when making choices regarding their health care.

Environmental Scan – 2016-17

Strengths:

- The regulation of kinesiology protects the public and increases their confidence in the care and services that they receive.
- The larger kinesiology community believes in and supports the work of the College.
- The universities offering degree programs in kinesiology, human kinetics and other programs are highly supportive of the College and are welcoming of its outreach efforts.
- Professional associations are highly supportive of the College's work and willingly participate in the College's consultations with the public.
- There is strong support for the College from other health professions regulators and the Ministry of Health and Long Term Care (MOHLTC). The College is also actively collaborating with such stakeholders to advance regulatory matters.
- Regulation strengthens kinesiologists' role in the healthcare system and ensures that only qualified individuals are practising kinesiology.
- There is a growing market for kinesiology services and employers support the regulation of the profession.

Challenges:

- The MOHLTC is pursuing a reform agenda to increase access to health care services, ensure accountability of health regulators and reduce sexual abuse of patients by health professionals. Among its initiatives is a review of scopes of practice.
- Externally, the College deals with a number of professional associations on a number of policy issues. There are matters relating to registration, including the development of a policy for the consideration of specialty classes, which must be addressed to ensure that the College is properly fulfilling its mandate to protect the public.
- The College has made extensive efforts to keep registration fees low, recognizing that kinesiologists may find fees a barrier to registration. The College's ability to enhance membership support may be impacted.
- The College is engaged with a number of other regulators in exploring the potential for clinic regulation. While members recognize the need to address problems in unregulated clinics, they are not supportive of the proposed model which mirrors the RHPA model of regulation.

Opportunities:

- An effective communication plan to educate the public and employers about the regulation of kinesiology should improve the ability of the College to protect the public by helping to ensure an understanding of the College's mandate.
- Increased collaboration with other health regulators will ensure improvements in patient/client-centred outcomes and will support positive inter-professional collaboration.
- Build a reputation as a regulator which supports members in advancing their professionalism while appropriately addressing concerns when a member's practice falls below expected standards

Threats:

- The College is still in a relatively early stage of growth and development. In consequence tight resources will constrain the College's ability to mount new initiatives in public education, member professional development, examination development.

Objectives:

- Increase transparency around College processes and decisions in collaboration with the Ontario Ministry of Health and Long-Term Care, other health regulators, members and stakeholders and provide information to the public regarding members which will assist in selecting health care providers.
- Raise public awareness of the regulation of kinesiology through targeted outreach and continued enhancement of communication tools.
- Development and implementation of tools aimed at assisting members in adhering to Standards and Guidelines.
- Demonstrated good governance and administration.

STRATEGIC GOALS AND ASSOCIATED OPERATIONAL PLAN 2016

Strategic Goal #1

The value of regulation of the kinesiologists is demonstrated and recognized through public accountability.

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
<p>i. Public awareness of and confidence in the College.</p>	<ul style="list-style-type: none"> • IDS Canada brochure developed and distributed across Ontario's primary care network (doctor's offices) and the Diabetes Health Network. 100% acceptance rate in all clinics. • Research underway on outreach to employers. • Continued input to FHRCO articles directed at the public that explain self-regulation and what to expect from regulated care providers. • Two academic institutions identified to pilot college student placements. 	<ul style="list-style-type: none"> • Brochure developed and in distribution throughout IDS's primary care network and diabetes health network. • FHRCO project launched with development of marketing plan • The College will participate fully in this project. College staff provided leadership in the development of the RFPs and selection of vendor. • RFP for the selection of a graphic designer developed. 	<ul style="list-style-type: none"> • Piloted student placement program at the College 	<ul style="list-style-type: none"> • Digital public awareness campaign completed. Consisted of two videos that were strategically distributed via Facebook. • IDS campaign continues and the College's brochure is currently number one in the IDS network. • Final components of new FHRCO public-facing website put in place. The website will launch in mid-March and will promote the value of regulated practitioners. The College has been providing input into this project since its inception in early 2016. 	<ul style="list-style-type: none"> • Develop public focused materials with messages about the "value" of the regulated health care professional. • Work with FHRCO on collective messaging. • Expand list of stakeholders with which to communicate. • Increase collaboration with other professions' regulators to build profile. • Direct communications to members focused on the value of being regulated • Develop communications to employers to enhance their understanding of the value of regulated health care professionals generally, and kinesiologists specifically. • Outreach to unregulated practitioners and students • Build commitment to public accountability with practitioners, educators and students. 	<ul style="list-style-type: none"> • Materials distributed to doctors' offices and Diabetes Network directed at members of the public • Input to FHRCO Comm. Committee. • Student materials developed including FAQs • Communications directed at employers • Visit to campuses to meet with students and participate in career fairs. • Present to kinesiology students on regulation. Develop and pilot student placement program at the College in partnership with Ontario universities • Development of policies on the processes for dealing with complaints and reports and discipline referrals • Policy on reporting to 3rd parties

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
ii. Retention of members and registration of unregulated practitioners	<ul style="list-style-type: none"> Registration Committee reviewed the process for submitting a new registration regulation to the Ministry. Not proceeding at this time. Nature of Practice whiteboard developed and posted to the College's YouTube channel. 	<ul style="list-style-type: none"> All members reaching 2 year inactive status contacted directly Work plan for defining parameters of inactive vs. active Direct contact with all members applying to go inactive during 2016/17 renewal cycle before approval 	<ul style="list-style-type: none"> Staff have contacted all members applying to the inactive class. Staff have also followed up with members who have not renewed in 2016-17 to ensure they understand obligations. Employers of suspended members have been notified by mail. List of suspended and resigned members posted in the newsletter. Met with professional associations to discuss communicating with members and developing strategies to collaborate with other professions 	<ul style="list-style-type: none"> Four suspended members applied for reinstatement. Met with professional associations to discuss update from the CKO-University Liaison Committee meeting and opportunities for membership engagement. List of suspended members from last three years provided to associations. 	<ul style="list-style-type: none"> Outreach to leaders to encourage complementary approaches in communications and building the value proposition. Development of policies and tools which ensure fairness to new applicants and returning former members. Increased engagement of members in the work of the College 	<ul style="list-style-type: none"> Quarterly meetings with Presidents and EDs' of associations to discuss approaches to membership retention. Preliminary research on process for submitting regulation for review to MOHLTC. Develop Nature of Practice whiteboard to educate members re non-clinical practice, celebrate the diversity of the profession, and attract and retain intellectual wealth of leadership in the profession. Engage members in working/ focus groups, leadership roles, validation surveys and webinars to foster collective identity and professional pride; to give members voice in policy development and implementation; and to ensure resources and program components reflect diversity of profession. Build membership consensus around professionalism and ethics through consultation

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
						<ul style="list-style-type: none"> Increased outreach to members contemplating resignation or inactive status during renewal period Telephone contact with members prior to suspension for non-payment taking effect
iii. Enhance understanding of public needs for information	Consideration of posting Council meeting materials to the website.	•		•	<ul style="list-style-type: none"> Seek opportunities to communicate with members of the public, stakeholders, other professions about their interests/requirements for information and where they would like to find that information. 	<ul style="list-style-type: none"> Implement online survey to evaluate communications.
i. Employers of kinesiologists understand and support the requirements of regulated professionals to adhere to standards and adhere to requirements to report professional misconduct, release from employment for cause	<ul style="list-style-type: none"> Researching how other colleges target and inform employers. 	•	<ul style="list-style-type: none"> Letters sent to all last known employers for members suspended and resigned 	<ul style="list-style-type: none"> Q3 efforts on-going – contacted employers by phone and letter 	<ul style="list-style-type: none"> Website information for employers is expanded to include accountabilities. Kinesiologists are provided with materials to share with employers 	<ul style="list-style-type: none"> Brochure or similar materials for employers developed to provide information about the regulated profession, duty to report, role of the College.

Strategic Goal #2

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

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
i. The practice of kinesiology is enhanced by access to educational and professional development programs that provide information and training in technological and scientific advancements in the discipline and practice of kinesiology.	<ul style="list-style-type: none"> • Contacted university programs to inquire about curriculum changes and bridging programs developed and implemented leading up to and since proclamation. • QA Program Mentorship launched. • RFP released to procure developer to convert paper-based ethics & professionalism module content to online e-learning module. 	<ul style="list-style-type: none"> • Contract awarded to successful supplier to convert the paper-based content to an online format. Development is underway. • Issued call for participants to engage in webinars to identify current/emerging issues to assist in the development of a learning module on the prevention of sexual abuse. 	<ul style="list-style-type: none"> • Annual meeting of the CKO-Universities Liaison Committee • Meeting with professional associations to discuss members' competency and continuing professional development needs. • Ethics and professionalism module content converted to online e-learning platform • Facilitated focus groups with members to draft practice scenarios for sexual abuse learning module • Developed record keeping reminders video 	<ul style="list-style-type: none"> • Conducted pilot testing of the ethics and professionalism learning module. • Design of QA program database fields and tables to enable analytics. 	<ul style="list-style-type: none"> • Encourage cooperative ventures among trainers to ensure broad access to training. • Request all universities to respond to the educational requirements survey by 2016-2017 • Ensure members have access to practice guidance through: <ul style="list-style-type: none"> – mentorship program – College learning modules, webinars and workshops – expanded resource centre including regional educational sessions and employer sessions • Encourage further enrichment of university undergraduate programs, • Understand and address members' needs for professional development • Provide meaningful opportunities to members for involvement in College initiatives 	<ul style="list-style-type: none"> • Work with educational institutions to improve their understanding of members' needs for advanced education and training. • Meetings with CKO-University Liaison Committee encourage discussion of developing student experiential learning opportunities. • Partner with professional associations to meet members' continuing professional development and competency enhancement needs • Implement Quality Assurance Mentorship Program • Develop and implement ethics and professionalism online module • Develop and implement prevention of sexual abuse online module • Develop online practice resource database for members • Development of SCERPs

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
						for QA and ICRC
ii. The College understands and responds in a flexible manner to members' learning needs			<ul style="list-style-type: none"> By-law amendment posted for consultation on removing registration numbers from public register to protect members from fraudulent use and identity theft 	<ul style="list-style-type: none"> By-law to receive final approval after Council review of feedback. Two new videos being completed that explain the purpose of the practice standards and the concept of professionalism. Video that provides an "inside" look at the peer and practice assessment under development to help members better understand the process. 	<ul style="list-style-type: none"> Conduct inter-program analysis and report on trending Consider forum that engages universities and professional associations to collaborate on education/training opportunities. 	<ul style="list-style-type: none"> Sponsor strategic planning session with schools and associations. Strategic Planning meeting with professional associations to discuss training needs of members

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
iii. Professional practice standards and guidelines are comprehensive, current and meaningful	<ul style="list-style-type: none"> • Webinar of Scope of Practice in May. • Learning plan analysis used to identify key learning needs. Report provided to universities and professional associations. • Published in annual report. 		<ul style="list-style-type: none"> • Reviewing and planning for the recommendations from the SATF 	<ul style="list-style-type: none"> • Patient Relations Committee approved for presentation to Council, proposed revision of Supervision Standard 	<ul style="list-style-type: none"> • Assess gaps in practice by enhancing the analytics and trends assessment of data gathered by the College • Address gaps in areas of practice and provide support by: <ul style="list-style-type: none"> ○ directing members to educational resources (internal and external) ○ consulting and collaborating with other colleges • Reassess competency profile and blueprint in year 5 (2017-18) • Conduct a comprehensive review of the standards (2016-2018) • Revalidate the Jurisprudence e-Learning Module in 2016-17 with improved practice scenarios (<i>postpone to 2017-18</i>) • Encourage further collaboration with other colleges to ensure standards are mutually supportive, and assist kinesiologists in working collaboratively with other health professionals 	<ul style="list-style-type: none"> • Parse SA and PPA data to identify risk factors (educational background, practice area, solo practice, etc.) • Report program trending stats to stakeholders • Respond to ministry initiatives on Sexual Abuse • Re-assess Standards and Guidelines referencing boundaries to ensure that sufficient guidance is provided to members. • Develop further educational resources internally (e.g. Communication, Independent Practice, etc.) • Facilitate webinars on practice standards and guidelines

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
iv. The work environment for kinesiologists providing direct health care services in private clinics is supportive of adherence to professional practice standards	<ul style="list-style-type: none"> • Council endorsement of Clinics submission to the MOHLTC detailing the results of project. • Article on what to look for in an employer featured in the February 2016 @CKO. Re-purposed across social media and re-published in the April 2016 edition. 			<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Work as part of a collaborative team to address regulation of private clinics. 	<ul style="list-style-type: none"> • Continued participation with 12 other colleges on project to recommend to government the regulation of clinics in Ontario to better protect the public • Communication and educational pieces directed at members on working in unregulated clinics and with unregulated practitioners

Strategic Goal #3.

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

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
<p>ii. The College publishes user-friendly, timely information about its decision-making processes, policies, and members such that the public is able to understand the extent and limit of college powers, and has sufficient information about members to make informed choices about their health care needs.</p>	<p>Online application form updated.</p> <p>2016 annual renewal form revised and tested (Ongoing).</p> <p>Public register update is underway.</p> <p>ICRC trained on new transparency bylaws, decision making and risk assessment.</p> <p>Feedback on Draft Specialties Framework analyzed. Workplan under development.</p> <p>Over 100 responses received to an online survey.</p> <p>Council decision to publish all Council materials with specific exceptions (HR, investments, etc.)</p>	<p>Work underway to re-design the Public Register in accordance with the College's brand standards and requirements for transparency.</p>		<ul style="list-style-type: none"> • Re-designed public register to fit College's branding and organized information to ease navigation. Register re-launched in mid-March • New fields added that will display any former names and registration details in other professions. • Discipline hearing summary posted to register • Work underway to update the online form and the annual renewal form in order to map the data so that it corresponds with the Ministry database. • Examination results by university published on the website. 	<ul style="list-style-type: none"> • Expand list of stakeholders to consult by 10% every year • Provide opportunities for members of the public and all stakeholders to comment on bylaws, policies, and quality of the College's website. • Provide information to the public on the College's continuing transparency efforts • Provide information publicly about decision-making processes and what decisions mean • Collaborate with other Colleges to harmonize transparency practices and to align with or cooperate in developing policies and standards (e.g., streamlined record-keeping, clinic regulation) • Improve/develop the functionality of the College's database and public register to ensure seamless implementation of transparency initiative 	<ul style="list-style-type: none"> • Circulation for public and stakeholders comments of "Specialties Assessment Framework". (Jan-April 2016) • Circulation of Analysis of comments and proposed revisions of Framework • Transparency initiatives harmonized with other Colleges. Implementation of system changes by Jul 2016 to allow posting of additional information on the public registry. • Continue work with Investigations and Hearings Group (with other health regulators) to encourage similarity in College processes (as per Transparency Principles)

Operational Priority #1

Registration policies and administrative processes are fair, effective and efficient.

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
i. Registration processes are consistent with the Fair Access to Regulated Professions Act and the work of the Office of the Fairness Commissioner OFC	<ul style="list-style-type: none"> OFC assessment of the CKO's registration practice is scheduled to begin in Q3, 		<ul style="list-style-type: none"> Ongoing OFC assessment of College's registration practices. Completion of audit is to occur in Q4 (Dec). 	<ul style="list-style-type: none"> OFC audit completed in December with successful results. OFC annual fair practices report for submission for 2016 submitted for March 2017. 	The OFC audit of CKO's registration practices will demonstrate that the College has fair practises, practises are consistent with our regulation and appropriate assistance is provided to applicants.	<ul style="list-style-type: none"> Implement recommendations for improving registration practices (if identified by OFC during audit).
ii. College entry-to-practice examination is an effective tool for screening out unqualified applicants for registration	<ul style="list-style-type: none"> Spring entry-to-practice examination was administered in April. 	September examination registration complete. Examination Committee reviewed updated questions Exam on September 17	<ul style="list-style-type: none"> Fall entry-to-practice examination -265 candidates tested. No appeals 	<ul style="list-style-type: none"> Registration completed for the Spring 2017 exam. The exam is scheduled for April 1. 	<ul style="list-style-type: none"> Efficient use of examination resources to achieve potential savings 	<ul style="list-style-type: none"> Review existing contract with vendor (expires June 2017)
iii. A fair process exists for applicants for re-entry to the College		<ul style="list-style-type: none"> In planning 			<ul style="list-style-type: none"> Policies for re-entry to the College Examination of whether and how practical experience might be evaluated in relation to education. 	<ul style="list-style-type: none"> Exploration of policy and processes for applicants proposing to re-enter the College following resignation or revocation
iv. Membership in the inactive class understands and meets requirements to re-enter active practice	<ul style="list-style-type: none"> Outreach to those approaching 2 years. 	<ul style="list-style-type: none"> A guide for inactive members to apply for reinstatement will go to Registration Committee in Q3. 	<ul style="list-style-type: none"> Ongoing outreach. Policy planned for Committee in Q4. 		<ul style="list-style-type: none"> Policies and process are in place to actively manage the inactive class 	<ul style="list-style-type: none"> Policies developed and approved by Committee. Processes in place to manage the inactive class such that members remain closely connected to the College and maintain expertise.

Operational Priority #2

The College demonstrates good governance, sound risk management, and strategic acuity

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
i. Council members demonstrate the necessary expertise, judgement and accountability in their actions and decisions	<ul style="list-style-type: none"> Council completed effectiveness review framework and self-evaluation meeting 	<ul style="list-style-type: none"> Orientation and training for all of Council at Sept. meeting 			<ul style="list-style-type: none"> Presentations Leadership in helping the profession and educators Understanding of conflict of interest, fiduciary responsibilities, and Code of Ethics 	<ul style="list-style-type: none"> Council members complete second Council Effectiveness Review and identify any additional training and development needs. New Council members receive orientation and training.
ii. Risk to the College's reputation, viability, and mandate are understood by Council and mitigating strategies are in place to assure ongoing operations	<ul style="list-style-type: none"> College annual financial audit completed. Completion of staff and registrar performance reviews. Safety upgrades en suite washroom. 	<ul style="list-style-type: none"> Risk management plan for 2016-17 reviewed and updated by staff. 	<ul style="list-style-type: none"> Policies developed to support Risk Management plan re: information technology Competitive procurement process for auditor initiated Review of College Property, Liability and Travel Insurance; 		<ul style="list-style-type: none"> A comprehensive Risk Management Strategy enables the College and Council to continually monitor effectiveness of management and administration and adjust plans appropriately. 	<ul style="list-style-type: none"> Annual evaluation of Risk Management Strategy completed and Fall orientation of Council includes report on Risk Management.
iii. Council plans for the long term as well as the short-term and ensures that operational plans align with future goals and are responsive to the changing environment of health care governance	<ul style="list-style-type: none"> Council approved of submission to the MOHLTC on clinics to improve safety of public and quality of care. 	<ul style="list-style-type: none"> Q2 review of results report and expenditures to date. 	<ul style="list-style-type: none"> Q3 result on revenue and expenditure Finance and Planning Committee established 	<ul style="list-style-type: none"> 2017/2018 Budget reviewed by Finance Committee; Selection of Auditor for the 2016/2017 Audit Q4 Update to Finance Committee 2017/2018 Business Plan 	<ul style="list-style-type: none"> Response to ministry strategies on governance model for health professionals Collaboration with other regulators and the ministry regarding regulation to address issues in clinics 	<ul style="list-style-type: none"> Policy review undertaken to prepare responses to ministry requests.

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
				reviewed by Finance Committee <ul style="list-style-type: none"> • All CRA requirements met including submission of T4s and T4As • Staff performance appraisals completed as scheduled. • 		

Operational Priority #3

The College fulfills its mandate diligently and takes actions to protect the public from professional misconduct by members.

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
i. Committee members and assessors demonstrate the necessary expertise, judgement and accountability in their actions and decisions	<ul style="list-style-type: none"> • Training for new item writers provided. • Peer Assessment training completed. 	<ul style="list-style-type: none"> • Newly appointed assessors shadowed experienced assessors to ensure reliability in scoring and receive feedback as final component of training. 	<ul style="list-style-type: none"> • Registration Committee members underwent annual Committee training. • Quality Assurance Committee members completed annual training 	<ul style="list-style-type: none"> • Recruitment of 12-14 new assessors completed. 		<ul style="list-style-type: none"> • Training is provided to Committee members to ensure they are able to fulfill their duties. • Recruitment and training of additional assessors
ii. All complaints/reports to the College receive appropriate and timely treatment	<ul style="list-style-type: none"> • 1 new complaint received • 1 complaint disposed – oral caution 	<ul style="list-style-type: none"> • 1 complaint disposed – advice and Take no action • 1 Registrar’s Report disposed – advice • 3 matters involving 1 member – referred to discipline • 1 Registrar’s Report initiated 	<ul style="list-style-type: none"> • 2 registrar’s report investigations initiated • 2 cases considered in November by ICRC 	<ul style="list-style-type: none"> • Three Registrar’s reports investigations on-going. Review by ICRC planned for Q1 of 2017-18 	<ul style="list-style-type: none"> • Committees adhere to legislation and policies ensuring fair and transparent processes 	<ul style="list-style-type: none"> • Complaints are investigated thoroughly and efficiently and appropriate records maintained. • Discipline cases are addressed expeditiously
iii. Victims of sexual abuse by members receive prompt and sensitive attention from the College	No complaints received involving SA		<ul style="list-style-type: none"> • College is developing a set of proposals concerning support to victims and witnesses, particularly aimed 	<ul style="list-style-type: none"> • Development of policy on fast-tracking sexual abuse matters 	<ul style="list-style-type: none"> • Victim support is made available to victims of sexual abuse by members 	<ul style="list-style-type: none"> • Protocol in place

OBJECTIVES	Q1 Update	Q2 Update	Q3 Update	Q4 Update	ASSOCIATED STRATEGIC INITIATIVES	2016-17 OPERATIONAL PLAN
			at support for victims of sexual abuse			
iv. Members clearly understand appropriate behaviours to be maintained	<ul style="list-style-type: none"> Guidelines on treatment of family members published. 				<ul style="list-style-type: none"> Members are provided with guidance, and support in maintaining professional behaviours 	<ul style="list-style-type: none"> Guidelines for members are strengthened re boundaries, providing service to spouses, family members and close friends.



Registration Committee Report

- **Meetings**

The registration committee met four times since the last council meeting. There was a total of twenty two referrals to the Registration committee. Four of these files involved applicants' requests for the committee's approval to make their 3rd attempt at the exam. The remaining eighteen files involved grandparenting applicants that the Registrar had doubts, on reasonable grounds about whether the applicants fulfilled the non-exemptible educational requirement.

- **Spring Examination**

The spring sitting of the College's entry-to-practice examination is scheduled for April 1, 2017.

There are 241 candidates sitting the spring exam with 6 candidates requesting examination accommodations. The list below shows names of cities with number of applicants registered.

Toronto	171
London	31
Ottawa	19
North Bay	6
Windsor	6
Thunder Bay	8

- **The College's Membership Update**

Members registered in the General Class - 2286

Members registered in the Inactive Class - 289

Members reinstated after suspension for non-payment of fees - 11

Number of resigned members between December and March - 5

Members suspended for non-payments of fees:

2014 - 19

2015 - 21

2016 - 16

- **Office of the Fairness Commissioner Registration Audit**

The Office of the Fairness Commissioner conducted the first full audit of the College's registration practices. This assessment was based on the College's:

- Website
- Policies, procedures, guidelines and related documentation templates for communication with applicants
- Regulation and bylaws
- Internal auditing and reporting mechanisms
- Third-party agreements and related monitoring or reporting documentation
- Qualification assessments and related documentation

Outcome of audit of the College's registration practices:

- Substantive Fairness – Exam blueprint, the College's language policy and participation in a liaison committee with Ontario academic institutions offering Kinesiology programs
- Procedural Fairness – Registration Committee reviews, registration information systems
- Relational Fairness – Remediation plan for applicants that fail 2 on exam attempts

For further information and review: <http://www.coko.ca/en/home/apply/office-fairness-commissioner>

- **Fair Registration Practices Report**

The annual Registration Practices Report was submitted on February 14th, 2017. This report included the College's qualitative and quantitative information. The report will be posted after 30 days from the date of submission.

The qualitative information:

- Policies
- Procedures and/or processes changes
- Fee refund policy,
- Resources for applicants
- Training resources for staff, and committee members

The quantitative information:

- Applicant and member descriptions
- Applications processed
- Reviews and appeals processed



ICRC/Professional Conduct Report

The ICRC has not met since the last Council meeting, but a panel is expected to meet in late April to review 3 investigations relating to Registrar Reports, and to issue an oral caution to one member.

No new investigations have been initiated.

The College negotiated a resignation with one member who would have been facing investigation after it was discovered he lied about not having any previous findings by another regulator and failed to report he had surrendered his license with the College of Massage Therapists of Ontario after being referred to Discipline. This information will be made public on the College's register once the agreement is finalized.

Finally, one complaint case has been appealed to HPARB. The College is waiting to hear the date for the pre-review case conference. Cara Moroney will attend on behalf of the College.

The College is continuing its work on developing a process for Alternative Dispute Resolution and is hoping to bring another policy to further this at the June council meeting.

A panel of the discipline committee held its first hearing on January 16, 2017 regarding allegations referred by the ICRC in June 2016 about Christopher Challenger, who resigned from the College in April 2016.

The panel was presented with an Agreed Statement of Facts (ASF) and a Joint Submission on Penalty (JSP) which had been negotiated between the College and the member's legal counsel. The former member pleaded guilty to several counts of professional misconduct during his time as a member of the College including, among others:

- Failed to maintain a standard of practice of the profession;
- Issued an invoice, bill or receipt for services that he knew or ought to have known was false or misleading;
- Signed or issued, in his professional capacity, a document that he knew or ought to have known contained false or misleading information;
- Failing to keep records in accordance with the profession standards;
- Failing to cooperate with an investigator;
- Practising while suspended;
- Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

The panel accepted the ASF and the JSP and made the findings outlined in the ASF (summarized in part above).

The former member was given a public oral reprimand at the conclusion of the hearing. The other penalties ordered against him would only come into effect if and when the former member applies and is granted a new certificate of registration. These sanctions included a 10-month suspension and various terms, limits and conditions, such as, meeting with a mentor and submitting to records inspections, all at his own expense. While this penalty may never be served by the former member, it sets a precedent for future cases and sends a message of general deterrence to the membership as a whole which is one of the main principles of any penalty order.

The former member was also ordered to pay \$5000 to the College for costs incurred from the investigation and prosecution of this matter. The College agreed to a lesser amount upon information presented by the member regarding severe financial hardship. This amount will not be a baseline for future cases.

A summary of the case is posted on the College's website and the full decision and reasons will be posted on April 6 after the deadline for either the prosecution or defence to request any corrections.

Bonni Ellis, the Discipline Committee's Independent Legal Counsel (ILC) will be conducting training at the June meeting of Council in relation to some of the procedural and substantive issues that arose at the hearing.

Committee Report

Committee: Quality Assurance
Prepared for: Council
Date: March 27, 2017

Committee met once since its last report to Council in December.

2016 Self-Assessment

The 2016 self-assessment ended March 1, 2017. Ninety five percent of the membership completed the self-assessment by the deadline. Non-compliance with Quality Assurance Program components is considered grounds for professional misconduct. With respect to non-compliant members, Committee approved the following motion:

That non-compliant members be advised:

- To complete the self-assessment within 90 days with a strong recommendation to complete as soon as possible;
- Failure to comply will result in automatic selection to participate in the Fall 2017 peer and practice assessment;
- Subsequent failure to complete the peer and practice assessment will result in review by the Quality Assurance Committee, who may refer the allegations to the Inquiries, Complaints and Reports Committee and ask the Registrar to conduct an investigation.

Peer and Practice Assessment (PPA)

Committee reviewed for the second time, four cases from the Spring 2016 PPA Cycle and rendered final decisions and reasons. Following the Committee's initial decision and reasons, members had another opportunity to make additional written submissions, offer further information that may not have been communicated to the assessor during the interview, and provide evidence of self-remediation/ changes in their practice. Final decision with reasons letters will be sent to members in the coming weeks.

In addition, Committee reviewed eight cases from the Fall 2016 PPA cycle and rendered initial decision and reasons. Initial decision with reasons letters will be sent to members, with an invitation to make additional written submissions, offer further information, and provide evidence of self-remediation/ changes in their practice.

Peer Assessors

College staff carried out recruitment this winter, issuing calls for expressions of interest, conducting telephone interviews with candidates and performing reference checks. Committee formally appointed twelve new assessors, increasing the total number to 21. The new appointees reflect a diverse group with varied skills, experience, roles, practice settings, geographic locations, and language, reflecting the broad scope of and diversity within the profession.

Staff will facilitate two sets of two-day in-person assessor training sessions in April and May.

Peer Assessment Video

Quality Assurance partnered with Communications to develop a video that gives viewers an inside look at the peer and practice assessment as it follows the day of the PPA from both the assessor and kinesiologist perspective. The video will address the purpose of the PPA, how information is gathered, and clarify common misconceptions. The video will be filmed at the end of March.

Quality Assurance Program Policies

Committee considered a proposed policy revision to the Peer and Practice Assessment: General Requirements Policy to increase the scale of operations for the peer and practice assessment. The recommendation is being presented to Council for review and approval.

In addition, Committee considered a draft Continuing Professional Development: Prescribed Learning Modules Policy pertaining to members' completion of mandatory learning modules on important topics/practice issues. The draft policy is being presented to Council for review and approval.

Ethics and Professionalism E-Learning Module

Pilot testing of the ethics and professionalism e-learning module is complete. The module will be launched May 1, 2017. Members were encouraged to include the learning module as a continuing professional development activity in their 2016 self-assessment individual learning plans.



Patient Relations Committee Report

The Patient Relations Committee met on March 6, 2017 for training. This training included a summary review of the Sexual Abuse Task Force Report and proposed legislative changes in Bill 87. The committee discussed many issues and identified where the profession may not be fully informed about what constitutes sexual abuse. The committee also discussed ways in which to engage the membership on this very important issue.

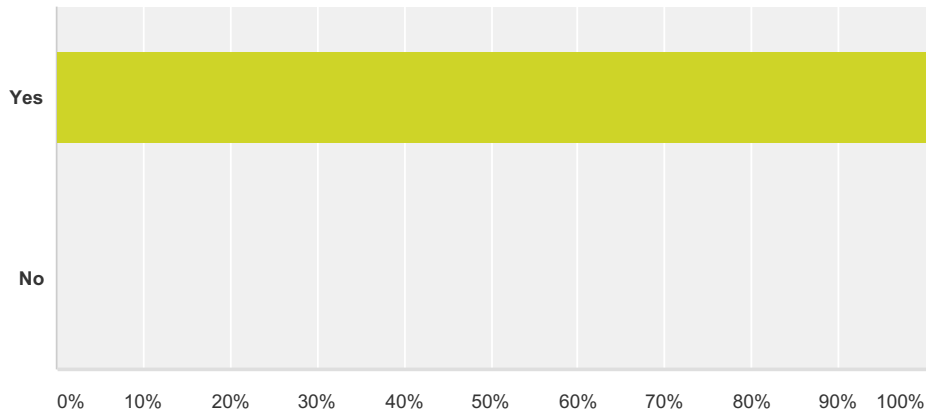
The committee reviewed the proposed revisions to the Practice Standard – Supervision & Education of Students & Support Personnel, which was recommended to Council and is on the March 27 agenda.

The Director, Professional Conduct, will be developing a more detailed strategic plan for the committee along with proposed schedule for review of all other standards that have yet to be revised since proclamation. The committee will likely be meeting within the next few months to approve the plan and provide direction and input to materials developed by College staff relating to sexual abuse and professional boundaries.

It is expected that this committee will be much more active than in the past, with new responsibilities potentially assigned by the Minister, the responsibility of ensuring that the College is doing all it can, not just to address any potential sexual abuse, but to prevent it. Consistent with direction in the *Regulated Health Professions Act*.

Q1 Do you agree with the proposed change?

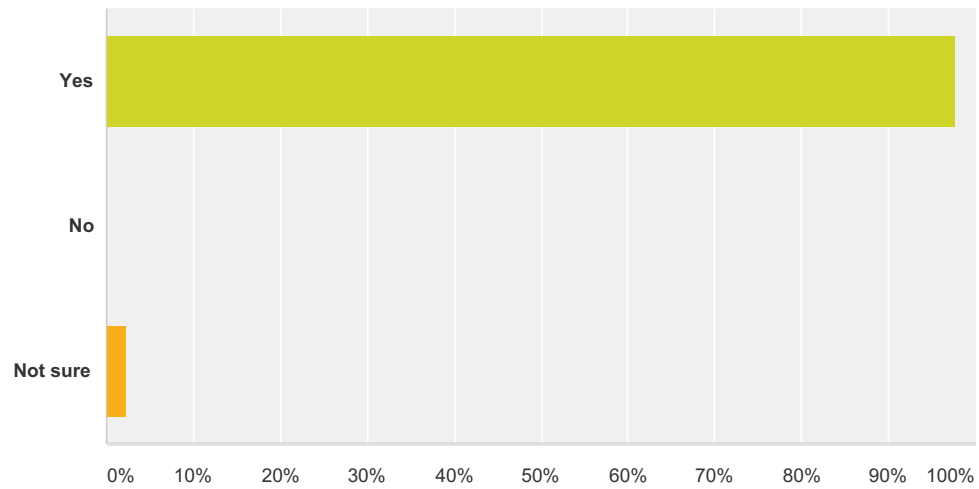
Answered: 42 Skipped: 0



Answer Choices	Responses
Yes	100.00% 42
No	0.00% 0
Total	42

Q2 Do you agree that this is an appropriate action to help reduce the risk of fraud?

Answered: 42 Skipped: 0

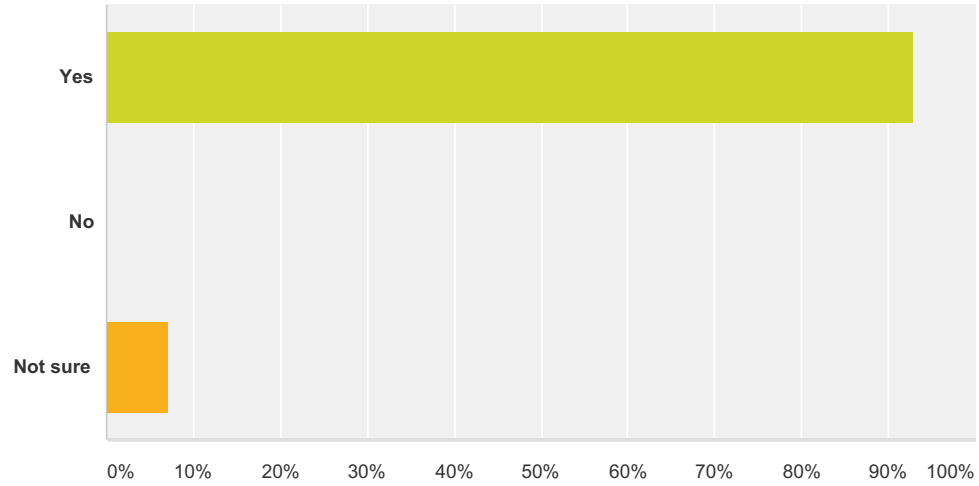


Answer Choices	Responses
Yes	97.62% 41
No	0.00% 0
Not sure	2.38% 1
Total	42

#	Comments:	Date
1	There are still ample ways to obtain the registration number	10/19/2016 8:45 AM
2	A good step, but in and of itself, not sufficient. Would appreciate additional information on other measures being taken	10/18/2016 10:57 AM
3	Being additional information that is infrequently use except by Kinesiologist I believe that it would be prudent to be proactive in preventing identify theft when there is no perceived risk to the public.	10/18/2016 10:15 AM

Q3 Is the proposed change consistent with the College's mandate to protect the public?

Answered: 42 Skipped: 0



Answer Choices	Responses
Yes	92.86% 39
No	0.00% 0
Not sure	7.14% 3
Total	42

#	Comments:	Date
1	I do not believe that there will be any adverse reactions to the public safety by removing the registration numbers from the public registry.	10/18/2016 10:15 AM
2	Can be viewed as a change for R.Kins as well as public's protection.	10/18/2016 8:29 AM

From: [Beth Madonna](#)
To: [Cara Moroney](#)
Subject: reg number
Date: October-19-16 1:54:50 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Agreed that reg numbers should not be readily available on the CKO website or any other public media.

Thank you,
Beth

Beth Madonna, R. Kin.
RTW Coordinator, Human Resources
City of Sault Ste. Marie
99 Foster Drive | Sault Ste. Marie, ON P6A 5X6
705-759-5370 Direct Line
705-541-7177 Human Resources confidential fax

saultstemarie.ca





Issue/Decision Note

Date: March 27, 2017

Issue: Removing Member Registration Numbers from the Public Register

Background

- At the September 2016 meeting, Council approved for circulation a by-law amendment that would remove the requirement for the College to post registration numbers on the public register. This was done as just one measure to try to reduce the risk of fraud and identify theft.
- While removing registration numbers from the public register will not eliminate the risk of fraud, it will help reduce the risk by decreasing availability of these numbers. If a registration number is taken from the register and used fraudulently the source of the fraud is also highly untraceable.
- The provision of registration numbers on the register is not a requirement under s.23(2) of the *Health Professions Procedural Code* (the Code) which specifies the minimum information that *must* be kept on the register.
- A recommendation was made to the College from the Insurance Bureau of Canada (IBC) to remove member registration numbers on the College's public register. The IBC is the national industry association representing insurers. Their role is to be proactive and work with insurers to reduce and solve insurance issues. They also investigate suspected insurance fraud on behalf of their clients.
- The IBC does work with Colleges when issues of fraud are identified in a profession. Often there is cooperation and sharing in investigations as well. The IBC had made the same recommendation to the College of Massage Therapists and College of Chiropractors. The IBC representative stated it is always helpful to gain the cooperation of Colleges and to see that Colleges follow some of their recommendations
- The Colleges of Chiropractors of Ontario, Massage Therapists of Ontario, and Psychologists of Ontario do not include member registration numbers on their public registers. The reason for this, as identified by the College of Chiropractors and the College of Massage Therapists, is to give the members control over who they choose to disclose their registration number to and to help reduce fraudulent use of the registration numbers. Both of these Colleges also specified that if asked by an insurance provider to verify a member's registration number that they would willingly do so.
- The registration number is not highly relevant information for the public to make a decision regarding their care. Just by virtue of being on the register, the public can be assured that the kinesiologist they are searching is/was registered and can see their current status – active, inactive, suspended, or resigned.

- Those using the Register will still be able to search by Registration Number; the number will just not show on the member's profile page.

Feedback

- The College received 42 responses to the online survey overwhelmingly in favour of the amendment. Also, one separate comment was received via email to the Director, Professional Conduct
- The survey feedback summary and the email comment are attached for Council's review

Motion

- To approve the removal clause (iv) requiring that members' registration numbers be posted on the register from By-law 21.06 (2).

Decision of Council/Committee:

Moved by :

Seconded by:

Date:

2017 Council Elections- District 2, District 3, District 4 (one member)

Members up for election- Daniel (D2), Fergal (D3), Gennady (D4)

Deadline	Task	Person(s)
Fri. August 11	Conduct recount (No more than 10 days after receiving request)	BK
Wed. August 2	Final day to request a recount (15 days after the election date)	
Tues. July 25	Election results emailed to voting members and posted to the website	RP
Wed. July 19-21	All candidates notified of results via telephone	BK
Tues. July 18	Final reminder re. voting	BP
Fri. July 14	Reminder one re. voting	BP
Tues. July 11- July 18	Election period. Poll closes at 11:59 p.m. EST July 18	
Tues. July 11	Poll is open messages	RP/BP
Fri. July 7	Obtain list of members eligible to vote	RP
Tues. July 4	Reminder 2 re. voting	RP/BP
Tues. June 27	Reminder 1 re. voting	RP/BP
Tues. June 13	Official notice of election and/or acclamation emailed directly to all members eligible to vote and posted to the website (21 days before the election)	RP/BP
Sun. June 11	Final day for candidates to withdraw nominations (30 days before the election)	
Fri. June 9	Obtain list of members eligible to participate in the election	RP
Wed. June 1-2	Notice sent to candidates re. acceptance of nomination. Include save the dates for upcoming Council and committee meetings	RP
Mon. May 29-31	Vet and verify candidates per the requirements of By-Law 10.13	RP
Fri. May 26	Nomination deadline (at least 45 days before the election)	
Tues. May 23	Final reminder re. nominations	RP/BP
Tues. May 16	Reminder 2 re. nominations	RP/BP
Tues. May 9	Reminder 1 re. nominations	RP/BP
Tues. May 2	Notice of nomination emailed directly to eligible members (No later than 60 days before the election)	RP/BP
Fri. April 28	Obtain list of members eligible to participate in the nomination	RP
Feb and April	Notice of nomination/election published in @CKO and on website	RP
Mid-March	Engage BigPulse	RP/Cliff Jenkins



Resolution– 2017 Council Election Date

Whereas the College is required under By-Law 10.06 to hold an election of members to Council in 2017 for the Council members from District 2 and District 3, and one Council member from District 4; and

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 11-18, 2017 to ensure consistency with the time period established for previous elections, and to allow kinesiologists ample time to vote;

Therefore, be it resolved that Council directs the Registrar to publish immediately July 11-18, 2017 as the election dates in districts 2, 3 and 4.

Moved by: _____

Seconded by: _____

Date: March 27, 2017