



Council Meeting Draft Agenda

Date: September 26, 2022 **Time:** 9:30 a.m. **Location:** In person and online

Please join the meeting in person or remotely from your computer, tablet or smartphone.

MEETING LOCATION (for those attending in person)

[College of Chiropractors of Ontario](#)

59 Hayden Street, Suite 800

Toronto, ON M4Y 0E7

LOGIN INFORMATION (for those attending remotely)

Microsoft Teams meeting

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AGENDA

Time	Discussion Item	Presenter/ Speaker	Document Included	Action	
Please complete the online Conflict of Interest Disclosure/Declaration Form prior to the meeting.					
1	9:30 am	Call to order, roll call, welcome	J. Pereira	Yes	Information
2	9:32 am	Introductions	J. Pereira	No	Information
3	9:42 am	Conflict of interest declarations	J. Pereira	No	Decision
4	9:44 am	Approval of agenda	J. Pereira	Yes	Decision
5	9:46 am	Approval of minutes – June 27, 2022	J. Pereira	Yes	Decision
6	9:48 am	Action items from the June 27 meeting: <ul style="list-style-type: none"> Determine the number of public members who are appointed to Council who are in each district, along with the number of elected members who are in each district. Completed Check the by-laws for guidance regarding vacancies on Council when an election and by-election do not produce any eligible candidates for an electoral district (e.g., leave the seat open, appoint a candidate or member to fill the position, etc.). Completed 			
7	9:50 am	Training <ul style="list-style-type: none"> Governance 	R. Steinecke	Yes	Information
	10:50 am	Break			
8	11:00 am	Training (cont'd) <ul style="list-style-type: none"> Conflict of Interest 	R. Steinecke	Yes	Information
9	11:45 am	Registrar's Report	N. Leris	Yes	Information
10	11:55 am	Risk Management Plan	N. Leris	Yes	Decision
	12:05 pm	Lunch Break <ul style="list-style-type: none"> Farewell to members who are leaving 			
11	1:00 pm	President's Report	J. Pereira	Yes	Information



	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
12	1:05 pm	Training <ul style="list-style-type: none"> • Discipline 	E. Lawrence	Yes	Information
13	1:50 pm	Standards and Guidelines <ul style="list-style-type: none"> • Practice Standard – Record Keeping • Practice Standard – Discharging a Client • Practice Standard – Dual Health Care 	B. Fehst	Yes	Decision
	2:05 pm	Break			
14	2:15 pm	Terms of Reference <ul style="list-style-type: none"> • Item Writing Committee • Examination Committee 	F. Teape M. Reder	Yes	Decision
15	2:30 pm	Elections Update <ul style="list-style-type: none"> • Motion for by-election 	L. Butler	Yes	Decision
16	2:40 pm	Committee Reports <ul style="list-style-type: none"> • Discipline • ICRC • Registration • Quality Assurance • Patient Relations • Q4 Finance Report / Dashboard Report 	Committee Chairs	Yes	Information
17	3:00 pm	<ul style="list-style-type: none"> • Election of Officers • Election of Executive Committee • Approval of Committee Membership 	N. Leris	Yes	Decision
18	3:30 PM	Review of Action Items	J. Pereira	No	Review
ADJOURNMENT					

Next Meeting: Monday, December 5, 2022



June Council Meeting Minutes

Date/Time of Meeting:	Monday, June 27, 2022 / 9 a.m.
Council present:	Jennifer Pereira; Corby Anderson; Teresa Bendo; Susan Garfat; Candace Glowa; Sara Gottlieb; Ben Matthie; Chad McCleave; Mary Pat Moore; Graydon Raymer; Jana Smith; Ryan Wight
Regrets:	Brad Markis; Victoria Nicholson
Staff members:	Nancy Leris; Michelle Bianchi; Lynn Butler; Brian Fehst; Colleen Foster; Magdalena Reder
Guests/Observers:	Stuart Moulton (OKA)

1. Call to order, roll call, welcome

Jennifer Pereira, Chair and Council President, called the meeting to order at 9:04 a.m. and welcomed Council, staff members, and guests.

The Chair shared a Land Acknowledgement.

As the 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.

2. Introductions

There were no new Council members or staff members to introduce.

Jennifer Pereira reminded meeting attendees that the College requires cameras to remain on during meetings to support and encourage engagement.

3. Conflict of Interest Declarations

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

4. Approval of Agenda

UPON A MOTION duly made by Teresa Bendo and Seconded by Mary Pat Moore, it was resolved that the agenda be approved. Carried.

5. Approval of Minutes from the March 28, 2022 Council Meeting

UPON A MOTION duly made by Chad McCleave and Seconded by Graydon Raymer, it was resolved that the minutes be approved as amended. Carried.

6. Action Items from the March 28, 2021 Meeting

- Amend the Registration Timeline Policy (20f - “more than 15 days” should be “less than 15 days”) - **Completed**
- Correct the spelling of Teresa Bendo in the minutes of the previous meeting (Dec. 7, 2021) - **Completed**
- Update to Risk Management Plan about current Council composition/membership - **Completed**
- Jurisprudence module – “client” to be revised back to “patient/client” when referring to those who receive services from kinesiologists - **Completed**
- Registrar to update Council on any “incidents” arising from the online exam - **Completed**
- Add a new risk to the Risk Management Plan to reflect resignations from Council could leave a void in membership – **Completed**
- Update Committee slate - **Completed**

7. Committee Reports

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

Ben Matthie, chair of the Planning and Finance Committee, provided an update indicating that the College is on track to meet financial goals with an expected end-of-year surplus. The Committee is recommending a deficit budget in 2022-2023 for approval to cover the major projects in the new fiscal year.

8. Registrar’s Report

Nancy Leris, Registrar/CEO, presented the Registrar’s Report as follows.

1. Response to the University of Guelph

The College, represented by the Chair of the Registration Committee and College staff, met with University of Guelph faculty representatives on May 31, 2022. The goal of this meeting was to continue to work together to address the concerns raised by the University of Guelph in their letter to the College dated February 23, 2022.

During this meeting, the University and the College discussed pathways for eligibility to write the College's entry-to-practice examination. The following action items were identified:

- The university and the College will review current university courses to determine suitability.
- The university faculty will work on how the pathway to exam eligibility might be structured and communicated to students.

The College and the University agreed to continue to collaborate to find that pathway to exam eligibility for University of Guelph students and move forward.

2. Online Exam Update

The College's online entry-to-practice exam was held for the first time on April 27, 2022.

From a risk management perspective, steps were taken to ensure exam security and integrity; and accommodations were offered as needed. All applicants have been notified of their results.

- 242 applicants wrote the exam (241 in English and one in French)
- 164 passed the exam and 77 failed (68% pass rate that falls within the exam industry average)

A total of 11 applicants were not able to complete the Exam either due to technical issues or missed appointments. This includes three applicants who were rebooked for April 28, four applicants who were rebooked for May 5, and four applicants who decided not to rebook their Exam. The next online exam will be held on September 21, 2022

3. Return to Office

College staff have returned to the office under a hybrid model. They work two days a week in the office and the remaining days from home. We are continuing to ensure that all protocols are in place including the adoption of responsible workplace maintenance and following the guidance of the Chief Medical Officer of Health.

In Q3 we also spent time on the recruitment for the Director of Registration who will be joining the College as of July 11. Keisha Simpson, who was the previous Director of Registration, has moved on to another College.

4. Bill 106

Bill 106 is the *Pandemic and Emergency Preparedness Act* and Schedule 6 in the Bill amends the *Regulated Health Professions Act, 1991* to add new requirements to the Health Professions Procedural Code and to add related regulation-making powers.

The amendments to the Health Professions Procedural Code require Colleges to comply with the regulations regarding their English or French language proficiency requirements.

They also prohibit Colleges from requiring Canadian experience as a qualification for registration, subject to any exemptions provided for in the regulations.

Additionally, they require the Councils of the Colleges to make regulations establishing an emergency class of registration that meets the requirements set out in the regulations. These requirements come into force on a day to be named by proclamation of the Lieutenant Governor.

New regulation-making powers are added to the Act in relation to these new requirements.

An additional regulation-making power is added that would allow for the establishment of time limits in which Colleges must make certain decisions related to registration. These regulation-making powers come into force on Royal Assent.

The MOH has consulted with Regulators to garner feedback on the impending changes. The consultation closed on June 10, 2022

The submission included the College's responses on the following areas in Schedule 6 of Bill 106:

- **Canadian experience** – The College does not anticipate any compliance issues with these changes as Canadian experience is not a requirement for registration with the College.
- **Language proficiency** – The College recommends that regulators be given the flexibility to add reading and writing proficiency requirements as deemed necessary.
- **Timely registration decisions** – The College feels that the prescribed time limits of 10 days may pose a great risk for panels to make hurried decisions that are not defensible and not within the mandate of public protection.
- **Emergency class of certificates of registration** – The requirement to develop an emergency class certificate of registration is necessary and is supported by the College.

More information can be found in the copy of the submission that was included with the Council materials.

5. EDI-B Working Group

The College continues to participate in the HPRO EDI-B (Equity, Diversity, Inclusion, and anti-Bias) working group. The key deliverables of the working group are as follows:

- A high-level action plan to direct current and future EDI-B initiatives among member Colleges.
- An EDI-B self-assessment checklist and reporting tool
- Staff training and an EDI toolkit.

The working group, which last met on June 16, has requested expressions of interest, reviewed responses, and is conducting a further review of one response.

6. Governance: Online orientation module

This year, for the first time, nominees for the Council 2022 election were required to complete the new online Council Orientation Module. This was in addition to the requirement for potential candidates to assess themselves against the Council and Committee Profile to determine eligibility and suitability to stand for election to Council.

7. Miscellaneous

Coming up this summer, the College is planning our staff team-building event to build on and encourage team collaboration and cohesiveness. The College will be closed that day for us to focus on our team development.

We are also concentrating on preparing the orientation for our new Council members, which will be held before the next Council meeting in September.

In addition to welcoming new Council members following the election in July, we have reached out to the Public Appointments Secretariat requesting two new Council members to be appointed in September and two in October, as the terms of the current public members are expiring. I also want to mention that our academic member term expires in September. He did not put his name forward for re-election.

You can also refer to the Dashboard report which will provide more information on the work that we completed in Q3 and work that is ongoing.

In closing, I want to thank the College staff for the work they do every single day. They are dedicated, committed, hard-working and above all, helpful.

Thank you and this concludes the Registrar's Report.

9. President's Report

Jennifer Pereira, Chair and Council President, presented the following President's Report.

1. Activities

The President has:

- Attended various committee meetings.
- Been in constant communications with the Registrar/CEO.
- Managed stakeholder communications.

2. Council meetings

The President asked Council to consider whether the College should have in-person meetings, continue virtually, or have a combination of both.

Over the past two years, Council has been meeting virtually and the College has recognized significant savings from the virtual meetings. However, Council and staff have been missing out on the face-to-face collaboration that meeting in person enables.

The President recommended that Council have one in-person meeting in September to bid farewell to outgoing Council members and to welcome new ones since it is the first meeting after the election.

The September Council meeting will take place in-person at a location that will accommodate Council members; and there could be an online option for those who are unable to attend in person. However, we will continue to be flexible if there are any changes in terms of the pandemic and its impacts.

UPON A MOTION duly made by Teresa Bendo and Seconded by Mary Pat Moore, it was resolved that the September 2022 Council meeting will take place in person, with an online option for those unable to attend in person. Carried.

10. Elections Update

Lynn Butler, Manager of Communications, provided an update on the 2022 Council Elections. Kinesiologists in the following electoral districts will participate in elections to Council: District 1 (Northern), District 4 (Central), District 5 (Central West) and District 7 (Province-wide). Nominations opened on May 13 and resulted in three eligible candidates in District 1 and an acclamation in District 5. There were no eligible candidates in Districts 4 and 7.

Subsequently, a by-election was run in Districts 4 and 7. This resulted in two eligible candidates in District 7 and none in District 4. The elections will run from July 12 – 19 and final results will be posted on August 15.

11. Financials

Michelle Bianchi, Director of Operations and Financial Services, presented the draft budget and operations plan for 2022 – 2023. Both were included in the Council package and posted with other Council materials on the public website.

On June 14, the Planning and Finance Committee reviewed the proposed budget presented by the College and agreed that the College is on track to meet financial goals with an expected end-of-year surplus. The Committee is recommending a deficit budget in 2022-2023 for approval to cover the major projects under the new fiscal year and the cost of doing business. The College is conducting an environmental scan regarding fees; in the coming years there is the possibility of a fee increase.

UPON A MOTION duly made by Mary Pat Moore and Seconded by Ryan Wight, it was resolved that Council approves the budget for the new fiscal year 2022-2023. Carried.

12. Practice Standard and Guideline Updates

Brian Fehst presented an overview of the Patient Relations Committee's review of the following eight draft practice standards and guidelines updates on Consent, Advertising, Fees and Billing, and Infection Control with a recommendation that they be brought forward to Council for approval.

Resolution – Update to Practice Standard – Consent

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Standard – Consent to be published by the College, as amended.

UPON A MOTION duly made by Sue Garfat and Seconded by Graydon Raymer, it was resolved that Council approves the revised Practice Standard – Consent, as amended. Carried.

Resolution – Update to Practice Guideline – Consent

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Guideline – Consent, as amended, to be published by the College.

*UPON A MOTION duly made by Corby Anderson and Seconded by Sue Garfat, it was resolved that Council approves the revised Practice Standard – Consent, as amended. **Carried.***

Resolution – Update to Practice Standard - Advertising

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Standard – Advertising to be published by the College.

*UPON A MOTION duly made by Sara Gottlieb and Seconded by Graydon Raymer, it was resolved that Council approves the revised Practice Standard - Advertising. **Carried.***

Resolution – Update to Practice Guideline – Advertising

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Guideline – Advertising to be published by the College.

*UPON A MOTION duly made by Candace Glowa and Seconded by Teresa Bendo, it was resolved that Council approves the revised Practice Guideline – Advertising. **Carried.***

Resolution – Update to Practice Standard – Fees and Billing

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Standard – Fees and Billing to be published by the College.

*UPON A MOTION duly made by Sue Garfat and Seconded by Sara Gottlieb, it was resolved that Council approves the revised Practice Standard – Fees and Billing. **Carried.***

Resolution – Update to Practice Guideline – Fees and Billing

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Guideline – Fees and Billing to be published by the College.

*UPON A MOTION duly made by Corby Anderson and Seconded by Graydon Raymer, it was resolved that Council approves the revised Practice Guideline – Fees and Billing. **Carried.***

Resolution – Update to Practice Standard – Infection Control

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Standard – Infection Control, as amended, to be published by the College.

UPON A MOTION duly made by Teresa Bendo and Seconded by Corby Anderson, it was resolved that Council approves the revised Practice Standard – Infection Control, as amended. Carried.

Resolution – Update to Practice Standard – Mandatory Reporting

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Standard – Mandatory Reporting to be published by the College.

UPON A MOTION duly made by Candace Glowa and Seconded by Ryan Wight, it was resolved that Council approves the revised Practice Standard – Mandatory Reporting. Carried.

13. Registration Policies

Brian Fehst presented an overview of the Registration Committee’s review of the following four draft registration policies after consultation following a recommendation from Council at the March 28, 2022 meeting. The Language Proficiency Policy, Registration Timeline Policy, Inactive Certificate of Registration Policy, and the Reissuance of the General Class Certificate of Registration are being brought forward to Council for approval.

Resolution – Language Proficiency Policy

Therefore, be it resolved that Council approves the amended Language Proficiency Policy.

UPON A MOTION duly made by Mary Pat Moore and Seconded by Candace Glowa, it was resolved that Council approves the amended Language Proficiency Policy. Carried.

Resolution – Registration Timeline Policy

Therefore, be it resolved that Council approves the draft Registration Timeline Policy, as amended.

UPON A MOTION duly made by Sue Garfat and Seconded by Graydon Raymer, it was resolved that Council approves the Registration Timeline Policy, as amended. Carried.

Resolution – Inactive Certificate of Registration Policy

Therefore, be it resolved that Council approves the draft Inactive Certificate of Registration Policy.

UPON A MOTION duly made by Sue Garfat and Seconded by Teresa Bendo, it was resolved that Council approves the Inactive Certificate of Registration Policy. Carried.

Resolution – Reissuance of General Class Certificate of Registration Policy

Therefore, be it resolved that Council approves the draft Reissuance of General Class Certificate of Registration Policy.

UPON A MOTION duly made by Sue Garfat and Seconded by Corby Anderson, it was resolved that Council approves the Reissuance of General Class Certificate of Registration Policy. Carried.

14. Kinesiologists Core Competency Revalidation Business Case

The Competency Profile is the foundation for the College's Entry-to-Practice Exam Blueprint, as well as providing the basis for the educational equivalency framework, the Essential Competencies of Practice for Kinesiologists in Ontario and the College's practice standards and guidelines.

The Kinesiologists Core Competency Profile was approved by Council on January 9, 2012 and has not been reviewed since the College's inception. In keeping with the College's continuous improvement strategy, the College has sought a vendor to perform a comprehensive review of the Competency Profile.

In keeping with the CKO Procurement Policy -- which allows an invitational procurement strategy for contracts up to \$100,000 -- and the need for the required review, the College issued an invitational RFP in March 2022 to three vendors: ACT (a US company formerly named PES who developed the profile in 2011-2012), Catalyst Consultant and Meazure Learning. Of these vendors, proposals were received from ACT and Meazure Learning. Catalyst declined to submit a proposal due to conflicts with other contracts.

The Registrar established a selection committee to review and evaluate the proposals based on the following criteria:

- Experience and qualifications (30%) and proven track record (30%) – total 60%
- Price-based on hourly and daily rate for deliverables – total 40%

The selection committee also considered how the proponents incorporated principles of accessibility, reasonable accommodation, equity, diversity, inclusion, and anti-bias in their project plan. The final weighted scores were as follows: Meazure Learning (89.75) and ACT (84.55).

Based on the review and weighted scoring by the selection committee, Meazure Learning was identified as the preferred consultant with results proportionally higher in relation to pricing and their project plan to meet identified deliverables.

One of the key differentiators between the two proponents was the pricing. One contract was in USD and another in Canadian dollars. The conversion rate made the US proposal higher in pricing. Another important difference between the two proposals was that Meazure included French translation in their pricing while it was not included in the ACT proposal. Translation costs can be significant, which would impact the final costs. Meazure also included the provision of a communications plan for the rollout of the updated competencies and the Examination Blueprint, which was not included in the ACT proposal.

Overall, it is recommended that the College of Kinesiologists of Ontario approve the procurement of expertise to assist in the revalidation of the Kinesiologist Core Competency Profile and make recommendations for any changes to the Examination Blueprint that reflect the changes to the Competency Profile.

This business case was brought forward to the Planning and Finance Committee and was approved to go to Council for approval.

*UPON A MOTION duly made by Chad McCleave and Seconded by Ryan Wight, it was resolved that Council approves the appointment of Meazure learning to provide Revalidation of the Kinesiologist Core Competencies Profile for the College as presented. **Carried.***

15. Communications Update

Lynn Butler, Communications Manager, provided an update on the College's communications and plans for the 2022-23 fiscal year. Key deliverables include developing the Strategic Communications Plan, planning and implementing a new public awareness campaign, supporting governance reform, producing the Annual Report and the College Performance Management Framework, and undertaking university visits to increase awareness and engagement.

Ongoing communications include website updates, e-Newsletters and emails about elections, requests for feedback, updates on COVID-19 and other emergent situations, orientation for new Council members, and communications for the online entry-to-practice examination, consultations, surveys, renewals, e-learning modules and PPA. The College is also collaborating with other colleges and their communications specialists to build on and leverage expertise and knowledge sharing.

16. Review of Action Items

- Determine the number of public members who are appointed to Council who are in each district, along with the number of elected members who are in each district.
- Check the by-laws for guidance regarding vacancies on Council when an election and by-election do not produce any eligible candidates for an electoral district (e.g., leave the seat open, appoint a candidate or member to fill the position, etc.).

17. 2022 Council Meeting Dates

Council will meet in 2022 on the following dates:

- September 26
- December 5

Adjournment

*UPON A MOTION duly made by Chad McCleave, the Council meeting of June 27, 2022 was terminated. **Carried.***



September 2, 2022

Via email: zoe.soper@ontario.ca

Zoe Soper

Senior Policy Analyst

Strategic Policy Unit, Health Workforce Regulatory Oversight Branch

Ministry of Health and Ministry of Long Term Care

Dear Ms. Soper,

RE: Consultation regarding the Registration Requirements under the *Regulated Health Professions Act, 1991*

Thank you on behalf of the College of Kinesiologists of Ontario (“the College”), for providing us the opportunity to review and comment on the changes to the Registration requirements of the *RHPA, 1991*, as proposed by the Government of Ontario.

The College concurs that efficient, streamlined application and registration processes are vital to the College’s mandate of public protection.

We at the College would like to clarify the potential impact(s) of the proposed changes on our day-to-day operations and our mandate to protect the public through effective regulation of the practice of Kinesiology in Ontario.

Exemption from Canadian experience requirements:

At present, the College of Kinesiologists does not require internationally educated applicants to obtain Canadian experience. We agree that undue barriers to labour mobility may be counterproductive. The College is committed to assessing each applicant’s knowledge, skill and judgement accurately and efficiently to ensure that all registrants have a fair opportunity to practice kinesiology safely in Ontario, regardless of their country of origin or where they were educated. To become registered, College requires applicants to successfully complete a non-exemptible entry-to-practice examination. Applicants who completed their education outside Ontario, and any applicants who graduated from a non-kinesiology program, must have their education programs evaluated for substantial equivalency by the Registration Committee, prior to sitting the exam. As a smaller College, imposing an additional evaluative program such as Prior Learning Assessment and Recognition (PLAR) would pose significant strain our existing resources and could potentially increase the overall timeline.

Language proficiency testing requirements:

Regarding this proposed change, the College notes that our Language Proficiency Policy currently accepts test scores from three (IELTS, TOELF, TEF) of the five tests approved by Immigration Refugees and Citizenship Canada (IRCC) and includes alternatives to formal language proficiency testing in certain circumstances. Barring unforeseen circumstances, we could likely amend our Language Proficiency Policy by March 2023 to include the CELPIP and

DELFL language proficiency tests. This demonstrates our commitment to a right-touch regulatory approach to ensuring English and French language proficiency of our registrants. Given the need to update and communicate our Registration Policies and practices, we would appreciate advance notification of any anticipated changes to the Language Proficiency Tests deemed acceptable by the *Immigration and Refugee Protection Act*.

Timely decisions, responses and reasons:

We would first like to acknowledge that the proposed timeline (15 days) has been increased from a previously proposed 10-day response timeline. We would also note that the 15-day timeline is consistent with our current Registration Timelines Policy regarding application processing timelines. This increased response time is particularly appreciated given that the College's application system is only partially automated. Certain applications are currently acknowledged automatically upon submission, however the application must be assessed before the applicant can be advised of any outstanding requirements by way of written correspondence. Generally, the College acknowledges receipt of required and supporting documents submitted by an applicant prior to the application being considered complete.

The College considers an application to write the entry-to-practice exam to be complete when an applicant has submitted all documents required to determine exam eligibility and has paid all fees required by the College. All other applications are considered complete upon receipt of all required documents and payment of any associated fees.

Given that our College administers its own entry-to-practice exam, we would appreciate clarification regarding whether the proposed timelines apply to all stages of the application process. We would also appreciate clarity regarding whether these timelines apply to all applications, such as applications to transition to a different class of registration.

We anticipate that implementation of the proposed timelines will consider how the timelines may be affected by exceptional or unusual circumstances beyond the College's control College that may lead to delays.

Emergency classes of registration:

In response to this proposal, we believe that careful consideration will be required in determining the eligibility requirements and other criteria for the Emergency Class. From a public protection standpoint, we remain mindful of the balance between expediency and duly ensuring registrants meet the standard of the profession.

Implementing a new class of registration would also require sufficient time for policy review, as well as for planning the allocation of resources to meet any increased demand for registration in an emergency. We would anticipate an a reasonable timeline for implementation, to permit Colleges to review and amend their regulations to include the Emergency Class.

We note that some emergency circumstances may not continue for the proposed 1 year duration of the certificate. As a result, we believe there should be a mechanism by which the

Emergency Class registration could be closed, in the event the emergency circumstances end within the year.

We welcome further dialogue with the Ministry regarding these important matters.

Sincerely,

Nancy Leris
Registrar and CEO
College of Kinesiologists of Ontario



Risk Management Plan

September 2022- August 2023

DRAFT



College of Kinesiologists Risk Management Plan

September 2022 – August 2023

Risk Management Plan Purpose

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

Stakeholder Roles and Responsibilities

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

Risk Management Process and Activities

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

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

Risk Analysis Matrix

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

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

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

Types of Risk Identified

1. Financial
2. Information Management
3. Loss/Damage of Capital Equipment/Furnishings
4. Loss/Compromise of Examination
5. Human Resources
6. Loss of ~~Stakeholder Confidence~~[Confidence in CKO](#)
7. Governance
8. Compliance

Risk Occurrence Matrix

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

Legend

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

Risk Assessment

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

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

Risk Management Table

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

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College of Kinesiologists Risk Management Plan

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

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College of Kinesiologists Risk Management Plan

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

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
8. Information Management	Breach of confidentiality relating to: <ul style="list-style-type: none"> • Staff personal information • Registrant information • Applicant information • Vendor information • Patient/Client information • Council Member information 	34 High Moderate	2 Serious	68 High Moderate	All	<ul style="list-style-type: none"> ❖ External contract for IT security ❖ Provide on-going training to all staff, Council and Committee members and all other volunteers regarding confidentiality requirements. -Confidentiality agreements signed annually ❖ Ensure all passwords on computers, devices, iMIS are changed periodically ❖ Comprehensive privacy and record management policies in place which include protocols for investigating and correcting breaches (this identifies measures to be taken by staff) ❖ Foster culture of privacy and confidentiality: info exchanged on need to know basis ❖ Signed confidentiality agreement in place for permanent and seasonal staff, vendors, Council and Committee members and volunteers ❖ Self-Assessment and e-learning module data housed on secure external server ❖ Peer and practice assessment patient record file sharing on College's secure file sharing solution, Filesafe-CloudSharePoint ❖ Anyone engaged in College work, including Council, committees, and volunteers are trained on policies and protocols in place for ensuring confidentiality including cyber security. ❖ File safe cloudSharePoint software for increased security ❖ Records retention schedule that outlines length of retention, archival, and final disposition Staff trained via Websdepot by new service provider on cyber security (i.e., phishing emails) ❖ Periodically update and change passwords (i.e., Social media accounts) ❖ Ensure antivirus and malware protection, and Zoom software updates regularly ❖ Unique access codes and passwords for each meeting ❖ Allow meeting host to screen participants before entering meeting

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						<ul style="list-style-type: none"> ❖ ASI has implemented many security containment controls for CloudPlus clients, including: ❖ Practicing secure development and testing policies for the iMIS product in accordance with guidelines issued by the Open Web Application Security Project® (OWASP) ❖ Conducting quarterly internal web application penetration testing of the iMIS product ❖ Engaging a third party on an annual basis to perform web application penetration testing of the iMIS product including the API ❖ Deploying SentinelOne Managed Detection Response (MDR) antimalware agents on every endpoint in all ASI networks, enforcing their placement and anti-tampering by policy ❖ Partnering with Critical Start and their global Security Operations Center to monitor the SentinelOne MDR agents 24/7/365 ❖ Protecting all web sites behind a Cloudflare Web Application Firewall (WAF) to actively defend against attacks before access is granted to any page on any iMIS web site ❖ Enforcing Multi-Factor Authentication (MFA) on any form of remote access to any asset on any ASI-controlled network, this includes RDP, FTP, and VPN access as well ❖ Deployment of Privileged Access Workstation System controls to limit domain administration privileges only to known trusted users accessing from known trusted physical devices ❖ Deployment of- Local Administrator Password Solution (LAPS) controls to limit local administration privileges only to known trusted users with MFA verification ❖ Using automation, they monitor vulnerable third-party web controls installed on any Virtual Machine in their production operations environments with immediate remediation ❖ Using automation, monitor for known malware script signatures installed on any VM in their production operations environments with immediate remediation ❖ Practice their Data Protection and Privacy operations in accordance with their fully mature Data Protection Plan that aligns with the framework created by the National Institute of Standards and Technology Framework for Improving Critical Infrastructure Cybersecurity v1.1, as published April 16, 2018 ❖ Achieved ISO 27001:2013 certification as of 18 June 2021 ❖ Ensuring iMIS system is up to date with the most recent Service Pack release to ensure protection from known security vulnerabilities
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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
9. Information Management	Poor records management results in: <ul style="list-style-type: none"> Incomplete files Inaccurate info posted on public register Inaccurate information provided to staff/Council/Committees/other stakeholders Duplication of records Inefficient processes Inability to report accurately and in a timely and efficient manner 	23 Unlikely Moderate	2 Serious	64 Moderate	Registrar/ Directors/Managers	<ul style="list-style-type: none"> Knowledge/records management policies and protocols in place On-going training for all staff on protocols and policies Periodic, random review by Director Manager <u>Director of Finance and Operations</u> Staff members adopt filing protocols for naming, deletion of copies, electronic and paper storage. Build classifying framework for documents based on risk Quarterly review of H: drive Internal file audits Communication between portfolios re: registrant specific information Ongoing review of records management infrastructure Appropriate investments in maintenance and upgrades to records management infrastructure, as required
10. Information Management	Unintended destruction or loss of records	1 Rare	3 Major	3 Moderate	All staff	<ul style="list-style-type: none"> Back-up procedures carried out daily on electronic files File room/cabinets are secured and locked daily Key documents are stored electronically with remote back-up of servers Transfer of documents from office to home-office is limited VPN access to files on H: drive available to staff working remotely using College equipment and remote login for those using their personal computer equipment to limit access to electronic file Bank records stored and copies of cheques retained Increased permissions for who can edit/delete or move a file

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College of Kinesiologists Risk Management Plan

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

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
15. Information Management	Computers systems are compromised due to: <ul style="list-style-type: none"> Virus Security breach Malware / Ransomware 	12 Rare	3 Major	36 Moderate	Registrar	<ul style="list-style-type: none"> ❖ Contracts are in place for monitoring computers and servers, with detection of unauthorized access/entry and attempts to access/enter ❖ Maintenance of appropriate and up-to-date firewall and anti-virus software by IT service provider ❖ <u>Critical Security updates provided by new IT service provider, 24/7 monitoring of PC's, Servers and Network</u> ❖ <u>Dark Web Monitoring</u> ❖ <u>Server Monitoring</u> ❖ <u>Disk Space & Data Backups Monitoring</u> ❖ <u>Cloud Based Server Virtualization (Disaster Recovery)</u> ❖ <u>Full Disaster Recovery in 30min-1 hr</u> ❖ <u>Automated hourly backups of server</u> ❖ Ability to shut down system remotely to prevent breach of security ❖ Staff/Council maintain strict protocols re: use of passwords, change of passwords, access levels ❖ Procurement of Cyber insurance coverage (including Ransom insurance) ❖ Development of cyber security roster ❖ Training provided for all new staff via <u>Websdepot new IT service provider</u>; regarding cyber security e.g., phishing emails ❖ Multi-factor Authentication used for certain applications for staff log-in ❖ Ensure antivirus and malware protection, and Zoom software updates regularly
16. Capital Equipment/ Furnishings	Computers, servers and other items of value belonging to the College are stolen	1 Rare	2 Serious	2 Low	<u>Manager-Director</u> (Finance and Operations)	<ul style="list-style-type: none"> ❖ Security of premises is constantly assessed ❖ Only authorized individuals allowed into secure areas ❖ Building has 24/7 security ❖ Access codes are released only to staff and are periodically updated according to schedule ❖ Overtime is pre-approved by Registrar or <u>Manager-Director</u> of Finance and Operations to ensure offices are not being frequented without knowledge of senior management ❖ Adequate insurance coverage in place to cover replacements or address potential breach ❖ Monitoring of equipment inventory that is taken offsite

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
17. Capital Equipment/ Furnishings	Permanent damage to equipment and/or furnishings due to water/fire damage, abuse by individuals.	2 Unlikely	2 Serious	4 Moderate	Registrar	<ul style="list-style-type: none"> ❖ Adequate insurance is in place to cover replacement ❖ Records of purchases are stored off site electronically to assist with insurance evaluation ❖ Building is code compliant for building and fire standards ❖ Fire/emergency policy and protocols in place with periodic fire drill training

College of Kinesiologists Risk Management Plan

18. Examination	Exam Security is breached	2 Unlikely	3 Major	6 Moderate	Examinations Coordinator, Director (Registration) Contractors	<ul style="list-style-type: none"> ❖ Strict protocols are in place for handling and storage of examination materials ❖ Staff and all persons involved in the development and approval of exam items and test forms trained on the risk of breach of the exam ❖ Reports of breach are addressed immediately through appropriate process (refer to policy) ❖ No hard copies or electronic copies of the examination or of items are retained by the College or any other person involved in the development of exam items and test forms ❖ Invigilators, and members of the IWC and EC sign confidentiality agreement and are provided with training ❖ Database service provider & contractors' agreement specifies accountabilities for security of examination related materials ❖ Regular review of risk management with hosting and development ❖ Different exam form administered for consecutive exams ❖ Multi Factor Authentication (MFA) on login to the Meazure online exam platform ❖ Meazure Learning Exam service provider conducts annual third-party penetration testing on the Meazure Exam service provider's Exam Platform ❖ Exam service provider Meazure Learning utilizes the following security controls in the protection of critical infrastructure: <ul style="list-style-type: none"> - All web application servers are fronted by Cloudflare's WAF - All Meazure exam service provider Learning corporate endpoints are monitored 24x7 by CrowdStrike using Falcon Complete - All Internet-facing web application servers are in private network segments with all inbound traffic routed through Amazon Bastion third party servers - Access is granted on a need-to-know, role-based model adhering to the least-privileged-access principle - Privileged access to infrastructure requires multi-factor authentication - Administrative access to databases requires three distinct sets of credentials including one MFA authentication - SSH access to infrastructure endpoints requires two distinct sets of credentials in addition to the credentials required to access the server/endpoint itself ❖ All SSH traffic is routed through an SSH-proxy server ❖ Encryption
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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
						<ul style="list-style-type: none"> ○ Data in transit is encrypted using a minimum of TLS1.2 or higher ○ Data at rest is encrypted with a minimum of AES256 encryption. This includes: ○ Databases use Transparent Database Encryption (TDE) <ul style="list-style-type: none"> ▪ Amazon S3 buckets ▪ Backup sets
19 Examination	Breach of confidentiality for exam, applicant or registrant information as a result of student placement	2 Unlikely	3 Major	6 High	Director (Registration), Examination Coordinator Director (QA) Manager, Professional Practice	<ul style="list-style-type: none"> ❖ Exam is offered online. -Requests for paper exam is rare.- Exam is no longer stored on premises. ❖ Student not working in office without other staff present ❖ Appropriate electronic and physical access restrictions in place. ❖ Student trained on importance of confidentiality; signed confidentiality agreement in place. ❖ Discussions about registrants or applicants are conducted in private
20. Examination	Validity of examination content is legally challenged	2 Unlikely	2 Serious	4 Moderate	Registrar, Exam Service Provider	<ul style="list-style-type: none"> ❖ Examination development conducted by highly qualified contractor with extensive experience and high credibility. ❖ Examination Committee is comprised of persons with appropriate expertise and diversity with no conflicts of interest (no Council members) ❖ Each exam sitting undergoes extensive psychometric analysis and further review by Examination Committee ❖ Ensure discussions about exam with Council are well informed (public meetings) ❖ Periodic review of Exam Blueprint (every 5-7 years)
21. Examination	Validity of the administration of the exam sitting is challenged due to: <ul style="list-style-type: none"> • Hydro failure • Fire drill • Medical emergency, or • Other irregular circumstances 	1 Rare	2 Serious	2 Low	Registrar, Director (Registration) Examination Coordinator Exam Service Provider	<ul style="list-style-type: none"> ❖ Research and visit sites to ensure stability of the site ❖ Educate candidates on withdrawing prior to exam if they have serious health issues ❖ Procedures in place for Invigilators to deal with emergencies and are periodically reviewed and updated as required ❖ Examination Appeals Policy in place to deal with procedural irregularities and is periodically reviewed and updated as required

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
22. Examination	<p>Item Bank and test forms lack sufficient items that:</p> <ul style="list-style-type: none"> reflect the examination blueprint are high quality can be correctly answered by the entry-level practitioner 	<p>2 Unlikely</p>	<p>2 Serious</p>	<p>4 Moderate</p>	<p>Registrar, Exam Service Provider</p>	<ul style="list-style-type: none"> Continuous recruitment and development of high-quality item writers to maintain robust bank of items Set target quotas for new items Executive Committee reviews the qualifications of nominees to ensure breadth and depth on IWC Examination Candidates are surveyed regarding the relevancy of test questions
23. Human Resources	<p>Disruption in work due to unexpected and /or extended absence of employee, or employee permanently leaving organization resulting in:</p> <ul style="list-style-type: none"> Backlog in work Inability to meet required timelines Major interruption in work 	<p>2 Unlikely</p>	<p>2 Serious</p>	<p>4 Moderate</p>	<p>Registrar, All staff</p>	<ul style="list-style-type: none"> Procedures are documented for all key functions Each person is assigned a "back-up" role Succession planning, including an awareness of who may be named Acting Registrar in the absence of the Registrar. Staff to receive cross-functional exposure and training to provide the necessary competencies and knowledge base to act as Registrar when/if required. Council, Executive Committee and other relevant Committees are kept informed of ongoing matters that involve the Registrar's powers of investigation or other regulatory matters. Registrar is briefed bi-weekly on work in progress Regular staff meetings to update all staff on work in progress Handover plans provided to appropriate support persons and Executive Assistant Emergency contact information provided by each staff member Staff receive training to develop more advanced skills and knowledge All staff provided with opportunities to act in other roles within the organization Succession plan in place for critical positions Organization has disability benefits in place to mitigate financial risks associated with employee on long-term disability

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
24. Human Resources	<p>Extended disruption in work due to emergency situation, such as:</p> <ul style="list-style-type: none"> • Fire • Flood • Extreme weather event • Security Incident • Extended public lockdown (Pandemic) • Transportation disruption • Power loss • Similar emergency circumstances 	<p>2 Unlikely</p>	<p>2 Serious</p>	<p>4 Moderate</p>	<p>Registrar Manager-Director (Finance and Operations)</p>	<ul style="list-style-type: none"> ❖ Emergency plan in place with assigned roles for staff, up-to-date contact information for staff ❖ Back-up arrangements in place with appropriate service providers (e.g. alternative work measures, remote access to computer systems, etc.) ❖ Training for staff and Council on emergency procedures ❖ Activation of Business Continuity Plan and Disaster Management Plan
25. Human Resources	<p>Lack of French-speaking staff member is raised as an issue with media, the Ministry, the Fairness Commissioner or other authoritative body</p>	<p>2 Unlikely</p>	<p>3 Major</p>	<p>6 Moderate</p>	<p>Registrar</p>	<ul style="list-style-type: none"> ❖ All key website content and publications provided in French and English ❖ Consider ways in which French language services can be easily accessed ❖ Ability to procure translation services quickly if needed in an extraordinary circumstance ❖ Recruitment of French-speaking staff member(s) ❖ Collaborate with other Colleges regarding shared translation resources and services, including options for front-line communications in French.

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
26. Human Resources	<p>Organizational culture issues caused by/resulting in:</p> <ul style="list-style-type: none"> • Low staff morale • Interpersonal conflicts • Complaints of harassment • Decreased productivity • High staff turnover rate 	2 Unlikely	2 Serious	4 Moderate	Registrar, Council, Staff	<ul style="list-style-type: none"> ❖ Performance management system in place for all staff which identifies and addresses issues of performance and contributions to team-building. ❖ Policy on Violence & Harassment in the Workplace reviewed annually and training provided annually to Council, staff and Committees. ❖ Staff meetings held on a regular basis, which encourage openness, respect and collaboration ❖ Team-building events held involving all staff ❖ Develop and facilitate culture and values to promote positive team interactions, collaboration, inclusivity and fairness ❖ Registrar addresses all issues of conflict promptly ❖ Registrar provides coaching and feedback to staff regarding contributions to the team ❖ Collaborative decision-making where appropriate ❖ All staff receive due recognition ❖ Appropriate and up-to-date HR policies in place and regularly reviewed ❖ President/Council oversight and regular performance review of Registrar ❖ Employee Assistance Plan and other benefits in place for full-time staff. ❖ Measures in place for reporting to Registrar or designate staff ❖ Development and implementation of team-building/morale-boosting staff activities. ❖ Ensure staff are aware of resources and supports to help promote and maintain health and well-being.

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
27. Human Resources	Staff are ineffective in their roles due to <ul style="list-style-type: none"> Lack of clarity Inconsistent decision-making Lack of policies Lack of transparency in leadership Lack of orientation Lack of training Lack of expertise Lack of commitment to the values of the organization 	2 Unlikely	2 Serious	4 Moderate	Registrar, Manager-Director (Finance and Operations)	<ul style="list-style-type: none"> Clear job descriptions are in place for all staff Management decision-making is consistent with policies and best practices All staff informed of rationale for decision making One-on-one meetings between staff members and their supervisor occur regularly Performance reviews for all staff identify developmental and training needs/opportunities. Orientation package and program for all new hires HR policies reviewed regularly and updated as necessary. All staff required to review and confirm their understanding of HR policies. Staff are provided with training on office procedures, guidance in relation to work assigned, and training to address skills gaps in relation to assigned work
28. Human Resources	Lack of expertise on the part of staff leads to poor decisions by Committees and Council	2 Unlikely	2 Serious	4 Moderate	Registrar, Manager-Director (Finance and Operations)	<ul style="list-style-type: none"> Selection criteria correspond to the skills, experience and qualities required to perform effectively in the position being recruited. -Target hiring levels set as part of recruitment process. Senior staff collaborate with peers in other Colleges to ensure that approaches being proposed in the College are current and consistent with developing practices in the field Training needs are identified in annual performance planning and report on training outcomes in same document. Probationary employees reviewed according to schedule and at a minimum after six months The College uses legal and other expert services for advice for critical decisions, as needed
29. Human Resources	Lack of capacity during period of high activity in a portfolio resulting in: <ul style="list-style-type: none"> Errors and omissions Operational needs not met Statutory duties compromised Financial expense 	2 Unlikely	2 Serious	4 Moderate	Registrar, Directors, Managers	<ul style="list-style-type: none"> Utilizing working groups Accessing resources and learning opportunities from other Colleges Cross training of roles Regular staff meetings Retained revenues to meet extraordinary expenses Regular review of staffing needs, staff performance to align with operational needs of the College

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
30. Loss of Confidence in CKO	<ul style="list-style-type: none"> • College does not ensure, or is seen not to ensure, competence of its registrants, through • its Registration • Quality assurance (QA) • and Professional Conduct (PC) processes 	2 Unlikely	3 Major	6 Moderate	Registrar, All staff	<ul style="list-style-type: none"> ❖ Registration requirements are reviewed to ensure registrants are practising safely and professionally at entry-to-practice level ❖ Self- assessment, e-learning modules, peer and practice assessment and remediation are seen as valuable tools and processes that enable registrants to maintain and enhance their competence. ❖ Data from various programs is used to identify registrants' learning needs, to identify areas of risk for the profession that inform assessment and remediation policies, to inform development of resources and supports, and to inform universities of developing trends and performance on exams by their graduates ❖ Regular communications efforts with registrants, employers, other stakeholders on the value of registration, quality assurance and public accountability ❖ Periodic, scheduled review of entry-to-practice and essential competencies, standards/guidelines and other materials for revisions and updates ❖ Work with other colleges on the development of joint resources relating to standards ❖ Training of all statutory committees to ensure they discharge their mandate accordingly; ❖ Program evaluation for Registration, QA and PC functions ❖ Ensuring accurate and timely communication to registrants, the public and other stakeholders regarding emerging and developing areas of risk that may be associated with changes to best practices

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
31. Loss of Confidence in CKO	<p>Applicant/Registrant disengagement resulting in:</p> <ul style="list-style-type: none"> Lack of interest for election to Council Lack of membership on committees, working groups Reduction in overall -registrant numbers Lack of commitment to QA Lack of awareness of reporting and mandatory reporting processes 	2 Unlikely	3 Major	6 Moderate	Council, Registrar, Directors/Managers	<ul style="list-style-type: none"> Create and advertise opportunities for engagement with College Develop "stories" for publication, describing benefits of engagement Continuous outreach to professional associations to ensure they are able to keep their members informed and engaged Continuous outreach to universities to reach prospective registrants to ensure understanding of the College's role and why regulation matters Increased efforts to protect the title "kinesiologist" Information to the public and membership on the value of regulation and membership Solicit feedback from registrants on CKO program components and services Change in by-law and governance structure (competencies)
32. Loss of Confidence in CKO	Poor customer service/public relations	2 Unlikely Moderate	2 Serious	4 Moderate	Staff	<ul style="list-style-type: none"> Client Services Policy in place Complaints intake policy developed and yearly training Invite feedback through customer service surveys (to be implemented) Regular review of website material to ensure accessibility of information in easy-to-use formats Regular evaluation and reporting of inquiry tracking metrics to establish benchmarks for client service and to provide analytical information for the development of resources for registrants [Yearly/Semi-Annually/Quarterly] customer service survey/outreach efforts to groups/individuals who have had interactions with the College
33. Loss of Confidence in CKO	Public, registrants, government and/or other stakeholders perceive the College as not being transparent and/or fair	2 Unlikely	3 Major	6 Moderate	Council, Registrar	<ul style="list-style-type: none"> Adoption and use of Transparency Principles Public education on need for confidential processes in appropriate circumstances Collaboration with other Colleges on communications strategies Implementation of Bylaws related to transparency Regular reporting on activities of the College against key performance metrics
34. Loss of Confidence in CKO	The College's policies and procedures are perceived as unfair or facilitating/supporting embedded or	1 Rare	2 Serious	2 Low	Staff	<ul style="list-style-type: none"> Adoption and application of Equity, Diversity, Inclusion and anti-Bias (EDI-B) principles and practices. The College has published an anti-racism statement.

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
	systemic racism, discrimination, and/or bias.					<ul style="list-style-type: none"> ❖ Adopt an Equity Impact Assessment (EIA) tool that will be applied to policy and document development and review. ❖ Development of outreach and collaboration strategies between the College and BIPOC/other identified groups (including rural/geographically remote communities). ❖ Review and develop policies and procedures specific to issues involving various tribunals such as Human Rights Tribunal, Office of the Fairness Commissioner and the Ombudsman's Office
35. Governance	<p>Council/Committee members and volunteers not adhering to Code of Conduct, Bylaws and other Council policies resulting in:</p> <ul style="list-style-type: none"> • Decision or process is not based on principles that apply universally to everyone; • Decision or process creates an unfair advantage or disadvantage for a particular group; • Decision or process does not consider risk of harm and protect the public; • Public confidence in the College's ability to govern/act in the public interest is undermined, discredit is brought to the College, and/or action is taken by the Ministry; • A breach of the fiduciary obligation of the person to the College; and • A liability for either the College and/or the person involved • Decreased morale 	2 Unlikely	2 Serious	4 Moderate	Council President, Registrar	<ul style="list-style-type: none"> ❖ Council and Committee members complete orientation and on-going training ❖ Council/Committees and volunteers complete self-evaluations, peer evaluations and Council/committee evaluations, identify opportunities for Council-wide and individual improvement, and complete continuing professional development ❖ Effective leadership training for Council members (e.g., workshops, conferences, etc.) that focus on good governance. ❖ Update by-laws and policies as needed

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
36. Governance	<p>Resignations from Council along with failure to recruit/maintain minimum number of Council members resulting in:</p> <ul style="list-style-type: none"> Not enough Council members to constitute a quorum Not having enough members to staff committees Decreased morale of current members Increased volunteer workload for current members Potential resignation of some current members 	<p>2 Unlikely</p>	<p>2 Serious</p>	<p>4 Moderate</p>	<p>Council President, Registrar</p>	<ul style="list-style-type: none"> ❖ Develop and implement Council succession planning. ❖ Develop the skills, knowledge and competencies of committee members to encourage and prepare them to run for future Council vacancies. ❖ Create in-depth board orientation education for delivery through multiple channels (e.g., learning modules, podcasts, bootcamps). ❖ Promote the benefits of running for Council. Develop messaging based on different target groups. ❖ Expand the pool of committee members to balance the volunteer workload among current members. ❖ Ensure ongoing appreciation and recognition of current Council and committee members.

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
36-37. Governance/ Compliance	<p>Conflict of Interest by Council, committee members, volunteers, staff undeclared/inappropriately managed resulting in:</p> <ul style="list-style-type: none"> Decision or process is not based on principles that apply universally to everyone; Decision or process creates an unfair advantage or disadvantage for a particular group; Decision or process does not consider risk of harm and protect the public; Public confidence in the College's ability to govern/act in the public interest is undermined, discredit is brought to the College, and/or action is taken by the Ministry; A breach of the fiduciary obligation of the person to the College; and A liability for either the College and/or the person involved 	3 Moderate	2 Serious	6 Moderate	Registrar, Council, Directors, Managers	<ul style="list-style-type: none"> By-Laws and Conflict of Interest Policy articulate what constitutes a conflict of interest, with clear examples, and outline process for managing/resolving COI training provided for all Council, committee members, volunteers and staff annually Foster culture of openness and transparency for members to trust disclosing conflicts or potential conflicts Council and Committee members required to declare or disclose conflicts of interest annually and prior to each meeting using disclosure forms. Forms to be retained, circulated with Council meeting material, and conflicts documented in meeting minutes. Council and committee members required to disclose/declare conflicts of interest at beginning of each meeting. Conflicts documents in meeting minutes. Volunteers required to declare/disclose potential conflicts annually Clear communication of consequences for breaching COI (e.g., removal from Committee/Council) Ongoing Council and committee feedback and performance evaluation on managing conflict of interest Periodic review of COI disclosure forms and COI Policy, and amendments as necessary

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
37-38. Governance/ Compliance/ Loss of confidence	<p>Council/Committee operating outside of mandate; or seen to be advocating for profession</p> <p>Becoming engaged with operational matters resulting in:</p> <ul style="list-style-type: none"> Poor or inconsistent decisions Decision or process is not based on principles that apply universally to everyone; Decision or process does not consider risk of harm and protect the public; Public confidence in the College's ability to govern/act in the public interest is undermined, discredit is brought to the College, and/or action is taken by the Ministry 	2 Unlikely	2 Serious	64 Moderate	President, Council, Registrar,	<ul style="list-style-type: none"> College implements competency-based assessment and education, ensuring prospective and current Council and Committee members understand the College mandate and their roles and fiduciary duties Conflict of Interest Policy articulates what constitutes a conflict of interest, with clear examples Regular orientation and training on Terms of Reference, mandate and legislative authority, and Governance Track and monitor committee dispositions regularly Provide legal advice to Council/Committees Registrants interested in serving on Council/committees complete mandatory orientation program to ensure they understand the College's mandate Advanced planning by staff on Council agendas to ensure items going forward focus on public protection mandate. Ongoing Council and Committee feedback and performance evaluation on meeting mandate
39. Governance/Compliance/Loss of confidence	Lack of timely access to Council/Committee proceedings and activities in French	1 Rare	3 Major	3 Moderate	Registrar, Council, Directors, Managers	<ul style="list-style-type: none"> Recruitment, where possible, of bilingual Public Appointees and Professional (and Professional At-Large) Council and Committee members Funds allocated in budget for document translation
38-40. Compliance	Risk of bias or misconduct by staff, investigator, volunteer, or panel members in relation to a College process/-file under review	1 Rare	2 Serious	2 Low	Registrar, Directors, Managers	<ul style="list-style-type: none"> Ensure only experienced and reputable investigators are appointed Provide ongoing training to volunteers and Committee members regarding role, mandate, expectations, conflict of interest Clear communication of consequences for misconduct (e.g. removal from Committee/Council, professional misconduct) Review of reports of investigation by Director (Professional Conduct)

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
39-41. Compliance	Risk of complaints/reviews from other bodies/ministries/tribunals including, but not limited to: <ul style="list-style-type: none"> Human Rights Tribunal Fairness Commissioner Privacy Commissioner MOH Ministry of Labour 	2 Unlikely	2 Serious	4 Moderate	Registrar, Manager-Director (Finance and Operations)	<ul style="list-style-type: none"> Continually ensure compliance with labour standards and AODA, and health and safety legislation and directives Privacy policies in place Staff training on human rights, anti-discrimination and harassment, Training on emergency protocols to staff and Council Staff member to be trained in CPR/EMD Implement any government directives in timely and meaningful manner Staff select member to act as Health and Safety Rep. Periodic meeting of Registrar and all staff to discuss health and safety measures, office protocols to protect health and safety and compliance with labour standards.
40-42. Compliance	Failure to report to MOH on required performance metrics or other requirements	1 Rare	2 Serious	2 Low	Registrar, All Staff	<ul style="list-style-type: none"> Monitor compliance with College Performance Measurement Framework standards and progress Proactive advanced preparation for future reporting requirements Regular consultation with MOH representatives on College performance and expectations Collaboration with other regulatory bodies, HPRO, and key stakeholders on reporting framework, including sharing key templates and resources Consultation with focus groups (e.g. Citizen's Advisory Group)
44-43. Compliance	Failure to comply with proposed legislative amendments pertaining to governance reform and regulatory modernization including: <ul style="list-style-type: none"> Implementing Core Governance reform French Language Services Act Reporting to Auditor General Oversight by Patient Ombudsman 	1 Rare	3 Major	3 Moderate	Registrar, All Staff	<ul style="list-style-type: none"> Letter has been written and submitted to Ministry of Health regarding proposed governance reforms and regulatory modernization initiatives. Letter includes requests and recommendations from College's perspective regarding support that may be required to implement proposed reforms/changes. College to collaborate where possible with government and other regulatory bodies to implement any legislative reforms, amendments and updates.

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Risk Strategy

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

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

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

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

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

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

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

Each Director/Manager and the Registrar develop detailed plans for Risk Mitigation. Detailed plans are reviewed and status of implementation and risk assessment are updated twice annually and when/if required based on emerging risks.

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

Risk Management Plan Approvals

Approved by:

Registrar

Council President

Resolution– Enterprise Risk Management Plan 2022-2023

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

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

Whereas, Council has reviewed the updated Enterprise Risk Management Plan for 2022-2023 and the identified risks and proposed mitigation strategies, and

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

Therefore, be it resolved that Council accepts the Risk Management Plan for 2022-2023 and approves the risk prioritization as presented therein.

Moved by: _____

Seconded by: _____

Decision: Carried/Defeated/ Amended

Date: September 26, 2022



Practice Standard- Record Keeping

Approved: June 2012

Revised: June 2017 Review/revision to ensure spousal exception compliance and based on frequency of PPA findings regarding record keeping. Draft #1: 20JUL2022
Reviewed by Patient Relations Committee: 31AUG2022

Intent

This Standard deals with expectations for members for creating, using, maintaining, storing and destroying records. A member shall, when working independently or with others, take all reasonable steps to ensure that records are made, used, maintained, retained and disclosed in accordance with this Standard.

Standard statement

Record keeping is an essential part of a kinesiologists' practice regardless of the practice setting. Records provide the ability to track a patient's/client's progression, determine future care needs and ensure accountability of the practitioner for the care provided. Records are also an important communication tool to allow others to understand the patient's/client's past and current status in order to facilitate safe and quality care in the best interests of the patient/client. Further, records act as a memory recall for members about their patients/clients. The objectives of proper record keeping are as follows:

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- To facilitate the safe and quality care and treatment of patients/clients.
- To ensure patients/clients have access to up-to-date, accurate information about their health.
- To ensure continuity of care for patients/clients from successive members or other treating health professionals.
- To ensure accountability to patients/clients, payors, the College, the profession and other healthcare providers.
- To demonstrate judgment, reasoning and adherence to the practice standards of the profession.
- To meet any other requirements mandated by the organizations they are associated with or where required by law.

Records are also a story about the patient's/client's health history, health goals and outcomes and prognosis; they do so by providing details of each encounter, including what was done, by whom,

when, where and why. It is crucial that members consider the principles of record keeping when making decisions regarding any element of record keeping.

Records must be:

- Identifiable;
- Legible and understandable;
- Comprehensive;
- Accurate and timely;
- Accessible and retrievable; and
- Secure and confidential.

Performance expectations

A kinesiologist demonstrates this Standard by:

- Ensuring that every part of a patient/client health record has a reference which uniquely identifies the patient/client. Date of birth and/or names are not considered unique. A patient's/client's health card number would be considered unique.
- Ensuring that records have a sequential system in place.
- Ensuring that every entry in a patient/client health record is dated and includes the identity (i.e. signature, College-approved title and/or registration number, if applicable) of the person who made or dictated the entry.
- Ensuring that every amendment or correction to a patient/client health record will indicate what change was made without destroying the original record, at what date, by whom and the reason for the correction.
- Ensuring that information is entered within a reasonable time period to ensure accuracy and that any late entries are clearly indicated and the reason for the late entry.
- Ensuring that records are legible and are in either English or French.
- Ensuring appropriate and respectful language is used.
- Ensuring (or, if the member is employed in a facility or larger setting, advocate for) an audit trail be part of the record keeping program.

Members will maintain the following records: equipment service record, financial record and patient/client health record.

1. Equipment service record

The equipment service record contains servicing information for any instrument or equipment that requires regular servicing and is used by the member for the purpose of assessing, treating or providing a service to a patient/client.

2. Financial record

The financial record contains information on bills for services and clinical products to the patient/client either billed directly or indirectly through a third party. This includes:

- Patient's/client's name;

Commented [BF2]: Removed a space (minor format edit)

Commented [BF3]: Proposed this entry based on review of other College's record-keeping standards and consultation with other Practice Advisors, as well as consistency with the CKO's recorded webinar and video resource. This is intended to clarify what should be considered appropriate to indicate the identity of the person who made the entry. Used "if applicable" to remove ambiguity regarding how a student/unregulated support person should make entries in the patient's record.

Commented [BF4R3]: Committee proposed that registration number be added as an option, as sometimes occurs in practice environment.

Commented [BF5]: Minor change (removed a space)

- Each treatment, service or clinical product provided to the patient/client and the date provided;
- The fee charged or received relating to each treatment, service or clinical product provided to the patient/client; and
- Balance of account.

Commented [BF6]: Capitalized first word of each bullet point for consistency with other lists in this document

3. Patient/client health file/record

The patient/client health record for each patient/client that the member assesses or treats contains:

- Relevant and appropriate demographic information about the patient/client;
- Name(s) of primary care physician(s) and any relevant referring health professionals, if appropriate;
- Reason for referral, if appropriate;
- The date and purpose of each professional contact with the patient/client, and whether the contact was made in person, telephone or electronically;
- Patient's/client's chief complaint(s)/concern(s) and supporting data;
- Relevant past health history;
- Appropriate family and social history when indicated by the presenting complaint(s)/concerns(s);
- Reasonable information about each initial examination, assessment and reassessment, all relevant diagnostic tests, and all relevant impressions made by the member;
- Reasonable information about each treatment performed, and the identity of the person applying the treatment if the person applying the treatment was not the member;
- Every written report and imaging record and report received by the member with respect to examinations, tests, consultations or intervention performed by other health professionals;
- Reasonable information about any consultation and correspondence with other treating practitioners;
- Reasonable information about any informed consent (including consent to the collection, use or disclosure of personal health information), including any records of written consent;
- Reasonable information about any recommendations given by the member including any pre-treatment or post-treatment recommendations given to the patient/client by the member and the identity of the person giving the advice if it was not the member;
- Reasonable information about every referral of the patient/client by the member to another health professional;
- Reasonable information about any controlled act performed by the member, including the authority (e.g., emergency, delegation) by which it was performed;
- Reasonable information about a procedure that was commenced but not completed, or refused, including reasons for non-completion or refusal;
- Every cancellation of an appointment by the patient/client together with the reason for the cancellation, if available;
- Reasonable information regarding real, perceived or potential conflicts of interest, including situations where the patient/client is a close personal relation (including the spouse) of the member, and the circumstances leading to the decision to provide treatment or other services in such a situation;
- Information regarding any abbreviations that may be used by the member and/or others making entries in the personal health record (this may take the form of a list of abbreviations)

Commented [BF7]: Inserted to ensure consistency with PHIPA, 2004, to clarify record keeping requirements that may pertain to consent, including consent to collect, use or disclose personal health information

Commented [BF8]: Inserted for consistency with the College's Practice Guideline - Treating Family Members and other Close Personal Relations

Commented [BF9]: Patient relations rationale: patients should be able to easily understand their records, if requested. Patient representatives and other clinicians/treatment/care providers should also be able to understand patient records. Also a safety rationale: abbreviations/acronyms for health conditions that may be associated with higher-risk patients should be easily communicated to any individual providing care to that patient.

- Reasonable information regarding discharge of the patient/client, including any discharge plan of care.

Retention

Members will ensure that every patient/client health record and every financial record will be retained for the following periods of time:

- (a) For patients/clients who are 18 years of age or older at the time of the last contact: a period of at least 10 years.
- (b) For patients/clients who are less than 18 years of age at the time of the last contact: a period of at least 10 years following the date at which the patient/client would have become 18 years of age.

Equipment service records must be retained for a minimum of 5 years.

Destruction of patient/client health records will be done in a secure fashion appropriate to the medium in which the records are stored to ensure that the records cannot be recovered, reconstructed or identified in any form.

4. Closing or transferring a practice

As part of the process of closing or transferring a practice, the member will take reasonable steps to ensure records are stored or transferred securely. The member must ensure that:

- The patient/client is notified that the member intends to close or transfer his or her practice and information about the future location of records is provided; and
- The record is transferred to another health information custodian and the patient/client is notified, or to another member, if the patient/client so requests.

5. Confidentiality of and access to records

- (1) Members will ensure that the confidentiality of a patient's/client's personal health information is maintained through the collection, storage, use, transmission and disposal of personal health information through the appropriate use of administrative, physical and technical safeguards.
- (2) Members will ensure that records meet the obligations outlined under privacy legislation, including the *Personal Health Information Protection Act (PHIPA)* when acting as either the health information custodian (HIC) or as an agent of the HIC¹.
- (3) Members will ensure that any disclosure of personal health information is in accordance with PHIPA.
- (4) Members will ensure that a patient's/client's record is retrievable and reproducible throughout the retention period.
- (5) Members will ensure that any breach or potential breach of a patient's/client's confidentiality is dealt with appropriately, including notifying the patient/client, and/or the Office of the Privacy Commissioner.

¹ Members should consult the resource "[What You Need to Know About Privacy Law: An Overview of the Personal Health Information Protection Act, 2004](#)" for more information on the duties and responsibilities under PHIPA

- (6) Members will ensure that, on request, copies of or access to a patient/client health record to any of the following persons, or any person authorized by the following persons:
 - a. the patient/client;
 - b. a personal representative authorized by the patient/client to obtain copies from or access to the record; or
 - c. the patient's/client's other substitute decision maker under PHIPA.
- (7) Members will ensure that any refusal to a request for access is done in accordance with PHIPA.
- (8) Members will ensure that any correction requests made by the patient/client are done in accordance with PHIPA.
- (9) Members shall maintain records in a manner that ensures that an investigator, assessor or representative of the College who is authorized under the *Regulated Health Professions Act, 1991* has access to the records.

6. Electronic equipment

In general, the expectations described above apply equally to electronic records. A few special considerations include the following:

- A member may maintain an electronic record keeping system in accordance with this Standard.
- A member will take reasonable steps to ensure that the electronic record keeping system is designed and operated so that patient/client health records:
 - are secure from loss, tampering, interference or unauthorized use or access; and
 - will be retrievable and reproducible through the entire retention period.
- A member will ensure that the personal health information of patients/clients that is stored on any devices have the appropriate safeguards.
- An electronic audit log shall be maintained that shall include, for every instance in which personal health information is viewed, handled, modified or otherwise dealt with, the following:
 - the type of information that was viewed, handled, modified or otherwise dealt with;
 - the date and time on which the information was viewed, handled, modified or otherwise dealt with;
 - the identity of all persons who viewed, handled, modified or otherwise dealt with the personal health information;
 - the identity of the individual to whom the personal health information relates; and
 - any other information that may be prescribed (in legislation or elsewhere)

Legislative context

Regulated Health Professions Act, 1991

Personal Health Information Protection Act, 2004

Notation

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

Commented [BF10]: Inserted in keeping with Part II, Section 10.1 of PHIPA (2020, c. 5, Sched. 6, s. 3)

Commented [BF11R10]: Patient safety rationale: audit log allows improved oversight of patient EMRs and prevent unnecessary access/unwarranted access/access without patient consent (in circumstances where consent to access would be required).

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**APPENDIX I
OFF-SITE STORAGE OF HEALTH RECORDS GUIDELINES**

Section 14 of the Personal Health Information Protection Act, 2004 permits practitioners to store records at a patient's home (e.g., for homecare, a long term care facility) or a third party storage site if the patient consents, reasonable safeguards are taken and any College regulations or guidelines are complied with. The following guideline balances the interests of the member and the patient while maintaining appropriate accountability.

- 1(1) A member may store personal health information (the "chart") at a patient's residence, including an institutional residence so long as the following criteria are met:
- (a) the patient, or the patient's substitute, consents;
 - (b) the patient, or patient's substitute, understands and appreciates the reasonably foreseeable consequences of maintaining the chart at the patient's residence and has identified a reasonable plan for safeguarding the chart;
 - (c) the patient, or the patient's substitute, agrees that the member has access to the chart or, in the alternative, the member shall keep an up-to-date copy of the complete chart with the member's other records;
 - (d) the patient, or the patient's substitute, agrees to retain the chart for the period required under this policy or, in the alternative, the member keeps an up-to-date copy of the complete chart with the member's other records;
 - (e) a reasonable clinical purpose is served by keeping the chart there;
 - (f) either the chart kept at the patient's residence or the record kept with the member's other records, or both, is a complete and up-to-date copy of the record and both records indicate which is the complete, up-to-date copy of the record; and
 - (g) unless the member keeps an up-to-date copy of the complete chart with the member's other records, the member shall keep a copy of the following information with the member's other records:
 - a. the name and contact information for the patient;
 - b. the location of the chart;
 - c. the essential, up-to-date, clinical information about the patient, including assessment results, a summary of the treatment plan and the major milestones in the implementation of the treatment plan; and
 - d. documentation of compliance with clauses (a) to (f).
- (2) A member may store personal health information at a storage facility other than one under the control of the member or the member's employing custodian or the patient's residence so long as the following criteria are met:
- (a) the patient, or the patient's substitute, consents;
 - (b) the storage facility has a privacy policy consistent with the *Personal Health Information Protection Act, 2004* and the College's record keeping standards;
 - (c) the storage facility provides the member with a written privacy assurance that it will safeguard the chart and will only use or disclose it at the express direction of the member;
 - (d) the member describes the fact that he or she uses a storage facility in his or her privacy policy;
 - (e) the storage facility is not a private residence;
 - (f) the member contracts with the storage facility to retain the chart for the period of time specified in the College's record keeping standard before it will destroy the chart in a secure manner;

- (g) the member keeps the account with the storage facility current at all times so that the charts are not discarded or destroyed prematurely; and
- (h) the member keeps, with his or her other records, a list identifying the patient, the nature of the record kept at the storage facility, the location of the file in the storage facility (e.g., file box number), documentation of compliance with clauses (a) to (g) and the contact information for the storage facility.

(3) If the member is an agent of a health information custodian as defined in the *Personal Health Information Protection Act, 2004*, the member may comply with the custodian's privacy policies on storing records at a patient's residence or a storage facility rather than this policy so long as the policies are substantially similar to this policy.

Decision Note

Decision: Approval of revised Practice Standard – Record Keeping
Prepared for: Council
Date: September 26, 2022

Purpose:

The purpose of this note is to facilitate review by Council of an updated Practice Standard – Record Keeping, which affects registrants of the College of Kinesiologists of Ontario (“the College”).

Explanation:

Associated with the adoption of the spousal exception by the College (in October 21, 2021), it was determined that the Colleges Practice Standards and Guidelines would be reviewed with an eye to providing registrants of the College with clear guidance.

Under the Professional Misconduct regulation of the *Kinesiology Act, 2007* (O. Reg. 316/12), the following acts may be considered Professional Misconduct:

- 25. Failing to keep records in accordance with the standards of the profession.
- 26. Signing or issuing, in his or her professional capacity, a document that the member knows or ought to know contains false or misleading information.
- 27. Falsifying a record relating to the member’s practice.

The Practice Standard – Record Keeping provides members of the College with clarity regarding the College’s expectations for documentation, retention and destruction of patient/client records and other records. This Practice Standard was identified as requiring review and possible update following the adoption of the spousal exception in order to provide additional clarity regarding how a member of the College should document a situation where they choose to provide kinesiology treatment, care or services to their spouse.

It is also the general goal of the College to ensure that its public protection and regulatory mandates are supported by ensuring Practice Standards contain information that is comprehensive, relevant and helpful to members of the College.

Analysis

Practice Standard – Record Keeping

- This Practice Standard was most recently revised in June, 2017.
- As part of this current review, a scan of relevant legislation was conducted, as was an environmental scan of selected regulatory Colleges (including those that have adopted the spousal exception). The information gathered from the environmental scans informed the proposed changes to the Practice Standard.
- The proposed revisions to the Practice Standard, and associated environmental scans, were reviewed by the Patient Relations Committee, and referred to Council for approval, on August 31, 2022.
- The table below describes the proposed major changes to the Practice Standard – Record Keeping, as well as the rationale for each change (proposed changes are presented in sequential order as they would be viewed in the document, rather than in order of priority or importance):

Proposed Change	Rationale
<p>1) Pg. 3, paragraph 15: inserted language clarifying that consent to collection, use or disclosure of personal information will be contained in patient/client records.</p>	<p>Inserted for consistency with the <i>Personal Health Information Protection Act (PHIPA, 2004)</i>. Patient safety/patient relations rationale: documentation of informed consent is a mechanism to ensure and verify that valid, ongoing consent has been obtained.</p> <p>Note that this change is consistent with College guidance published elsewhere, including: How to ensure the consent you obtained is informed – College of Kinesiologists of Ontario (coko.ca)</p>
<p>2) Pg. 3, paragraph 21: inserted language regarding documentation of real, perceived or potential conflicts of interest, including situations where the patient/client is a close personal relation (including the spouse) of the member, and the circumstances leading to the decision to provide treatment or other services in such a situation.</p>	<p>Inserted for consistency with the College’s Practice Guideline – Treating Family Members and Close Personal Relations and more specifically for consistency with the spousal exception.</p> <p>Rationale: treatment of a spouse, while permissible under the spousal exception, should only be done in exceptional circumstances, which should be fully documented to manage conflicts of interest and promote transparency.</p>
<p>3) Pg. 3, paragraph 22: inserted an item indicating that the patient/client health record contains information regarding abbreviations that may be used by the member and/or others making entries in the patient record.</p>	<p>In keeping with the Essential Competencies of Practice of Kinesiology. Also consistent with other guidance/material published by the College: Record Keeping Checklist (coko.ca)</p> <p>Public safety/patient relations rationale: abbreviation lists allow records to be easily read and reviewed by patients/clients, and other clinicians and treatment and service providers. This protects the patient/client by ensuring that</p>

	information documented by the kinesiologist is easily understood by others.
4) Pg. 5, paragraph 11: Inserted paragraph/sub-section indicating that electronic audit logs shall be maintained to act as a safeguard for electronic patient records.	<p>Inserted in keeping with Part II, Section 10.1 of <i>PHIPA, 2004</i> (2020, C. 5, Sched. 6, s. 3).</p> <p>Public safety/patient relations rationale: electronic audit logs permit Health Information Custodians (or their agents) to be aware of access to electronic medical records, and may allow for identification of access that is unnecessary and/or inappropriate. This will protect patient/client privacy.</p>

Resolution – Revised Practice Standard – Record Keeping

Whereas the College is responsible for ensuring that its published Practice Standards, Practice Guidelines and other materials are accurate, up-to-date and, where applicable, in keeping with the regulatory and practice environment; and

Whereas it has been determined that the Practice Standard – Record Keeping may require update/revision in keeping with the adoption of the spousal exception, to specify that spousal treatment must be documented and how a kinesiologist should document spousal treatment; and

Whereas staff have proposed revisions to the Practice Standard – Record Keeping in keeping with a review of applicable legislation, regulatory practices and emergent issues; and

Whereas the Patient Relations Committee has reviewed and discussed the proposed changes to the Practice Standard – Record Keeping and has recommended that the revised Practice Standard – Record Keeping be referred to Council for approval;

Therefore, be it resolved that Council approves the revised Practice Standard – Record Keeping for publication by the College.

Moved by: _____

Seconded by: _____

Date: September 26, 2022

Practice Standard- Discharging a Patient/Client

Formatted: Emphasis

Approved: June 2012

Revised: ~~N/A~~Reviewed Draft #1: 20JUL22

Definition

Discharging a patient/client occurs when the services being provided to the client/patient/client are terminated.

Commented [BF1]: "patient/client" is currently the accepted wording that inclusively describes all those to whom a kinesiologist may provide treatment, services or other care.

Intent

Discharging a client/patient/client is an expected and necessary part of the relationship. Members need to plan for and implement the discharge appropriately. Particular care needs to be taken where the discharge occurs earlier than originally anticipated (e.g., if the goals of the treatment plan cannot be met and/or if the needs of the patient/client are beyond the skill, abilities or scope of practice of the member and/or if the client/patient/client is abusive). This Standard describes the College's expectations for members involved in the care of patients/clients when the patient/client is to be discharged and focuses particularly on managing earlier than expected discharges.

Commented [BF2]: Formatting: removed an unnecessary space

Standard Statement

Members¹ will plan for the discharge of a patient/client as early as possible and will involve the patient/client in the planning as much as is possible. In keeping with the College's Practice Standard – Record Keeping, reasonable information regarding discharge and discharge plan of care is contained in the patient's/client's personal health record. Where a patient/client is discharged for a reason other than the achievement of the goals of the treatment plan, members will promote, as much as is reasonably possible in the circumstances, the principles of continuity of care and be sensitive in their communications with the patient/client.

Commented [BF3]: Inserted footnote for consistency with Practice Standard - Supervision and Education of Students and Support Personnel

Commented [BF4]: Note regarding record keeping/record keeping practice standard. This could alternatively be added as a footnote.

Description of Standard

A member demonstrates the Standard by:

1. Examining the Reasons for Discharge

Where the reasons are other than the achievement of goals, the member will examine the significance of the reasons. For example, where the patient/client has become abusive, the reasons

Members should note that, as per the Practice Standard – Supervision and Education of Students and Support Personnel, creating a discharge plan and discharging a patient/client is not to be assigned to students or support personnel.

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for discharge are compelling and may warrant prompt action and careful consideration as to how the patient/client will be referred on to other practitioners. Where there has been a breakdown in the professional relationship (e.g., the patient/client misses a number of sessions and does not follow through on mutually agreed upon strategies), the member should examine whether the relationship can be restored. Where the patient/client is no longer able to pay for the services, the member may have some obligations to continue necessary treatment for a reasonable time to enable other care arrangements to be made². It should be noted that members may not discharge a patient for reasons that are considered “protected grounds” in the Ontario Human Rights Code.

Commented [BF5]: Inserted 'discharge' to clarify the sentence.

Note on discharge from treatment where real, possible or perceived Conflicts of Interest may exist:

In the event that the kinesiologist may provide treatment, services or other care where there are real, possible or perceived conflicts of interest, including situations where the patient is a close personal relation of the kinesiologist (such as a spouse, in circumstances where spousal treatment may be appropriate and permissible), discharge, including transfer of care to another suitable practitioner, should be planned, documented and completed as soon as safely and reasonably possible.

Commented [BF6]: Other Colleges make explicit reference to this in their standards, policies and guidelines.

Commented [BF7R6]: Legal opinion sought regarding need for this.

Commented [BF8R6]: Legal opinion received, indicated support for this inclusion on public protection grounds.

Commented [BF9]: Note regarding conflicts of interest, which incorporates treatment under the spousal exception

2. Considering the Condition of the Client-Patient/Client

Where the condition of the patient/client requires ongoing kinesiology services in the short term (e.g., to manage pain or to prevent permanent damage or a loss of momentum in progress), the member has a greater responsibility to ensure continuity of care during the transition in provider. This responsibility may involve the member actively participating in the search for an alternative provider and/or a duty to provide ongoing care for a reasonable period of time.

3. Reviewing the Availability of Alternative Services

The availability of alternative services affects how much notice the member should provide to the patient/client before withdrawing services. Where services are readily available in the community, a short period of notice is acceptable. Where services are very difficult to obtain elsewhere, the member may need to consider a longer period of notice. Depending on the nature of the patient's/client's condition and the type of treatment plan, alternative services may include those offered by other practitioners (e.g., a physiotherapist, occupational therapist or a massage therapist).

4. Giving as Much Opportunity to the Client-Patient/Client as Possible

Providing early notice to the patient/client of the need for a transfer of care can fulfill a member's professional obligations. For example, if a member knows that he or she will be closing his or her private practice, the member can provide three months notice to all patients/clients, advising them how and where they can locate alternative services and allow them to find their own replacement service. However, where very little notice is given, the member may need to actively approach alternative care providers for his or her clients/patients/clients.

Legislation

Regulated Health Professions Act, 1991

² It is considered unprofessional, once a member has agreed to treat a client, to deny urgent health services to the client simply because he or she cannot afford to pay.

Paragraph 1(1).6 of the professional misconduct regulation, which reads as follows:

6. Discontinuing professional services that are needed unless the discontinuation would reasonably be regarded by members as appropriate having regard to,
 - i. the member's reasons for discontinuing the services,
 - ii. the condition of the client,
 - iii. the availability of alternate services, and
 - iv. the opportunity given to the client to arrange alternate services before the discontinuation.

Notation

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

Decision Note

Decision: Approval of revised Practice Standard – Discharging a Client
Prepared for: Council
Date: September 26, 2022

Purpose:

The purpose of this note is to promote effective review by Council of an updated Practice Standard – Discharging a Client, which affects registrants of the College of Kinesiologists of Ontario.

Explanation:

Associated with the adoption of the spousal exception by the College (in October 21, 2021), it was determined that the College’s Practice Standards and Guidelines would be reviewed with an eye to compliance with the spousal exception.

Under the Professional Misconduct regulation of the *Kinesiology Act, 2007* (O. Reg. 316/12), it is considered professional misconduct for a kinesiologist to discontinue professional services that are needed unless the discontinuation would reasonably be regarded by members of the College as appropriate having regard to:

- i. The member’s reasons for discontinuing the services,
- ii. The condition of the client,
- iii. The availability of alternative services, and
- iv. The opportunity given to the client to arrange alternative services before the discontinuation

The Practice Standard – Discharging a Client (approved in June, 2012), provides members of the College with clarity regarding the College’s expectations regarding discontinuing treatment, care and other services. This Practice Standard was identified as requiring review and possible update following the adoption of the spousal exception in order to provide additional clarity regarding how a member of the College should approach discharge planning when treating their spouse as a patient or client.

It is the goal of the College to ensure that its public protection and regulatory mandates are supported by ensuring Practice Standards contain information that is comprehensive, relevant and helpful to members of the College.

Analysis

Practice Standard – Discharging a Client

- This Practice Standard was approved in June, 2012 and has not been revised since then.
- As part of this review, a scan of relevant legislation was conducted, as was an environmental scan of selected regulatory Colleges (including those that have adopted the spousal exception). The results of this research informed the review and revision of the Practice Standard.
- The Practice Standard, with proposed changes and environmental scans, was reviewed by the Patient Relations Committee on August 31, 2022. After review, the Patient Relations Committee referred the revised Practice Standard to Council for approval.
- The table below describes the proposed major changes to the Practice Standard – Discharging a Client, as well as the rationale for each change (proposed changes are presented in sequential order as they would be viewed in the document, rather than in order of priority or importance):

Proposed Change	Rationale
1) Inserted footnote on pg 1, paragraph 3 clarifying that students and support personnel may not be assigned the tasks of creating a discharge plan and discharging a patient/client.	This change is proposed for consistency with the Practice Standard – Supervision of Students and Support Personnel. Rationale: explicit consistency between Practice guidance from the College promotes kinesiologist awareness of standards and therefore may enhance kinesiologist’s practice and public protection.
2) Inserted mention on pg. 1, paragraph 3 that reasonable information regarding discharge and discharge plan of care is contained in the patient’s/client’s personal health record.	Proposed for consistency with Practice Standard – Record Keeping. Rationale: explicit consistency between Practice guidance from the College promotes kinesiologist awareness of standards and therefore may enhance kinesiologist’s practice and public protection.
3) Inserted the word “discharge” on pg. 2, paragraph 1.	To clarify the meaning of the sentence, which originally read, on pg. 1, paragraph 4 “[...] the reasons for are compelling[...]”.
4) Pg. 2, paragraph 1, inserted explicit reference to discharge for reasons that are protected under the Ontario Human Rights Code is prohibited.	Noted in other regulatory college’s Practice Standards regarding discharge/discontinuing services. This information may be helpful for members of the College when engaging in discharge planning. This question (circumstances under which a patient/client may/may not be discharged) has been raised as a practice inquiry in 2022. Rationale for inclusion: the College has sought a legal opinion, which supported the inclusion

	<p>of an explicit reference to the Ontario Human Rights Code protected grounds. The public protection rationale is to ensure that kinesiologists are compliant with the requirements of the Ontario Human Rights Code.</p>
<p>5) Pg. 2, inserted new subsection/paragraph clarifying that discharge planning must be initiated as early as possible in circumstances where a member of the College is providing treatment to a close personal relation/family member, including the member's spouse.</p>	<p>Added for consistency with spousal exception, to provide clear guidance to members of the College who may choose, where it is permissible (i.e. in exceptional circumstances) to provide spousal treatment.</p>

Resolution – Revised Practice Standard – Discharging a Client

Whereas the College is responsible for monitoring its published Practice Standards, Practice Guidelines and other materials to ensure that they are accurate, up-to-date and in keeping with the regulatory and practice environments; and

Whereas it has been determined that the Practice Standard – Discharging a Client may require update/revision in keeping with the adoption of the spousal exception, in order to better specify how discharge planning should be incorporated into circumstances where a kinesiologist may choose to treat their spouse; and

Whereas College staff have proposed revisions to the Practice Standard – Discharging a Client in keeping with a review of applicable legislation, regulatory practices and emergent issues; and

Whereas the Patient Relations Committee has reviewed and discussed the proposed changes to the Practice Standard – Discharging a Client and has recommended that the revised Practice Standard – Discharging a Client be referred to Council for approval;

Therefore, be it resolved that Council approves the revised Practice Standard – Discharging a Client for publication by the College.

Moved by: _____

Seconded by: _____

Date: September 26, 2022



Practice Standard- Dual Health Care

Approved: June 2012

Revised: ~~N/A~~Reviewed regarding Spousal Exception. Draft #1: 20JUL22
Reviewed by Patient Relations Committee: 31AUG22

Definition

Dual health care practices occur when a member of the College of Kinesiologists of Ontario (the College) practises as a kinesiologist and practises in another health care discipline (e.g. massage therapist, chiropractor or acupuncturist). The other health discipline may be regulated or unregulated.

Intent

Members of the College can have dual health care practices. While this can benefit patients/clients, it complicates the role and informed consent duties of members. It also affects the understanding of regulation and accountability for health professionals, patients/clients and insurers. The College has established the following standard to clarify the obligations of members who practise in more than one health care discipline.

Objective

Members who have dual health care practices are responsible for administering their practices as separate and distinct entities and for ensuring that their patients/clients understand which role they are adopting when they provide health care services.

Description of Standard

If there is overlap in the scope of practice within the dual health care practices, there is potential to further increase patient/client misunderstanding of the role of the member. Members are accountable to the College when practising and billing for kinesiology services. If the member's other practice is regulated, the member is also accountable to that regulatory college. If the member's other practice is unregulated, the member is only accountable to the College of Kinesiologists for kinesiology services. However, the member is always accountable for their professional conduct or where their practice is so egregious that it may warrant action by the College. For example, where a member's behaviour toward a [client-patient/client](#) is abusive, the College may still investigate a complaint or a report and, at the very least, ensure the member abided by this standard.

Commented [BF1]: Inserted as "patient/client" is viewed as an accurate and inclusive description of individuals who may receive treatment, care or other services from members of the college

A member demonstrates the Standard by:

1. Keeping the roles of the dual health care practice separate and distinct in the mind of the patient/client by having different:
 - appointment books;
 - patient/client records or entries in patient/client records when they are created as part of an interdisciplinary care team;
 - billing records and financial records; and
 - obtaining written and signed informed consent when exercising a role different from that which the patient/client initially sought
2. Ensuring that treatments recommended by the member as a ~~Kinesiologist~~kinesiologist, and provided by the member as a member of a different health discipline, are based solely on patients'/clients' needs.
3. Ensuring that patients/clients are provided with the information needed to understand the member's role and accountability when he or she is performing the treatment. For example, in many circumstances, it would be appropriate for the member to explain the following when providing a non-kinesiology service:
 - That the service is not within the scope of practice of kinesiology and that the member is not acting as a kinesiologist when providing the service;
 - That the service is unregulated (if applicable) and is not covered by kinesiology liability insurance (if that is the case); and
 - That the service cannot be billed to an insurer as kinesiology services.

The member would then obtain voluntary and informed consent for the service provided.

4. Ensuring that patients/clients are provided with the services that they initially sought unless it is determined to be inappropriate.
5. Ensuring that patients'/clients' records clearly demonstrate which services have been provided to patients/clients at each encounter.
6. Claiming only the time worked practising within the scope of practice of kinesiology as practice hours for continued registration with the College.
7. Ensuring that any care provided by the member in another discipline is not done in an effort to avoid practising according to the standards of this College.

a) Specifically regarding spousal treatment, a member registered with more than one College must abide by the strictest standard that applies to them. A ~~Kinesiologist~~kinesiologist who is also registered with a College that ~~it~~ has not adopted the spousal exception regulation pertaining to sexual abuse provisions will be advised to not provide treatment to their spouse.)

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Commented [BF2]: Inserted for consistency and clarity regarding the spousal exception

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Legislation

Professional Misconduct Regulation

Notation

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

Decision Note

Decision: Approval of revised Practice Standard – Dual Health Care
Prepared for: Council
Date: September 26, 2022

Purpose:

The purpose of this note is to facilitate Council’s review of an updated Practice Standard – Dual Health Care, which affects registrants of the College of Kinesiologists of Ontario.

Explanation:

Associated with the adoption of the spousal exception by the College (on October 21, 2021), it was determined that the Colleges Practice Standards and Guidelines would be reviewed with an eye to compliance with the spousal exception.

Members of the College are permitted to be registered with and practice under the jurisdiction of other regulatory Colleges. The Practice Standard – Dual Health Care, provides members of the College with clarity regarding the College’s expectations for members who are also members of another regulatory College in Ontario.

This Practice Standard was identified as requiring review and possible update following the adoption of the spousal exception in order to provide clarity regarding how a member of the College should practice where the spousal exception may or may not apply to all Colleges with which the member is registered.

This review is also informed by the goal of the College to ensure that its public protection and regulatory mandates are supported by ensuring Practice Standards contain information that is comprehensive, relevant and helpful to members of the College.

Analysis

Practice Standard – Dual Health Care

- This Practice Standard was most recently revised in June, 2012.
- As part of this current review, a scan of relevant legislation was as was an environmental scan of selected regulatory Colleges (including those that have adopted the spousal

exception). The information collected through these environmental scans was used to inform and guide the review and revision process.

- The revised Practice Standard and associated environmental scans were reviewed by the Patient Relations Committee on August 31, 2022. The revised Practice Standard was referred to Council for approval.
- The table below describes the proposed major changes to the Practice Standard – Dual Health Care, as well as the rationale for each change (proposed changes are presented in sequential order as they would be viewed in the document, rather than in order of priority or importance):

Proposed Change	Rationale
<p>1) Pg. 2, paragraph 17: inserted wording indicating that a member must abide by the strictest conduct standard to which they are accountable (for example, if dual registered with a College that has not adopted the spousal exception, the member may not provide treatment to their spouse).</p>	<p>Intended to clarify the statement (immediately above in the Practice Standard) that dual registration implies that the member is accountable to all Colleges with which they are members. Dual registration does not permit a member to circumvent the requirements/regulations of one or more Colleges.</p> <p>Rationale: the College’s submission to the MOHLTC (in February 2016) regarding the spousal exception explicitly stated this on page 3:</p> <p><i>“It will be important that kinesiologists know what the obligations are for each profession. Kinesiologists who may be a member of another College that has not sought the regulation will be advised to follow the strictest standard.”</i></p>

Resolution – Revised Practice Standard – Dual Health Care

Whereas the College is responsible for ensuring that its published Practice Standards, Practice Guidelines and other materials are accurate, up-to-date and in keeping with the practice and regulatory environments; and

Whereas the Practice Standard – Dual Health Care has been identified as requiring review and revision in keeping with the adoption of the spousal exception, particularly how it may pertain to members of the College who are also registered with other regulatory Colleges; and

Whereas staff have proposed revisions to the Practice Standard – Dual Health Care in keeping with a review of applicable legislation, regulatory practices and emergent issues; and

Whereas the Patient Relations Committee has reviewed and discussed the proposed changes to the Practice Standard – Dual Health Care that pertain to legislation, regulations and guidelines pertaining to the sexual abuse of patients/clients by members of the College and has recommended the Practice Standard – Dual Health Care to Council for approval;

Therefore, be it resolved that Council approves the revised Practice Standard – Record Keeping for publication by the College.

Moved by: _____

Seconded by: _____

Date: September 26, 2022

Terms of Reference- Item Writing Committee of the College of Kinesiologists of Ontario

Definitions

“Examination Committee” means a standing committee of Council appointed to direct the development and management of the entry-to-practice examination which is required of applicants for registration.

“The exam provider” means a company hired by the College of Kinesiologists of Ontario to develop and administer the entry-to-practice, competency-based examination to qualified applicants to the College.

1. Purpose

The Item Writing Committee (IWC), acting under direction of the Examination Committee and the exam provider, is responsible for the development of test items which correspond to the approved Examination Blueprint and for reviewing items for accuracy, appropriate level of difficulty and currency with practice.

2. Accountability

The Item Writing Committee is a standing committee of Council and is accountable directly to Council. Each member of the Examination-Item Writing Committee must sign a binding Confidentiality Agreement, as well as submit a Conflict-of-Interest Pre-meeting Declaration Form in advance of each Committee meeting to the Registrar. The Form will be disseminated with the meeting agenda and will require each committee member to identify and declare any conflict(s) with respective agenda items and describe the nature of the conflict(s).

Council will ensure that members of the Item Writing Committee receive training in their role and in carrying out their responsibilities on the Committee. In addition, Council will ensure that members receive such ~~legislated training and other training~~ as deemed necessary by Council for the effective discharge of their responsibilities.

3. Membership

The majority of members of the Item Writing Committee will be recruited and appointed from among the membership of the College and from among volunteers who have a thorough knowledge and understanding of kinesiology practice in Ontario.

The Item Writing Committee shall be comprised of up to thirty-six (36) persons appointed by Council. This initial Committee will create and maintain a robust item bank from which the entry-to-practice examination test forms will be constructed according to the approved Examination Blueprint.

Each year, panels of the Item Writing Committee will meet to develop additional items for the item bank and will replace poorly performing items identified by the exam provider and the Examination Committee.

The total period which an appointee may serve on the Item Writing Committee shall not exceed six consecutive years. An appointment may be renewed by Council.

At least one member of the Committee must have in-depth knowledge of the regulatory environment and the self-governance requirements among the health professions in Ontario.

At least two members of the Item Writing Committee must be proficient in French.

4. Selection of Item Writing Committee members

Each year the Registrar will issue an invitation to College members to volunteer to serve on various committees including the IWC. The Registrar will contact university and college kinesiology degree-granting programs to invite volunteers from among faculty members to participate as item writers.

In reviewing applications, the Executive Committee or Nomination Committee Examination Committee will review all candidates' credentials and recommend to Council proposed members to of the IWC. The Examination Committee will then consider the current composition of the IWC and the needs of the IWC for particular areas of knowledge and experience to ensure broad representation from all areas of practice in kinesiology and will propose to Council the addition of new item writers as necessary. ~~consider the current composition of the IWC and the needs of the IWC for particular areas of knowledge and experience to ensure broad representation from all areas of practice in kinesiology and will propose to Council the addition of new item writers as necessary.~~ Consideration will be given to the following:

- Geographic representation;
- Area of practice, expertise and knowledge;
- Years of experience;
- Gender identity;
- Language (French or English);
- Currency of practice;
- Other relevant experience; and
- Academic diversity.

5. Structure of the Item Writing Committee

Panels of the Item Writing Committee will be called by the College to participate in structured workshops generally facilitated by the exam provider. No meeting of the full Committee will occur.

The item bank must be continuously updated to ensure that recent developments in kinesiology are reflected in the items and to mitigate against security breaches by ensuring that multiple examination forms can be developed at short notice.

6. Expenses and remuneration of members

Remuneration of members of standing committees will be in accordance with the approved [By-laws policies](#) of the College of Kinesiologists of Ontario.

Members who are required to travel in order to participate in meetings will be reimbursed for travel expenses according to approved policies on reimbursement of travel expenses.

7. Expected time commitment

The item writing and review process has been designed to be flexible, cost effective and includes a mix of on-site and off-site item-writing. Training and guidance are provided by the exam provider along with editing and psychometric review.

As required, specific panels may be called to augment the number of items relating to a specific area of practice or to complete special tasks relating to the preparation guide or to the item bank. Panels of item writers will be called together each year to develop items, to review items and to review and validate translation of items. Not all members may be requested to participate in a panel in any given year. Total time commitment will vary depending upon the development of items prior to ~~workshops. If selected,~~ [workshops. If selected.](#) Committee members ~~must~~ [should](#) attend at least one, four-day session per year.

8. Responsibilities

Working under the direction of the exam provider and the Examination Committee, the IWC will be responsible for the following:

- Development of test items which correspond to the Examination Blueprint; and
- Reviewing items for accuracy, appropriate level of difficulty and currency with practice.

9. Confidentiality and risk management

Appointees to the IWC will have access to highly sensitive and confidential information. Any breach of confidentiality will result in serious costs to the College and could result in delays for individuals wishing to register with the College as members.

The College requires each appointee to sign and adhere to a binding Confidentiality Agreement [and to complete a Conflict-of-Interest Pre-meeting Declaration form.](#)

10. Confidence

The College is statutorily mandated to protect the public and is therefore accountable for having defensible examinations that are valid, reliable and fair.

Members of all committees of Council are expected to adhere to the Code of Conduct approved by Council. While not all members of the Examination-Item Writing Committee will necessarily be members of the College, in accepting appointment to the Committee, they will be held to the Code of Conduct.

11. Insurance and Liability

The College has contracted with an insurer for:

- Directors and Officers -and Errors and Omissions Liability;
- Commercial General Liability; and
- Board member, Employee and Volunteer Accident Death and Dismemberment Travel Insurance.



Resolution – Item Writing Committee Terms of Reference

Whereas the Item Writing Committee Terms of Reference is a document that allows potential members to ascertain their roles, duties and time commitments before committing to an appointment, which aids in making the appointment process more efficient; and

Whereas the College is responsible for ensuring that its published Item Writing Committee Terms of Reference are up to date and, where applicable, are in keeping with existing bylaws and legislation; and

Whereas it has been determined that the Item Writing Committee Terms of Reference has not been updated since 2013 and may require update/revision in accordance with recent amendments to College bylaws concerning the election and selection of Council and Committee members; and

Whereas staff have proposed revisions to the Item Writing Committee Terms of Reference in keeping with a review of applicable legislation, by-laws and governing terms of reference; and

Whereas the updated Item Writing Committee Terms of Reference is being submitted to Council for approval.

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the Item Writing Committee Terms of Reference.

Moved by: _____

Seconded by: _____

Date: September 26, 2022

Terms of Reference- Examination Committee of the College of Kinesiologists of Ontario

1. Purpose

The Examination Committee, under the direction of the Council of the College of Kinesiologists of Ontario, is responsible for the management of the entry-to-practice examinations which are requirements of registration for all applicants to the College. to the College who do not meet the grandparenting provisions.

-

2. Accountability

The Examination Committee is a standing committee of Council and is accountable directly to Council. Each member of the Examination Committee must sign a binding Confidentiality Agreement as well as submit a Conflict-of-Interest Pre-meeting Declaration Form in advance of each Committee meeting to the Registrar. The Form will be disseminated with the meeting agenda and will require each committee member to identify and declare any conflict(s) with respective agenda items and describe the nature of the conflict(s).

Council will ensure that members of the Examination Committee receive training in their role and in carrying out their responsibilities on the Committee. In addition, Council will ensure that members receive such training as deemed necessary by Council for the effective discharge of their responsibilities.

3. Membership

Majority of members of the Examination Committee will be recruited and appointed from among the membership of the College and appointed for a term of two or four years, determined on a scheduled basis to ensure continuity and retention of expertise and knowledge on the Committee.

The Examination Committee shall be comprised of no fewer than ten (10) members and no more than fifteen (15) members. All members are appointed by Council.

The total period which an appointee may serve on the Examination Committee shall not exceed six consecutive years. An appointment may be renewed by Council.

At least one member of the Examination Committee shall be appointed from among those directly involved in teaching required courses in kinesiology degree programs in Ontario. This appointment shall be for a period of two years.

At least one member of the Committee must have in-depth knowledge of the regulatory environment and the self-governance requirements among the health professions in Ontario.

At least two members of the Examination Committee ~~must~~should be proficient in French.

4. Selection of Examination Committee members

The Registrar will issue an invitation to College members to volunteer to serve on the Examination Committee.

In reviewing volunteers from among the membership, the Executive Committee or Nominations Committee will review all candidates' credentials and recommend to Council proposed members of the Examination Committee. Consideration will be given to the following:

- Geographic representation;
- Focus of practice;
- Years of experience;
- Gender identity;
- Language (French or English);
- Currency of practice;
- Current make-up of the Committee;
- Other relevant experience; and
- Academic diversity.

To invite volunteers from among academic programs whose graduates may apply to the College, the Registrar will write to the dean, chair or program director of each Ontario university and college providing a degree program in kinesiology or equivalent (potentially), asking for nominations from among their faculty of one or more persons. The Executive Committee or Nominations Committee will review all nominations and select one or more candidates to recommend to Council for appointment.

5. Structure of the Examination Committee

The Committee will elect from among its members a chair and a vice-chair. The ~~first~~ elected chair will serve for two years.

6. Expenses and remuneration of members

Members will be paid a per diem which is an honorarium for meeting time, in accordance with the approved policies of the College of Kinesiologists of Ontario. ~~Rates are described in the Financial By-laws of the College.~~

Members who are required to travel in order to participate in meetings will be reimbursed for travel expenses according to approved policies on reimbursement of travel expenses.

7. Expected time commitment

The Committee will meet once per year for three days to review and approve new examination test forms. One or more teleconference meetings will also be scheduled to review examination performance data.

Additional meetings may be required should Council, on the advice of the Examination Committee, feel that a complete refresh of the Core Competency Profile, Examination ~~Blueprint~~ [Blueprint](#) ~~theor the~~ entry-to-practice examination is required prior to the five-year mark currently planned.

All meetings of the Examination Committee will be scheduled with sensitivity to the work schedules of members.

8. Responsibilities

Working under the direction of the Council and in collaboration with the company selected by Council to administer the examination on its behalf, the Examination Committee shall be responsible for the following:

- Maintaining the Examination Blueprint;
- Setting the examination test forms;
- Selecting validators to ensure that the items meet psychometric principles of fairness, technical validity, appropriate to entry level and reliability;
- Determining the cut-score or passing score;
- Maintaining the Examination Guide to be used by candidates approved to take the examination(s).
- Ongoing review of administrator's reports;
- Setting examination [frequency dates](#); and
- Periodic consideration of the Core Competency Profile [every five years or more frequently if necessitated by circumstance or event](#), and recommending to Council whether updates are required.

9. Confidentiality and risk management

Appointees to the Examination Committee will have access to highly sensitive and confidential information. Any breach of confidentiality will result in serious costs to the College and could result in delays for individuals wishing to register with the College as members.

The College requires each appointee to sign and strictly adhere to a Confidentiality Agreement [and to complete a Conflict-of-Interest Pre-meeting Declaration form](#).

10. Confidence

The College is statutorily mandated to protect the public and is therefore accountable for having defensible examinations that are valid, reliable and fair.

Members of all committees of Council are expected to adhere to the Code of Conduct approved by Council. While not all members of the Examination Committee will necessarily be members of the College, in accepting appointment to the Committee, they will be held to the Code of Conduct.

11. Insurance and Liability

The Council has contracted with an insurer for:

- Directors and Officers- and Errors and Omissions Liability;
- Commercial General Liability; and
- Board member, Employee and Volunteer Accident Death and Dismemberment Travel Insurance.



Resolution – Examination Committee Terms of Reference

Whereas the Examination Committee Terms of Reference is a document that allows potential members to ascertain their roles, duties and time commitments before committing to an appointment, which aids in making the appointment process more efficient; and

Whereas the College is responsible for ensuring that its published Examination Committee Terms of Reference are up to date and, where applicable, are in keeping with existing bylaws and legislation; and

Whereas it has been determined that the Examination Committee Terms of Reference has not been updated since 2013 and may require update/revision in accordance with recent amendments to College bylaws concerning the election and selection of Council and Committee members; and

Whereas staff have proposed revisions to the Examination Committee Terms of Reference in keeping with a review of applicable legislation, by-laws, and governing terms of reference; and

Whereas the updated Examination Committee Terms of Reference is being submitted to Council for approval.

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the Examination Committee Terms of Reference.

Moved by: _____

Seconded by: _____

Date: September 26, 2022

Decision Note

Issue: 15. Vacancies in Electoral Districts 2, 4 and 6
Prepared for: Council
Date: September 26, 2022

Background

In December 2021, the professional member from District 4 resigned from Council, prior to their term end in July 2023. In March 2022, the professional members from Districts 2 and 6 also resigned. The District 2 member's term ends in July 2023 and the District 6 member's term ends in July 2024.

According to College By-law 10.33, the resignations created long-term vacancies in Districts 2, 4 and 6 since the seats became vacant more than 12 months before the members' terms of office expired.

As these are long-term vacancies, and in accordance with the by-laws, Council may consider any of the following options:

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

Options for consideration

The two vacancies in Districts 2 and 6 are long-term and the by-laws state that given the scrutiny that all colleges are under, proceeding with appointing a previous candidate or a successor from among the membership may diminish trust and confidence in the College's governance processes. If Council decides to proceed with this option, they will need to demonstrate that this process of appointment was fair and transparent.

Although holding a by-election will take additional time and result in some costs, the process will be viewed as open, fair, and transparent. The College will need to follow all guidelines in the by-laws associated with election periods and engage its vendor to create a new nomination and by-election process. If Council decides to proceed with this option, staff will need to begin the elections process as soon as possible. Although on a tight timeline, the new Council members would be elected in time for the December Council meeting.

Resolution– Vacancies in Electoral Districts 2, 4 and 6

Whereas three professional members of Council from Districts 2, 4 and 6 resigned between December 2021 and March 2022;

Whereas according to College By-Law 10.33, this created long-term vacancies in these districts since the seats became vacant more than 12 months before the members' terms of office expired; and

Whereas in the event of a long-term vacancy Council can appoint the second or third place candidate from the last election; appoint a successor from among the membership; or hold a by-election; and

Whereas Council discussed all options and felt that appointing eligible members from the districts was not the most transparent process;

Therefore, be it resolved that Council directs the Registrar to hold a by-election to fill the vacancies in Electoral Districts 2, 4 and 6.

Moved by:

Seconded by:

Date: September 26, 2022

Discipline Committee Report

Committee: Discipline
Prepared for: Council
Date: September 21, 2022

Meetings

There are no new cases that have been referred to the Discipline Committee.

ICRC Report

Committee: ICRC
Prepared for: Council
Date: September 21, 2022

Meetings

The ICRC did not meet this quarter.

Matters

There are two active complaints that are under investigation.

Registration Report

Committee: Registration
Prepared for: Council
Date: September 26, 2022

Registration Committee meetings

The Registration Committee has not met since the last report to Council on June 27, 2022. The annual Registration Committee meeting for the purposes of providing training to Committee members will take place in late fall 2022.

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

- Educational Equivalency Assessment;
- Reinstatement to the General class after being inactive for more than two years;
- Exemption from one-year period of eligibility for registration – following notification of passing the exam;
- Exemption from exceeding the allotted timeline for writing the exam; and
- Remediation plan for the third and final attempt at the exam.

Examination Appeals Committee meeting

There were three appeals made to the Examination Appeals Committee since the last report to Council. All appeals were approved.

Fall Examination

The fall sitting of the entry-to-practice examination will occur on Wednesday September 21, 2022. As of September 9, 2022, there were 241 candidates registered for the online exam, including eight candidates with testing accommodations, and one candidate who requested to write the exam in French. One candidate will be writing the exam in person at a testing centre.

Prior to the exam the College hosted a live webinar for registered applicants, which included a presentation on what to expect on the exam, how to prepare for exam day, and how to seek technical

assistance before and during the exam. Staff also answered questions from attendees. The recorded presentation was later made available on the website.

Annual Renewal

Renewal started on July 1, 2022; the renewal deadline was August 31, 2022. As of July 1, 2022, there were 2951 members due for renewal of which 2550 were registered in the general class and 401 in the inactive class.

On September 1, 2022, the College sent *Notices of Intention to Suspend* to those members who have not yet renewed. Section 16 (1) of the General Regulation allows the Registrar to suspend a member if they fail to renew within 30 days after the notice was given. Failure of members to renew and pay their fee by October 1, 2022, will result in administrative suspension for non-payment of fees.

The member's certificate will be revoked if they do not comply with the renewal requirement within three years of the suspension. When a member is suspended, they are prohibited from practising as a kinesiologist and from using the title "kinesiologist." The College will inform the member's last employer on record that the member has been suspended and is no longer in good standing with the College. Finally, the fact that a member is suspended remains indefinitely on the College's Public Register.

A breakdown of the renewal statistics including total number of registered members in the general class and inactive class will be provided for the December Council meeting.

Membership Update

During the period June 1, 2022 to August 31, 2022 the College registered 72 new registrants.

Fair Registration Practices Report

On August 24, 2022 the Office of the Fairness Commissioner advised regulators that the annual Fair Registration Practices (FRP) Report will be sent for completion in the latter half of September 2022, with a due date of December 14, 2022.

As you may recall, the OFC was delayed in sending out the report this year, as they revamped the content of their report to incorporate the risk factors identified in their Risk Informed Compliance Framework. The OFC also noted that the format and content of future FRP reports will likely change again as they migrate to a more permanent portal and database solution, the FARPACTA regulatory provisions regarding maximum registration timelines are finalized, and as they learn more regarding the RHPA regulatory amendments proposed by Bill 106.

The OFC also circulated a revised draft version of the *Legislated Obligations and Fair Registration Best Practices Guide for Health Regulatory Colleges*, to provide further clarity to health Colleges in complying with fair practice legislation. The guide provides further direction and delineation to

Colleges with respect to the OFC's mandated requirements, expectations, and noncompulsory suggestions. The College provided feedback in general support of the OFC's updates; however, sought clarification as to whether the 2022 FRP report will be reviewed under the lens of the guide, as well as their clarification regarding a statement on the reasonableness of fees.

Kinesiology Core Competency Profile Revalidation

In September, the College finalized contract details with the vendor who will oversee the Kinesiology Core Competency Profile Revalidation. The first phase of the project, Project Design and Launch, will occur during the months of September and October. This will primarily be a planning phase for the vendor, where they will develop the project framework, timelines, and establish procedures for the project for each phase. The project currently has a planned completion date in June 2023.

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: September 26, 2022

Meetings

Panels of the Quality Assurance Committee (QAC) have met four times (on July 29, August 8, September 14 and September 20, 2022) since the last Council meeting on June 27, 2022 (the September 20 meeting had not occurred at the time this report was written).

Peer and Practice Assessment

Twenty (20) registrants participated in the Peer and Practice Assessment (PPA) Fall/Winter 2021 Cycle (January 2021 - March 2022). To-date, the QAC has met and rendered the following decisions:

- No Further Action with respect to 11 PPA cases (including those where a Notice of Intent to Direct Competency Enhancement was issued).
- 1 Specified Continuing Education and Remediation Plan has been ordered by the Committee.
- 4 PPA cases remain open pending the Committee's review of Demonstrated Change Reports.
- 4 PPA cases are pending review by the Committee.

Twenty-seven (27) registrants were selected to participate in the Peer and Practice Assessment (PPA) Spring/Summer 2022 Cycle. Of these:

- 2 exemptions were granted (1 for pending retirement and 1 due to resignation from the College)
- 2 deferrals were granted (1 due to caregiving responsibilities and 1 due to not practising as a kinesiologist)
- Of the 23 remaining registrants, all PPAs have been completed. To-date, the QAC has met and rendered the following decisions:
 - No Further Action with respect to 4 PPA cases.
- Member submissions have been received for an additional 9 PPA cases, which are awaiting QAC review and decision(s).

Patient Relations Committee Report

Committee: Patient Relations
Prepared for: Council
Date: September 26, 2022

The Patient Relations Committee met on August 31, 2022. The following matters came before the Committee:

- An update regarding the status of the fund providing therapy and counselling for people who have alleged sexual abuse by a registrant of the College. There is one open sexual abuse claim, with the five-year period ending on August 9, 2024. To-date, \$9,697.80 have been invoiced with \$20,302.20 currently expected to be remaining in the fund.
- The following three practice standards were reviewed by the Committee:
 - Practice Standard – Record Keeping
 - Practice Guideline – Discharging a Client
 - Practice Standard – Dual Health Care
- Proposed changes to these standards included revisions for compliance with the College’s adoption of the Spousal Exception to sexual abuse provisions contained in the *Regulated Health Professions Act* (RHPA, 1991). Changes were also proposed where required to ensure compliance with changes in the regulatory or legislative environment. Some proposed changes included:
 - Insertion of specific reference to electronic record keeping audit logs (as per the *Personal Health Information and Protection Act* (PHIPA, 2004))
 - Insertion of language clarifying that a kinesiologist may not discharge a patient/client for reasons that are considered “protected grounds” under the Ontario Human Rights Code.

REVENUES



COLLEGE OF KINESIOLOGISTS OF ONTARIO
REVENUES RECEIVED TO DATE & FORECAST TO YEAR END
FOR THE FISCAL YEAR 2021/2022

	1	2	3	6
CATEGORY	APPROVED REVENUE FORECAST (Sept 1 2021 to Aug 31, 2022)	Actual Revenue Fiscal Year Ending Aug. 2022		VARIANCE
	\$	\$		\$
Revenue:				
Jurisprudence Fee (\$48.25)	28,178	25,074		-3,104
Application Fee (\$100)	59,900	54,000		-5,900
Examination Fee (\$400)	194,000	173,900		-20,100
Registration Fees*	1,818,763	1,842,375		23,612
Interest Income	25,000	23,000		-2,000
TOTAL REVENUE	2,125,841	2,118,349		-7,492
*Registration Fees made-up of:	Approved Forecast	Actual Revenue Fiscal Year Ending Aug. 2022		Variance
	\$	\$		\$
New Registrants				
- Sept - Nov (\$650)	13,000	18,200		5,200
- Dec - Feb (\$487.50)	49,725	79,462		29,737
- Mar - May (\$325)	24,700	13,000		-11,700
- Jun - Aug (\$162.50)	8,288	13,813		5,525
Renewal (\$650)	1,631,500	1,672,259		40,759
Change in Status (members back to active)	3,950	10,463		6,513

Professional Corporation	2,000	2,400	400
Professional Corporation Late fee	400		-400
Inactive Renewal (\$200)	79,200	82,400	3,200
Inactive Renewal Late Fee(\$50)	100	600	500
Renewal Late Fee (\$100)	1,400	1,100	-300
Re-instatement Fee (\$300)	4,500	6,000	1,500
Refunds		-57,322	
Total	1,818,763	1,842,375	80,934

Notes

Registration revenue exceeded projections but other revenue categories came lower than projections.

Details:

Registration renewal exceeded target amount by end of Q4. Jurisprudence, Examination, Application and Interest Income came lower than projections.

EXPENDITURES

EXPENDITURE TO DATE & FORECAST TO YEAR END FOR THE FISCAL YEAR 2021/2022			
	1	2	3
CATEGORY	APPROVED BUDGET Sept 1 2021 to Aug. 31, 2022	Expense Projections for Fiscal Year Ending Aug. 2022	VARIANCE QTR
	\$	\$	\$
<u>Expenditure:</u>			
Council & Committees	60,150	53,000	7,150
Professional Fees	100,000	98,000	2,000
Communications & Media	85,500	108,000	-22,500
Rent & Facility Costs	237,167	225,000	12,167
Office & General	105,154	85,000	20,154
Salaries & Wages	1,137,914	1,030,000	107,914
Registration	253,527	205,000	48,527
Quality Assurance	35,336	25,000	10,336
Professional Conduct	53,500	40,000	13,500
TOTAL EXPENDITURE	2,068,248	1,869,000	199,248

Major Highlights:

Council and Committee

Payments in Q1-Q4

Payments for Council and Committee meetings i.e. Executive Committee, ICRC, QA, Registration, Patient Relations, University Liaison, Planning and Finance. Savings resulted from I Examination committee meetings being postponed to next fiscal year

Professional Fees

Payments in Q1-Q4

This includes: Legal, Accounting, Audit Fees

Savings from bookkeeping services were brought in house in January.

Communications & Media

Payment for IT Support, annual report design, public awareness and constant contact in Q1 - Q4.

During the year we changed our I.T. support company, there were additional costs which were not anticipated

There was also an invoice from the vendor that worked on our public awareness campaign that they issued in this fiscal year however it should have been invoiced in previous fiscal year. Also an addition cost for annual report.

Rent & Facility Costs

Payment in Q1 to Q4 for rent

Rent was lower, Colliers applied 2021 credits owed to the College in August 2022 rent payment. 5 new laptops were purchased for staff to replace older models

Salaries and Wages

Salaries for Q1 to Q4 includes Salaries & benefits include merit increases

Savings resulting from waiting period for new staff hires for benefits and staff vacancy. Also for the restructuring that took place during the year.

Office and General

Payment in Q1 to Q4

Payment for Professional development, bank charges, membership dues, postage/courier, staff travel, printing cost office supplies, equipment rental, insurance and recruitment costs.

telephone/fax, professional development, training for council and office supplies and return to office planning/modifications.

Savings from hy-brid work model - lower printing, travel office supplies and professional development costs.

Registration

Payment in Q1 to Q4

Payment in for IMIS consultants (maintenance of database), hosting of database, examination administration and printing of certificates.

Projects that have been reallocated to next fiscal year therefore we are under budget this year, the projects include Competency Profile, Jurisprudence, e-Learning modules, database upgrade

Quality Assurance

Payment in Q1 to Q4

Payment for self assessments portal annual licence and maintenance and Peer and Practice Assessments.

EDIB training did not get completed due to staff vacancy.

Professional Conduct

Costs for investigations, legal advice and discipline.

We have an amount budgeted for Professional Conduct however this is dependent on cases received



2021/2022 Performance Report

Overall highlights:



(72 new registrants between June 1, and August 31, 2022)

September 21 2022 Exam: 241 registered (237 online, 1 in person)

Operational highlights (Q4: June – August 31, 2022)

Focus	Deliverables	Status	Comments and Impacts
Governance	By-Laws	Yellow	By-law revisions for fee increase for review by finance and planning committee for consideration by Council. Environmental scan of other regulatory Colleges Council and Committee Terms and Term Limits completed. Work ongoing to review By-law 12 (Committees – General) and By-law 13 (Specific Composition and Selection of Committees)
	Ministry of Health Consultation (RHPA regulations regarding Registration requirements)	Yellow	College submitted a response to the Ministry's request for consultation regarding proposed changes to the Registration requirements in the RHPA, 1991. Specific Ministry proposals: changes to Canadian experience requirements, Language Proficiency requirements, Registration Timelines and the creation of an Emergency class of registration.
	Public Appointments	Green	Requests for new Public Appointments to the PAS and reappointment requests also completed. PAS response to new appointments pending.
Corporate	I.T. Transition to new Provider	Green	Transition completed with new I.T. Provider. The new I.T. provider conducted training with all staff. A ticketing system is used and a team reviews and escalates tickets when necessary. Several training tools available for onboarding including resources for professional development. This includes cyber security training
	Human Resources	Green	Interviews were being conducted for a Program Coordinator to assist Registrar, Communications Manager, Council and Committees. Second interviews are to be completed. Onboarding of Director of Registration completed
	Benefits Provider	Yellow	Review of renewal stats for college benefits program. College is considering other benefits providers due to a significant increase in renewal amount. Meetings with other benefit providers to investigate the best options for the College.
	Fee Increase	Yellow	Environmental Scan was conducted, analysis of fee structures throughout other health regulators was conducted. Business case for fee increase being developed for consideration of planning and finance committee and to Council.
	Review of College Lease agreement	Yellow	College is investigating many options for office relocation as a result of the lease expiring in 2024. Discussions continue with HPRO Registrars including tours of office space to determine the best possible option for the College.

Focus	Deliverables	Status	Comments and Impacts
	College Operational Planning Exercise for fiscal 2022/23		College staff participated in an operational planning exercise for new fiscal year to also determine and map out major program planning, peak periods and timely reporting to Council, Committee and the Ministry. This was particularly helpful for new staff to understand the demands of each department and how they support that function.
Communications	Newsletter		Successful distributed the June/July/August Newsletters
	Declaration of interest		Expressions of interest for Council and Committee appointments completed. Committee slate to be developed for new Council including inclusion of members-at-large. Committee slate to be reviewed by Executive Committee for recommendation to Council
	Election		Completion of the election for coming year. Congratulatory letters to successful and unsuccessful candidates. Orientation of new Council members
	Communication in Support of:		September entry to practice exam, e-learning module-ethics and professionalism, annual renewals, operational planning
Registration	Annual Renewal		Annual renewal successfully launched on July 1, 2022. Suspension default processes are underway.
	Entry-to-Practice Examination		Registration of applicants and logistical planning for online exam scheduled for September 21, 2022. Webinar held for all exam registrants early September. Webinar content updated to incorporate lessons-learned from first online sitting of the examination in April 2022, including stressing the importance of pre-testing equipment and log-in to portal prior to test day.
	Registration Committee		3 panel meetings were held to review referrals from the Registrar.
	Exam Appeals Committee		1 panel meeting was held to consider 3 appeal requests under the Examination Appeals policy.
	Office of the Fairness Commissioner Report (PFC)		Received an update from the OFC confirming the Fair Registration Practices Report will be sent to Colleges for completion in the latter half of September 2022, with a due date of December 14 2022. The OFC has also revised and circulated a draft version of the <i>Legislated Obligations and Fair Registration Best Practices Guide for the Health Regulatory Colleges</i> , following consultations with Colleges in March 2022.
	Kinesiologist Core Competency Profile Revalidation		Contract details finalized with provider, with work scheduled to begin in early September. First steps are to develop a project framework and timelines and establishing procedures for the project and recruitment of subject matter experts within the field of kinesiology.
	Database Provider		Ongoing communication with current provider to ensure members are able to access and update information when necessary
Quality Assurance	Peer and Practice Assessment		All PPAs completed (Spring/Summer 2022 cycle). Quality Assurance Committee panel meetings being held to review PPAs and render decisions. PPAs under consideration include ongoing matters from Fall/Winter 2021 cycle and new PPAs from Spring/Summer 2022 cycle).
	eLearning Module: Professionalism and Ethics		eLearning module to be opened Sept. 1, 2022. Initial notification has been sent to members required to complete this module.
Patient Relations	Practice Standards and Guidelines - Review		3 Practice Standards reviewed by Patient Relations Committee on August 31, 2022 for recommendation to Council in September.
	eLearning Module: Prevention of Sexual Abuse		<ul style="list-style-type: none"> • Draft changes to module proposed to ensure compliance with spousal exception. • To be sent for legal review (Sept. 2022)

Legend:

Completed

Ongoing

Incomplete



Committee Composition Guidelines 2022/2023

Executive Committee (5 members)

- Includes President, Vice-President and three (3) other Council members
- Three (3) must be CKO members and two (2) must be public members

Registration Committee (4+ members)

- At least two (2) CKO members and at least one (1) public member who are all on Council
- One (1) or more non-Council members

Inquiries, Complaints and Reports Committee

- At least two (2) CKO members who are on Council
- At least two (2) public members who are on Council
- At least one (1) CKO member who is not on Council

Discipline Committee

- Every member of Council
- At least two (2) CKO members who are not on Council
- One (1) or more CKO members who are not on Council (if Council wishes)

Fitness to Practise Committee

- Every member of Council
- One (1) or more CKO members who are not on Council (if Council wishes)

Quality Assurance Committee

- At least two (2) members of Council who are CKO member
- At least two (2) members of Council who are public members
- At least one (1) CKO member who is not a members of Council

Patient Relations Committee

- At least one (1) member of Council who is a CKO member
- At least two (2) members of Council who are public members
- At least two (2) CKO members who are not members of Council

Term of Office for Committee Members

- One (1) year
- Note that “the member has not been appointed to a committee of the College as a non-Council member in each of the three (3) consecutive terms” as per the by-laws (13.11.x).

Chairs

- Appointed by Council
- Chairs of statutory committees must be a member of Council
- Chairs of statutory and non-statutory committees can serve a maximum of two (2) consecutive one (1) year terms.

Green = Committee Chair Pink = Vice-Chair



Committee	2022-2023 Professional Members	2022-2023 Public Members	Members-at-large
Executive	To be elected at Sept Council meeting	To be elected at Sept Council meeting	
Planning and Finance	<ul style="list-style-type: none"> • Ben Matthie, Chair • Jennifer Pereira • Ryan Wight 	<ul style="list-style-type: none"> • Chad McCleave, Vice-Chair • Brad Markis 	
Registration	<ul style="list-style-type: none"> • Jennifer Pereira, Vice-Chair • Corby Anderson • Sue Garfat • Heather Westaway • Leanne Smith 	<ul style="list-style-type: none"> • Sara Gottlieb, Chair • Victoria Nicholson • Jana Smith 	<ul style="list-style-type: none"> • Kristin Baker • Miriam Fong • William Gittings • Agnes Coutinho • Daniel Crête • Conny Glenn • Kristen Hoving • Katelyn Methot

Committee	2022-2023 Professional Members	2022-2023 Public Members	Members-at-large
			<ul style="list-style-type: none"> • Jasmeet Cheema • Nino Baialardo • Sherry Parent
Quality Assurance	<ul style="list-style-type: none"> • Leanne Smith • Heather Westaway • Ryan Wight 	<ul style="list-style-type: none"> • Victoria Nicholson, Chair • Teresa Bendo, Vice Chair • Chad McCleave • Brad Markis (alternate) 	<ul style="list-style-type: none"> • Mehrdad Alizadeh-Meghrazi • Delissa Burke • Casey Capaz • Jasmeet Cheema • Tudor Chirila • Jane Gage • Daniel Crête • Adeola Giwa • Brooke Hamilton • Stefano Rulli • Sherry Parent • Logan Strasser
ICRC	<ul style="list-style-type: none"> • Ben Matthie, Chair • Susan Garfat, Vice Chair • Corby Anderson • Ryan Wight • Leanne Smith • Heather Westaway 	<ul style="list-style-type: none"> • Teresa Bendo • Brad Markis • Chad McCleave • Jana Smith 	<ul style="list-style-type: none"> • Delissa Burke • Jasmeet Cheema • Daniel Crête • Tudor Chirila • Conny Glenn • Brooke Hamilton • Stefano Rulli

Committee	2022-2023 Professional Members	2022-2023 Public Members	Members-at-large
Patient Relations	<ul style="list-style-type: none"> Corby Anderson Ryan Wight Heather Westaway 	<ul style="list-style-type: none"> Teresa Bendo, Chair Victoria Nicholson, Vice-Chair Jana Smith 	<ul style="list-style-type: none"> Jane Gage Aaron McCullagh Ariel Zohar Casey Capaz Brooke Hamilton Stefano Rulli Ashley Lowe Logan Strasser
Examination Appeals	<ul style="list-style-type: none"> Ben Matthie Leanne Smith Jennifer Pereira 	<ul style="list-style-type: none"> Chad McCleave, Chair Brad Markis 	
Discipline	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> Sara Gottlieb, Chair Jennifer Pereira, Vice-Chair All 	<ul style="list-style-type: none"> Mehrdad Alizadeh-Meghrazi Conny Glenn Sean Sabbatini
Fitness to Practise	<ul style="list-style-type: none"> Ben Matthie, Chair All 	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> Nino Baialardo Sean Sabbatini