



Council Meeting Agenda

Date: Monday, June 28th 2021 **Time:** 9:00 am **Location:** Zoom

(9:00 a.m. – 12 p.m.) Shenda's Zoom Link:

Join Zoom Meeting

<https://us02web.zoom.us/j/85776530176?pwd=RFhCeVAxRFIGNOiCa2trTUJ3aU9SQT09>

Meeting ID: 857 7653 0176

Passcode: 269634

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Dial by your location

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(1:00 – 3:15 p.m.) CKO Meeting Zoom Link:

Join Zoom Meeting

<https://us02web.zoom.us/j/89281505712?pwd=YTBuMjFvK0Q3MC8vbmdYUk1ieExkZz09>

Meeting ID: 892 8150 5712

Passcode: 923560

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	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
	8:30 a.m. - 9:00 a.m.	In Camera	Zoom Invite Link to be sent by email		
1	9:00 a.m.	Call to order, roll call, Welcome	J. Pereira		Information
2		Conflict of interest declarations	J. Pereira		Decision
3		Approval of agenda	J. Pereira	Yes	Decision
4		Approval of Minutes – March 1, 2021	J. Pereira	Yes	Decision
5		<p>Action Items from the March 1, 2021 Meeting</p> <ul style="list-style-type: none"> • Further research to be conducted by College staff regarding the Executive Committee Terms of Reference, (i.e., term limits, cooling off periods, and providing the option of the past President to continue serving on the Executive Committee). Ongoing – tabled for September 2021 meeting • Proposed Council and committee eligibility criteria by-law amendments to be presented to Council at June Council meeting. Completed. • Screening Committee and Terms of Reference for a Committee – Council voted to defer this item to the June Council Meeting, before deciding, and approving the Resolution. Completed. • Staff to revise the Committee slate to address Benjamin Phalavong’s appointment to the Exam Appeals Committee. Council noted that Benjamin should not be appointed to any panels of either the Registration or Exam Appeals committees until this is resolved. Completed. 			

6	9:20 a.m. – 9:50 a.m.	Competency-based assessment and education <ul style="list-style-type: none"> • Progress report • Proposed by-law amendments 	L. Thacker	Yes	Decision
7	9:50 a.m. – 10:50 a.m.	Council & Committee Competency-Based Assessment and Education: Entity to screen for eligibility	Shenda Tanchak, Facilitator	Yes	Decision
	10:50 a.m. – 11:00 a.m.	BREAK			
8	11:00 a.m. – 12:00 p.m.	Council & Committee Competency-Based Assessment and Education: Entity to screen for eligibility	Shenda Tanchak, Facilitator	Yes	Decision
	12:00 a.m. – 1:00 p.m.	LUNCH			
9	1:00 p.m. – 1:15 p.m.	Committee Reports <ul style="list-style-type: none"> • Discipline • ICRC • Registration • Quality Assurance • Patient Relations • Q3 Finance Report/Dashboard • Specialties Committee 	Committee Chairs	Yes	Information
10	1:15 p.m. – 1:30 p.m.	Registrar’s Report <ul style="list-style-type: none"> • Operations • Upcoming Elections • CPMF Update, OFC, HPDB Report • Ministry Governance Reform Letter Update • BIPOC WG Update 	N. Leris	Yes	Information

11	1:30 p.m. – 1:40 p.m.	President's Report <ul style="list-style-type: none"> Council and committee evaluation 	J. Pereira		Information
12	1:40 p.m. – 1:45 p.m.	Appointment to Committee: Revised committee slate	J. Pereira		Decision
13	1:45 p.m. – 2:15 p.m.	Budget 2021-2022 & Performance Plan	N. Leris	Yes	Decision
	2:15 p.m. – 2:25 p.m.	BREAK			
14	2:25 p.m. – 2:45 p.m.	Enterprise Risk Management, Business Continuity and Disaster Preparedness Plan	D. Lawrence	Yes	Decision
15	2:45 p.m. – 3:00 p.m.	Quality Assurance Program Policy Amendments: <ol style="list-style-type: none"> I. Deferral of Peer and Practice Assessment Policy (3.2) II. Peer and Practice Assessment Exemption Policy (3.3) 	L. Thacker	Yes	Decision
16	3:00 p.m. – 3:10 p.m.	Recommendation from the Finance & Planning Committee	Chad McCleave	Yes	Decision
17	3:10 p.m. – 3:15 p.m.	Review of action items	K. Elesin		Review
18	3:15 p.m.	Adjournment	J. Pereira	Yes	Decision

Council Meeting Minutes

Date/Time of Meeting:	March 1, 2021 / 9:00 am (8:00 am-9:00 am In-Camera Session)
Council Present:	Jennifer Pereira, Sara Gottlieb, Elwin Lau, Leslee Brown, Victoria Nicholson, Mary Pat Moore, Ryan Wight, Chad McCleave, Candace Glowa, Susan Garfat, Marie Cousineau, Ben Matthie, Benjamin Phalavong, Graydon Raymer
Staff Present:	Nancy Leris, Wendy Joseph, Ryan Pestana, Lara Thacker, Danielle Lawrence, Keisha Simpson
Facilitator:	Shenda Tanchak
Presenters:	Daniel Faulkner, Registrar, Royal College of Dental Surgeons of Ontario; Rebecca Durcan, Legal Counsel, Steinecke Maciura Leblanc
Observers:	Mélanie Levac, Athletic Therapy, Judith M. Rigby, College of Dental Technologists of Ontario, Stamatis Kefalianos, College of Occupational Therapists of Ontario
Regrets:	Teresa Bendo

1. Call to Order/Introductions

Jennifer Pereira, Chair, welcomed Council and called the meeting to order at 9:10am. She did a roll call of council members and welcomed guests from other Colleges.

As a notice of the meeting had been duly given in accordance with the By-Laws of the College of Kinesiologists of Ontario and a quorum was present, the meeting was duly constituted for the transaction of business.

2. Conflict of Interest Declarations

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

3. Approval of Agenda

*UPON A MOTION duly made by Susan Garfat and seconded by Chad McCleave, it was resolved that the agenda be approved. **Carried.***

4. Approval of Minutes

UPON A MOTION duly made by Victoria Nicholson and seconded by Leslee Brown, it was resolved that the December 7, 2020 Minutes be approved as amended. Carried.

5. Action Items Arising from Previous Meetings

Action items stemming from previous meetings were reviewed:

- Further research to be conducted by College Staff regarding the Executive Committee terms of reference items to be discussed and investigate term limits cooling off periods and providing the option of the past president to continue serving on the Executive Committee. This work is **ongoing**, and it is tabled for June 2021 Council Meeting.
- College staff to provide an environmental scan into other colleges, into what other colleges are doing in terms of council and committee competency-based assessment in education. This was **completed** and will be discussed later in the meeting.

6. Committee Reports

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

Mary Pat Moore enquired as to whether the Registration Committee made a decision on the University of Ottawa and the University of Guelph application for substantial equivalency of their educational programs. Keisha Simpson, Director of Registration, noted that the Registration Committee deemed the University of Ottawa's 'Honours, BSc in Human Kinetics – Applied Studies in Kinesiology Option' program as substantially equivalent to a four-year bachelors degree in kinesiology from an Ontario university. Ms. Simpson further stated that the Registration Committee did not deem the University of Guelph's 'Bachelor of Science in Human Kinetics' program as substantially equivalent to a four year bachelors degree in kinesiology from an Ontario university.

7. Registrar's Report

Nancy Leris, Acting Registrar/CEO, noted the following:

- The College met with representatives from the post-secondary institutions and professional associations on December 15, 2020 for the annual CKO-Universities Liaison Committee meeting. Participants provided relevant updates in breakout rooms and then reported back to the whole group, and the College also provided its own relevant updates.
- College staff presented to two universities as part of its annual presentations to students. The College also actively participated on the Health Profession Regulators of Ontario's Anti-BIPOC Racism working group, with the College represented on the group by Danielle Lawrence. A one-page update from the working group was included in the meeting package.
- The College is working with other colleges to develop a disaster recovery and business continuity plan. This was driven by an increase in cyber-attacks and separately the College is undertaking updates to maintain its database to ensure that the latest security patches are applied.
- The Office of the Fairness Commissioner of Ontario (OFC) is in the process of updating their database software and modernizing their IT infrastructure. They are digitizing most of their system to help them become more efficient in how they collect and share information and

they expect this process to take several months. This means that the OFC is extending the deadline for submission to Friday, April 2, 2021, because of the database upgrade.

- Lara Thacker was thanked for her work on the governance project. All staff were thanked for their contributions on this project. Ryan Pestana was recognized for his lead on the College Performance Measurement Framework submission. She thanked all staff who provided support and input into this report and ensured that it was completed on time. She thanked the administrative staff who have been providing support.
- She thanked Shenda Tanchak of Magnetic North Consulting for facilitating the Council meeting and providing guidance on the governance reform project.

2021 Council Elections

Ryan Pestana, Communications Manager, updated Council on the 2021 election schedule. One Council member from District 4 (Jennifer Pereira), one Council member from District 5 (Ryan Wight) and the Council member from District 6 (Benjamin Phalavong) were up for election. It was noted that a separate resignation from a Council member from District 4 in December created a long-term vacancy in the District 4. Staff recommended that a by-election also be held in District at the same time as the usual election.

UPON A MOTION duly made by Marie Cousineau and seconded by Elwin Lau, it was resolved that the Council of the College of Kinesiologists of Ontario directs the Registrar to publish the dates of July 13-20, 2021 as the election dates in Districts 4, 5 and 6. Carried.

8. President's Report

Jennifer Pereira provided the following update:

- Over the past few months since the last Council meeting, she has participated in a few webinars and meetings. She participated in the College's webinar on the proposed competency profile.
- She participated in a webinar entitled "Oversight Through Performance Measured" by SML Law, the College's legal counsel.
- She chaired the CKO-Universities Liaison Committee meeting in December.
- She participated in various College committee meetings, which included The Patient Relations, Registration and Finance Committees.
- Business of the College continues in earnest and she remained available and in communication with the Acting Registrar and Council members.

9. Intro to competency-based assessment and education

Jennifer welcomed Shenda Tanchak of Magnetic North Consulting. Shenda was retained to facilitate a large part of the meeting. She thanked Council for the opportunity and provided some information into her background and experience as a facilitator. She gave an update on the introduction to competency-based assessment and education project and outlined the objectives for the meeting.

10. Competency-based assessment and education – Why Now?

Rebecca Durcan, the College's legal counsel, provided an overview of the various drivers for governance reform. She noted several reports that had been written on various regulators across Canada and the recommendations that were prompting many of the changes Council would later consider. She spoke about the intent and purpose of the Ontario Ministry of Health's new College Performance Measurement Framework and the standards it imposes on health regulatory colleges

with respect to meeting suitability criteria and receiving orientation and training. Her presentation highlighted the latest evolution of the regulatory Council, the expectation of the public, and what it means to be an effective regulator.

11. Review of proposed process at high level

Shenda indicated that governance reform was not brand new to the College but recognized that some members were not on Council when these conversations began. CKO identified the need to evolve its Council back in 2019 when it supported the College of Nurses of Ontario (CNO)'s recommendation to the Ontario Ministry of Health with respect to CNO's Vision 2020. Competency-based assessment of Council members was already on CKO's radar then. In its 2019-2022 Strategic Plan, Council committed to increasing its decision-making strength. It set goals of developing a profile to use in the selection of Council and committee members, orientation and training, and increasing openness in the process.

12. Competency-based assessment and education at the Royal College of Dental Surgeons of Ontario (Daniel Faulkner, Registrar, Royal College of Dental Surgeons of Ontario,) Presentation

Daniel Faulkner, Registrar and CEO at the Royal College of Dental Surgeons of Ontario (RCDSO), presented on the RCDSO's implementation of a competency-based assessment and education framework. Daniel provided an overview of the candidate eligibility course, by-law amendments regarding eligibility, and the Eligibility Review Committee composition. Daniel shared lessons learned and spoke about the need to map the induction program to the competency profile, the extent of staff and legal support required, and the role of continuous improvement and communication with the profession around governance reform.

Online Orientation Program and Screening Election Candidates for Eligibility to Serve

Shenda restated that the Ministry has introduced a requirement that members may only stand for election after they have completed an orientation program. Staff are proposing that the program be online. The contents of the program would be in keeping with the CPMF requirements - about the College's mandate and expectations pertaining to the members' roles and responsibilities but would also provide potential Council members with the opportunity to consider whether they meet all of the eligibility requirements for being on Council, which could include the competencies once approved. The orientation program would be educational. Most of the Colleges that responded to the environmental scan survey either already have an online orientation of some kind - which might include a pass/fail quiz or assessment component - or are planning to establish one.

UPON A MOTION duly made by Mary Pat Moore and seconded by Graydon Raymer it was resolved that the Council of the College of Kinesiologists of Ontario codifies the need for orientation and training for all registrants seeking to stand for election to Council and/or be appointed to a College Committee. Carried

Use of Same Orientation Program for Public Members

The Council considered whether to adopt the same orientation program for public members appointed to Council. It was recognized that the College has no authority over the Public Appointment Secretariat and the public appointment process. Public member orientation and training is already occurring. Council broke into smaller groups to discuss the pros and cons of using the same orientation program as professional members, and to identify solutions to problems that may arise. Shenda reviewed the results of the environmental scan with respect to public member

orientation and training. It was recognized that the “30 days” provision is reasonable, allows some flexibility, and ensures training is completed quickly.

UPON A MOTION duly made by Chad McCleave and seconded by Leslee Brown it was resolved that the Council of the College of Kinesiologists of Ontario codifies the need for public appointees to Council to complete orientation and training before they attend their first meeting or 30 days after the first meeting. Carried

Council and Committee Competency Profile

Shenda stated that Council reviewed a draft Competency Profile at its last meeting and provided feedback. Other stakeholders provided feedback throughout the recent external consultation period. All feedback was documented in the package for this Council meeting. Shenda noted that Daniel Faulkner’s statistics during his presentation at this meeting showed that the introduction of competencies did not have the effect of reducing the number of candidates interested in running for election. Shenda reported on the revisions made to the Profile based on stakeholder feedback. Council was asked to provide further feedback on the revised draft Profile.

Council members agreed that both Council and committee members should have some leadership competencies, and that the degree of knowledge required for certain competencies should be changed to “basic” to remove any barriers. Lara Thacker amended the competency profile to reflect “Basic Governance Responsibilities and Fiduciary Duties,” “Basic Financial Literacy,” “Basic Financial Management,” and “Basic Understanding of Health System Knowledge,” and to include leadership competencies for committee members.

UPON A MOTION duly made by Elwin Lau and seconded by Sue Garfat it was resolved that the Council of the College of Kinesiologists of Ontario approves the revised Council and Committee Competency Profile with the suggested amendments. CARRIED. Ryan Wight opposed the motion.

13. Discussion/Workshop – Eligibility Criteria

Shenda commenced discussion regarding eligibility criteria to serve on Council and Committees. Based on feedback from Council at the last meeting, the criteria pertaining to disqualification for previously resigning from Council was amended to “has not resigned from Council within the past three years other than for health or personal reasons acceptable to Council” to allow greater discretion for members who resigned for valid reasons. The eligibility criteria includes: “has successfully completed any qualification process established by Council” to reflect the orientation program that Council approved earlier on in the meeting. The eligibility criteria will be presented to Council at its June meeting in the form of proposed by-law amendments for approval for external circulation. Then revised proposed by-law amendments will be presented to Council for approval in September 2021.

UPON A MOTION duly made by Leslee Brown and seconded by Marie Cousineau it was resolved that the Council of the College of Kinesiologists of Ontario approves drafting amendments to the by-laws to reflect the eligibility criteria as discussed.

Evaluation Framework

Shenda reported that the Council already has an evaluation process in place, and that the CPMF has introduced further standards and indicators with respect to evaluating Council and committee performance, including an evaluation by an external third party. There are a variety of options for

Council and Committee evaluations and the elements that the College adopts will need to be considered carefully. Council was asked to approve development of a recommendation for a process at this meeting. The recommendation would be brought back to Council for consideration and approval.

UPON A MOTION duly made by Susan Garfat and seconded by Elwin Lau, it was resolved that the Council of the College of Kinesiologists of Ontario directs staff to prepare a project plan for development of a Council and committee evaluation framework, to be returned to Council for consideration. Carried

Screening Committee and Terms of Reference

Shenda provided an overview of the screening committee mandate and composition options. Council members broke out into smaller groups to discuss the pros and cons of the various screening options.

Due to time constraints Council agreed to table this component of the project to the June Council meeting for further discussion and approval.

14. CPMF Submission

Ryan Pestana provided an overview of the College Performance Measurement Framework (CPMF) submission. The document must be completed and submitted by March 31, 2021 to the Ministry of Health and posted on the College's website. The CPMF was introduced by the Ministry of Health to standardize reporting and ensure consistent information was provided by all 26 health profession regulators to the Ministry and the public. Council complimented staff on the outstanding work on the document.

UPON A MOTION duly made by Victoria Nicholson and seconded by Ben Matthie, it was resolved that the Council of the College of Kinesiologists of Ontario accept the CPMF for submission to the Ministry and posting to the College website on March 31, 2021. Carried

15. Committee Slate Update

Jennifer presented proposed changes to the 2020/2021 Committee Slate that would see Ben Matthie appointed Chair of the Exam Appeals Committee and Victoria Nicholson appointed to the Patient Relations Committee as Vice-Chair. The changes were made after staff noted that Victoria Nicholson could not serve as Chair of the Exam Appeals Committee while also serving on the Registration Committee. Benjamin Phalavong noted that he was also on the Registration and Exam Appeals committees. Staff would review this and revise the Committee slate accordingly for consideration by the Executive Committee.

UPON A MOTION duly made by Elwin Lau and seconded by Leslee Brown, it was resolved that the Council of the College of Kinesiologists of Ontario approve the following changes to the 2020/2021 Committee slate:

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

Carried

16. Review of Action Items

Wendy Joseph noted the following action items:

- Further research to be conducted by College Staff regarding the Executive Committee terms of reference, items to be discussed and investigated are term limits, cooling off periods and providing the option of the past president to continue serving on the Executive Committee. – This work is ongoing, and it is tabled for June 2021 Meeting.
- Proposed Council and committee eligibility criteria by-law amendments to be presented to Council at June Council meeting.
- Screening Committee and Terms of Reference for a Committee – Council voted to defer this item to the June Council Meeting, before deciding, and approving the Resolution.
- Staff to revise the Committee slate to address Benjamin Phalavong' s appointment to the Exam Appeals Committee. Council noted that Benjamin should not be appointed to any panels of either the Registration or Exam Appeals committees until this is resolved.

17. Adjournment

Before adjourning, Jennifer thanked Lara for her work on the competencies project and all staff and Council for their continued dedication and thanked everyone for joining us today.

Chad moved to terminate the meeting at 3:48pm.

Proposed Amendments to By-Law 10 of the College of Kinesiologists of Ontario

DRAFT

The following are proposed amendments to By-Law 10 of the College of Kinesiologists of Ontario.

Background

Health profession regulators like the College of Kinesiologists of Ontario exist to protect the public. In Ontario, many regulatory bodies are beginning to introduce changes to the way they govern themselves to help better serve the interests of the public. These changes include amendments to eligibility criteria for those seeking to stand for election to Council and/ or be appointed to committee, including a provision that registrants have successfully completed a qualification process as established by Council.

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

The College has been carefully reviewing these developments and is discussing how it can enhance its own processes. In its [strategic plan for 2019-2022](#), the College committed to improving the way it operates by strengthening its decision-making capacity.

On March 1, 2021, the Council of the College of Kinesiologists of Ontario approved in principle eligibility criteria for registrants seeking to stand for election to Council and/or be appointed to committee and approved the preparation of respective by-law amendments for Council's consideration at its June 2021 Council meeting, followed by external consultation, and final presentation to Council at its September 2021 meeting.

This consultation document sets out the proposed by-law changes pertaining to the eligibility requirements for registrants seeking to stand for election to Council.

Proposed Changes

The proposed changes are contained in By-law 10; consequently, this is the by-law presented for consultation.

A key change concerns a new requirement introduced by the Ontario Ministry of Health that registrants may only stand for election and/or attend their first committee meeting after they have completed an orientation program about the College's mandate and expectations pertaining to the Council/committee role and responsibilities. At the March 1, 2021 Council meeting, Council passed a resolution codifying the need for an online orientation program for all registrants seeking to stand for election to Council and/or be appointed to a College Committee. Completion of an educational orientation program will help reinforce the mandate of the Council and committees and ensure individuals considering standing for election to Council and / or appointment to committee understand the duties and obligations involved with serving on Council or committees, as well as time commitments from the outset. The new by-law provision stipulates that a member is eligible for election to Council if "before the nomination deadline, the member has successfully completed any qualification process established by the Council".

Another notable by-law amendment stipulates that the registrant “has not resigned from Council within the past three years other than for “health or personal reasons acceptable to Council”. The amendment allows for some discretion, to enable registrants to return if their reasons for resigning were deemed legitimate and reasonable by Council.

Two new provisions stipulating: “the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;” and “the member is not a consultant to third party providers engaged by the College” serve to expand and clarify examples of conflict of interest with respect to serving on Council.

Another amendment expands the cooling off period for serving as an employee, officer or director of any professional association or certifying body in the health care and health related fields from one to three years prior to the date of nomination for the Council. This duration has been identified as a best practice.

Otherwise, there are minor proposed changes to the by-laws to improve clarity and consistency between sections.

Document Layout

The document is structured in a table that sets out the current by-law provision, the proposed changes (additions are in red, deletions are struck out) and the rationale for the change.

Consultation

Upon approval of the proposed By-law 10 amendments for circulation, a 60-day external consultation will take place in advance of presenting final proposed changes to Council at its September 2021 meeting. College staff will review all feedback received during the consultation, and Council will be provided with final changes and information obtained during the consultation process for Council’s review and approval in September 2021. Once the amendments are approved, staff will communicate these changes to registrants and other stakeholders.

By-Law 10: Election of Council Members

Current by-law provision	Proposed change	Rationale / Explanation
10.01 Electoral Districts The following are the Electoral Districts for all Council member elections:	No change.	N/A.

i. Electoral District 1: Northern comprised of the districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming; the district municipality of Muskoka; and the city of Greater Sudbury;

ii. Electoral District 2: Eastern comprised of the counties of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Lennox and Addington; the united counties of Leeds and Grenville, Prescott and Russell, Stormont, Dundas, Glengarry; and the city of Ottawa;

iii. Electoral District 3: Central East comprised of the counties of Haliburton, Northumberland, Peterborough, and Simcoe, the city of Kawartha Lakes, the regional municipality of Durham and the township of Scugog;

iv. Electoral District 4: Central comprised of the city of Toronto and the regional municipality of York;

v. Electoral District 5: Central West comprised of the counties of Brant, Dufferin, Wellington, Haldimand and Norfolk, the regional municipalities of Halton, Niagara, Peel, Waterloo, and the cities of Hamilton and Brantford;

vi. Electoral District 6: Western comprised of the counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth, Oxford, and the municipality of Chatham-Kent and the city of London; and

vii. Electoral District 7: Comprised of the entire province. The purpose of Electoral District 7 is to fill the seat on Council designated under Section 5 (1) (c) of the Kinesiology Act 2007 as follows:

<p>One person selected, in accordance with a by-law made under section 10, from among members who are members of a faculty or department of kinesiology of a university in Ontario. 2007, c. 10, Sched. O, s. 5 (1).</p>		
<p>10.02 Eligibility to Vote in an Electoral District A member is eligible to vote in the electoral district in which the member, as of January 1st of the election year, primarily practises, or if the member is not engaged in the practise of Kinesiology, in which the member has primary residence. A member, who is eligible in Electoral District 7 to run for election, is eligible to vote in Electoral District 7.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.03 Number of Members per Electoral District For each electoral district referred to in column 1 of the following table, there shall be elected to Council the number of members set out opposite in column 2.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.05 Maximum Term A member who has served on Council for nine consecutive years is ineligible for election to Council until a full three year-term has passed since that member last served on Council. The first nine year-period does not commence until after the first election in each electoral</p>	<p>No change.</p>	<p>N/A</p>
<p>10.06 Staggered Terms An election of members to Council shall be held: i.in 2014, and in every third year after that for members from Electoral Districts 2 and</p>	<p>No change.</p>	<p>N/A</p>

<p>3 and for one member from Electoral District 4; ii.in 2015, and in every third year after that for one member from Electoral District 4, one member from Electoral District 5 and members from Electoral District 6; and iii.in 2016, and in every third year after that for members from Electoral District 1 and for one member from Electoral District 4 and one member from Electoral District 5.</p>		
<p>10.07 Election Date The Registrar, as directed by Council, shall set the date for each election of members to Council.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.08 Eligibility to Vote A member is ineligible to vote in a council election if the member is in default of payment of any fees prescribed by by-law or any fine or order for costs to the College imposed by the College or court of law or is in default in providing any information required by the College. A member is eligible to vote in only one electoral district even if that member is a member of Electoral District 7 and also practises the profession of Kinesiology as a non-faculty member.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.09 Eligibility for Election A member is eligible for election to Council in Electoral Districts 1 through 6, if on the closing date of nominations and anytime up to and including the date of the election:</p> <p>i. the member is eligible to vote in the electoral district in which the member is nominated;</p>	<p>10.09 Eligibility for Election A member is eligible for election to Council in Electoral Districts 1 through 6, if on the closing date of nominations and anytime up to and including the date of the election:</p> <p>i. the member is eligible to vote in the electoral district in which the member is nominated;</p>	

<p>ii. the member is not the subject of any disciplinary or incapacity proceedings;</p> <p>iii. no findings of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years;</p> <p>iv. the member is not subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee;</p> <p>v. the member has not been an employee, officer or director of any professional association or certifying body in the health care and health related fields for one year prior to the date of nomination for the Council of the College of Kinesiologists of Ontario, such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association. In the first year of elections following the date of proclamation, the time lapse required before accepting nomination shall be six months prior to the closing date of nominations;</p> <p>vi. the member has not been disqualified from the Council or a committee of the Council in the previous three (3) years;</p>	<p>ii. the member is not the subject of any disciplinary or incapacity proceedings of the College or any other regulatory body;</p> <p>iii. the member has not been the subject of a finding of no findings of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years at the College or with any other regulatory body;</p> <p>iv. the member is not subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee at the College or with any other regulatory body;</p> <p>v. the member has not been an employee, officer or director of any professional association or certifying body in the health care and health related fields for one three years prior to the date of their nomination for the Council of the College of Kinesiologists of Ontario, such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association. In the first year of elections following the date of proclamation, the time lapse required before accepting nomination shall be six months prior to the closing date of nominations;</p>	<p>ii. expanded definition for clarity and to include regulatory history with other professions and/or jurisdictions</p> <p>iii. consistent language, for clarity and expanded to include regulatory history with other professions and/or jurisdictions</p> <p>iv. expanded provision to include regulatory history with other professions and/or jurisdictions</p> <p>v. expanded cooling off period to three years. Best practice and in alignment with recommendation in Professional Standards Authority report by Sir Harry Cayton: An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018</p> <p>The College was proclaimed in 2013 and therefore “year following the date of proclamation” is no longer relevant and is not needed.</p>
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<p>vii. the member is not a member of the Council or of a committee of the College of any other health profession; and</p> <p>viii. the member has not been a member of the staff of the College at any time within the preceding three (3) years.</p>	<p>vi. the member has not been disqualified from the Council or a committee of the Council College in the previous three (3) years;</p> <p>vii. the member is not a member of the Council or of a committee of the College of any other health profession; and</p> <p>viii. the member has not been a member of the staff of the College at any time within the preceding three (3) years;</p> <p>ix. the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;</p> <p>x. the member is not a consultant to third party providers engaged by the College;</p> <p>xi. the member has not resigned from Council within the previous three years other than for health or personal reasons acceptable to Council;</p> <p>xii. the member is not in default of payment of any fees, fines, costs, or other amounts owed to the College;</p> <p>xiii. the member is not in default of completing and submitting any required form or information to the College;</p> <p>xiv. the member does not have a criminal finding of guilt;</p> <p>xv. the member does not and has not been the subject of a charge that is relevant to the registrant's ability to practise the profession; and</p>	<p>vi. consistent with vii.</p> <p>ix and x, – expand examples of conflicts of interest</p> <p>xi. permits resignations for reasonable extenuating circumstances determined to be acceptable by Council (e.g., parental leave, moving out of province, etc.).</p> <p>xii. – xv. common health regulatory by-law provisions, consistent with by-law 10.29 Grounds for Disqualification</p> <p>xvi. New Ontario Ministry of Health requirement that registrants may only stand for election after they have completed an orientation program about the College's mandate and expectations pertaining to the member's role and responsibilities. Best practice and in alignment with recommendation in Professional Standards</p>
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<p>A member is eligible for election to Council in Electoral District 7 if on the closing date of nominations the member has not accepted nomination in any other electoral district and anytime up to and including the date of the election:</p> <ul style="list-style-type: none"> i. the member is a full-time member of faculty or department in an Ontario university degree program in Kinesiology; ii. the member is eligible to vote in the electoral district in which the member is nominated; iii. the member is not the subject of any disciplinary or incapacity proceedings; iv. no findings of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years; 	<p>xvi. before the nomination deadline, the member has successfully completed any qualification process established by the Council.</p> <p>A member is eligible for election to Council in Electoral District 7 if on the closing date of nominations the member has not accepted nomination in any other electoral district and anytime up to and including the date of the election:</p> <ul style="list-style-type: none"> i. the member is a full-time member of faculty or department in an Ontario university degree program in Kinesiology; ii. the member is eligible to vote in the electoral district in which the member is nominated; iii. the member is not the subject of any disciplinary or incapacity proceedings of the College or any other regulatory body; iv. the member has not been the subject of a finding of no findings of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years at the College or any other regulatory body; v. the member is not subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance 	<p>Authority report by Sir Harry Cayton: An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018</p> <ul style="list-style-type: none"> iii. expanded definition for clarity and to include regulatory history with other professions and/or jurisdictions iv. consistent language, for clarity and expanded to include regulatory history with other professions and/or jurisdictions v. expanded provision for consistency to include regulatory history with other professions and/or jurisdictions vi. expanded cooling off period to three years. (best practice and in alignment with
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<p>v. the member is not subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee;</p> <p>vi. the member is not an employee, officer or director of any professional kinesiology association, or any association where the majority number of members provide kinesiology services, such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association;</p> <p>vii. the member has not been disqualified from the Council or a committee of the Council in the previous three (3) years;</p> <p>viii. the member is not a member of the Council or of a committee of the College of any other health profession; and</p> <p>ix. the member has not been a member of the staff of the College at any time within the preceding three (3) years.</p>	<p>Committee of the College or any other regulatory body;</p> <p>vi. the member has not been an employee, officer or director of any professional association or certifying body in the health care and health related fields for one three years prior to the date of nomination for the Council of the College of Kinesio logists of Ontario, such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association. In the first year of elections following the date of proclamation, the time lapse required before accepting nomination shall be six months prior to the closing date of nominations;</p> <p>vii. the member has not been disqualified from the Council or a committee of the Council College in the previous three (3) years;</p> <p>viii. the member is not a member of the Council or of a committee of the College of any other health profession; and</p> <p>ix. the member has not been a member of the staff of the College at any time within the preceding three (3) years;</p> <p>x. the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;</p>	<p>recommendation in Professional Standards Authority report by Sir Harry Cayton: An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018</p> <p>The College was proclaimed in 2013 and therefore “year following the date of proclamation” is no longer relevant and is not needed.</p> <p>vii. consistent with viii.</p> <p>x, xi – expand examples of conflicts of interest</p>
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	<ul style="list-style-type: none"> xi. the member is not a consultant to third party provider engaged by the College; xii. the member has not resigned from Council within the previous three years other than for health or personal reasons acceptable to Council; xiii. the member is not in default of payment of any fees, fines, costs, or other amounts owed to the College; xiv. the member is not in default of completing and submitting any required form or information to the College; xv. the member does not have a criminal finding of guilt; xvi. the member does not and has not been the subject of a charge that is relevant to the registrant's ability to practise the profession; and xvii. before the nomination deadline, the member has successfully completed any qualification process established by the Council. 	<p>xii. permits resignations for reasonable extenuating circumstances determined to be acceptable by Council (e.g., parental leave, moving out of province, etc.).</p> <p>xiii.- xvi. common health regulatory by-law provision, and consistent with by-law 10.29 Grounds for Disqualification</p> <p>xvii. New Ontario Ministry of Health requirement that registrants may only stand for election after they have completed an orientation program about the College's mandate and expectations pertaining to the member's role and responsibilities. In line with Harry Cayton's recommendation to implement an Induction Program.</p>
<p>10.10 Supervision of Nominations</p> <p>The Registrar shall supervise the nomination of candidates.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.11 Notice of Nominations</p> <p>No later than 60 days before the date of an election, the Registrar shall notify every member eligible to vote of the date, time and electoral district of the election and of the nomination procedure.</p>	<p>No change.</p>	<p>N/A</p>

<p>10.12 Timing of Nomination</p> <p>The nomination of a candidate for election as a member of Council shall be in writing and shall be given to the Registrar at least 45 days before the date of the election (the nomination deadline).</p>	<p>No change.</p>	<p>N/A</p>
<p>10.13 Nominations</p> <p>The nomination shall be signed by the candidate and by at least two (2) members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.</p> <p>Electronic signatures will be permissible through the online voting process.</p> <p>A nomination for election from Electoral District 7 shall be signed by the candidate and by at least three (3) members who support the nomination and who are eligible to vote in Electoral District 7.</p> <p>At the close of the nomination period, if no candidates eligible to be nominated in an electoral district have been nominated, the Registrar shall establish a new election schedule, including, where necessary, a new date for the election. The timeframes outlined in By-laws 10.11 and 10.12 do not apply where the Registrar is acting under this By-law.</p> <p>The nominations for that election shall be re-opened for a minimum of fifteen days or</p>	<p>10.13 Nominations</p> <p>The nomination shall be signed by the candidate and by at least two (2) members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.</p> <p>Electronic signatures will be permissible through the online voting process.</p> <p>A nomination for election from Electoral District 7 shall be signed by the candidate and by at least three (3) members who support the nomination and who are eligible to vote in Electoral District 7.</p> <p>At the close of the nomination period, if no candidates eligible to be nominated in an electoral district have been nominated, the Registrar shall establish a new election schedule, including, where necessary, a new date for the election. The timeframes outlined in By-laws 10.11 and 10.12 do not apply where the Registrar is acting under this By-law.</p> <p>The nominations for that election shall be re-opened for a minimum of fifteen days or</p>	<p>Requirement for two signatures presents a barrier to running for election, particularly for registrants in remote communities. Requirement also sends message that electoral district is a political constituency, and that registrants are accountable to registrants in their district rather than the public, which undermines the public protection mandate.</p> <p>Requirement for three signatures presents a barrier to running for election, particularly for registrants in remote communities. Requirement also sends message that electoral district is a political constituency, and that registrants are accountable to registrants in their district rather than the public, which undermines the public protection mandate.</p>

<p>such greater number of days as determined by the Registrar.</p> <p>The new election schedule may permit two additional calls for nomination prior to the seat of the member on Council being declared vacant.</p> <p>The Registrar shall notify in writing each member in the electoral district in which there is an election, of the date of the election and the deadline for returning nominations.</p>	<p>such greater number of days as determined by the Registrar.</p> <p>The new election schedule may permit two additional calls for nomination prior to the seat of the member on Council being declared vacant.</p> <p>The Registrar shall notify in writing each member in the electoral district in which there is an election, of the date of the election and the deadline for returning nominations.</p>	
<p>10.14 Candidate's Biography</p> <p>The candidate shall provide to the Registrar by the nomination deadline or such later date as the Registrar permits, biographical information in a manner acceptable to the Registrar for the purpose of distribution to eligible members in accordance with the by-laws.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.15 Withdrawal of Nomination</p> <p>Except in the case of extenuating circumstances, a candidate cannot withdraw his or her nomination 30 days before the date of the election.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.16 Acclamation</p>	<p>No change.</p>	<p>N/A</p>

<p>If the number of candidates nominated for an electoral district is less than or equal to the number of members to be elected in that electoral district, the Registrar shall declare those candidates to be elected by acclamation.</p>		
<p>10.17 Administering Elections</p> <p>The Registrar shall supervise and administer the election of candidates and, for the purpose of carrying out that duty, the Registrar may, subject to the by-laws:</p> <ul style="list-style-type: none"> i. appoint returning officers and scrutineers; ii. establish a deadline for the receiving of votes; iii. provide for the notification of all candidates and members of the results of the election; iv. if there has been a non-compliance with a nomination or election requirement, determine whether the non-compliance should be waived in circumstances where the fairness of the election will not be affected; and v. provide for the destruction of ballots following an election. 	<p>No change.</p>	<p>N/A</p>
<p>10.18 Notice of Election</p> <p>No later than 21 days before the date of an election, the Registrar shall send to every member eligible to vote in an electoral district in which an election is to take place,</p>	<p>No change.</p>	<p>N/A</p>

<p>a list of the candidates, the candidates' biographical information if provided and an explanation of the voting procedure.</p>		
<p>10.19 Electronic Voting</p> <p>Voting for elections of members to Council shall be by electronic ballot through the College's website.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.20 Voting Procedures</p> <p>The Registrar shall ensure that the electronic voting system used:</p> <ul style="list-style-type: none"> i. Rejects all but one of the ballots of a voter who submits or permits the submission of more than one ballot; ii. Prevents someone who is not the member voting on the member's behalf, and iii. Prevents the identification of voters. 	<p>No change.</p>	<p>N/A</p>
<p>10.21 Number of Votes</p> <p>A member may cast as many votes on a ballot in an election of members to the Council as there are members to be elected to Council from the electoral district in which the member is eligible to vote. A member shall not cast more than one vote for any one candidate.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.22 Tallying Ballots</p>	<p>No change</p>	<p>N/A</p>

<p>On the date of the election, the Registrar shall certify the final vote count if he or she is satisfied that the election system accurately counted the votes submitted in accordance with the by-laws.</p>		
<p>10.23 Presence of Candidates</p> <p>Candidates or their representatives may be present when the Registrar reviews and certifies the final vote count.</p>	No change	N/A
<p>10.24 Tied Vote</p> <p>If there is a tie in an election of members to the Council, the Registrar shall break the tie by lot.</p>	No change	N/A
<p>10.25 Request for a Recount</p> <p>A candidate may require a recount by making a written request and depositing the sum of \$150 with the Registrar no more than 15 days after the date of an election.</p>	No change	N/A
<p>10.26 Recount</p> <p>The Registrar shall hold a recount no more than 10 days after receiving the request by reviewing the safeguards of the website voting system.</p>	No change	N/A
<p>10.27 Results of Recount</p> <p>If the recount changes the election result, the full amount of the deposit shall be refunded to the candidate. If the recount does not change the election result, the College will keep the deposit to partially offset recount costs, including staff time.</p>	No change	N/A

<p>10.28 Postal Disruption</p> <p>If a material component of the election employs the use of Canada’s postal system and if there is an interruption of mail service during a nomination or election, the Registrar shall extend the holding of nominations and election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.29 Grounds for Disqualification</p> <p>The Council shall disqualify an elected or selected member from sitting on Council if the elected or selected member:</p> <ul style="list-style-type: none"> i. is subject of any disciplinary or incapacity proceeding; ii. is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; iii. is found to be an incapacitated member by a panel of the Fitness to Practise Committee; iv. fails to attend two consecutive meetings of the Council or of a committee in which he or she is a member, without reasonable cause in the opinion of Council; v. fails to attend a hearing or review of a panel for which the member has been selected, without reasonable cause in the opinion of Council; vi. ceases to either have a primary practice of Kinesiology or primary 	<p>10.29 Grounds for Disqualification</p> <p>The Council shall disqualify an elected or selected member from sitting on Council if the elected or selected member:</p> <ul style="list-style-type: none"> i. is subject of any disciplinary or incapacity proceeding of the College or any other regulatory body; ii. is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee of the College or any other regulatory body; iii. is found to be an incapacitated member by a panel of the Fitness to Practise Committee of the College or any other regulatory body; iv. fails to attend two consecutive meetings of the Council or of a committee in which he or she is a member, without reasonable cause in the opinion of Council; v. fails to attend a hearing or review of a panel for which the member has 	<p>i, ii, iii, - language consistent with 10.09</p>

<p>vii. residence in the electoral district in which the member was elected; becomes an employee, officer or director of any professional kinesiology association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association;</p> <p>viii. becomes a member of the Council of or a committee of the College of any other health profession;</p> <p>ix. breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council, after being given notice of the concern and an opportunity to respond to the concern;</p> <p>x. fails to discharge properly or honestly any office to which the member has been elected or selected, in the opinion of the Council, after being given notice of the concern and an opportunity to respond;</p> <p>xi. becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by the College or court of law;</p> <p>xii. becomes in default of providing any information required by the College;</p> <p>xiii. ceases to hold a certificate of registration; or</p> <p>xiv. is found guilty of a criminal offence which, in the opinion of Council, is</p>	<p>been selected, without reasonable cause in the opinion of Council;</p> <p>vi. ceases to either have a primary practice of Kinesiology or primary residence in the electoral district in which the member was elected;</p> <p>vii. becomes an employee, officer or director of any professional kinesiology association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association;</p> <p>viii. becomes a member of the Council of or a committee of the College of any other health profession;</p> <p>ix. breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council, after being given notice of the concern and an opportunity to respond to the concern;</p> <p>x. fails to discharge properly or honestly any office to which the member has been elected or selected, in the opinion of the Council, after being given notice of the concern and an opportunity to respond;</p> <p>xi. becomes in default of payment of any fees prescribed by by-law or any, fines, or order for costs, or other amounts owed to imposed by the College or court of law;</p>	<p>xi, xii, xiv, and xv, language consistent with 10.09</p>
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<p>of such a nature that warrants disqualification.</p>	<ul style="list-style-type: none"> xii. becomes in defaults of providing in submitting any required form or information required by to the College; xiii. ceases to hold a certificate of registration; or xiv. is found guilty of a criminal or other offence which, in the opinion of Council, is considered relevant to the member's ability to practise the profession and is of such a nature that warrants disqualification; xv. is charged with a criminal or other offence which, in the opinion of Council, is considered relevant to the member's ability to practise the profession and is of such a nature that warrants disqualification; xvi. is subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee of the College or any other regulatory body; xvii. becomes a member of the staff of the College; xviii. is holding a responsible position with any organization/group whose mandate or interests conflict with the College; xix. is a consultant to third party providers engaged by the College; or xx. resigns from Council other than for health or personal reasons acceptable to Council. 	<ul style="list-style-type: none"> xxi. Council must acknowledge member's intent to leave position. <p>xv – xix - provisions consistent with 10.09</p>
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<p>10.30 Applying for a Staff Position</p> <p>A Council member shall resign from Council prior to applying for any College staff position.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.31 Vacancies</p> <p>In this section, elected members include any Council members appointed under By-laws 10.32(ii), 10.32(iii), 10.33(i), or 10.33(ii)</p> <p>The President shall declare the office of the member on the Council to be vacant if:</p> <ul style="list-style-type: none"> i. an elected member of the Council dies, resigns or is disqualified from sitting on the Council; or ii. during an election for Council, no candidates eligible for nomination in an electoral district have been nominated after two additional calls for nominations. <p>Any members appointed or elected to the Council to fill a vacancy will be deemed to serve the balance of the former elected member's term.</p>	<p>No change</p>	<p>N/A</p>
<p>10.32 Short Term Vacancy</p> <p>If the seat of an elected Council member becomes vacant in an electoral district no more than 12 months before the expiry of the member's term of office, the Council shall:</p>	<p>No change</p>	<p>N/A</p>

<p>i. leave a seat vacant; or</p> <p>ii. appoint as an elected member the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of Council members 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</p> <p>iii. if there are no candidates pursuant to 10.32(ii), appoint a successor from among the members of the College who would be eligible for election if an election were held.</p>		
<p>10.33 Long Term Vacancy</p> <p>If the seat of an elected Council member becomes vacant in an electoral district more than 12 months before the expiry of the member's term of office, the Council shall:</p> <p>i. appoint as a councillor the eligible candidate, if any, who had the most votes of the unsuccessful candidates in the last election for that electoral district or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes; or</p> <p>ii. in the case of a vacancy declared pursuant to By-law 10.31 (ii), appoint a successor from among the members of the</p>	<p>No change.</p>	<p>N/A</p>

<p>College who would be eligible for election if an election were held; or</p> <p>iii. if there is no eligible candidate under 10.33(i) direct the holding of a by-election for that electoral district which shall be held in a manner consistent with the elections held under this By-law.</p>		
<p>10.34 Elections to fill Vacancy</p> <p>Where an election is required under By-law 10.13 or 10.33 (iii) (because there is no eligible candidate who could be appointed pursuant to 10.33(i)), the Council shall be deemed to have directed the holding of a by-election thereby allowing the Registrar to set a date for the by-election without a resolution of the Council.</p>	No change.	N/A
<p>10.35 Remainder of Term</p> <p>The term of a member appointed under By-law 10.32(b) or elected in an election under article 10.32(c) shall continue until the time the former council member's term would have expired.</p>	No change.	N/A
<p>10.36 Inquiry into Disputed Election</p> <p>If, within 90 days from the date of the election, the Council is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any member of Council, the Council shall hold an inquiry and decide whether the election of the member is valid and, if an election is found to be invalid, the Council shall direct another election to be held.</p>	No change.	N/A

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College	professional association board member cooling off period	requirement for nomination to be signed by other registrants eligible to vote in electoral district who support the nomination
Audiologists and Speech Language Pathologists of Ontario	1 year (5.6.12)	3 signatures (5.8.2)
College of Physiotherapists of Ontario	1 year (8 i)	is nominated by a Member who is entitled to vote in the election
Royal College of Dental Surgeons of Ontario	2 years (7.2.4 g)	not present
College of Massage Therapists of Ontario	2 years (By-law 2, 13. B)	requires "signatures of at least 10 registrants eligible to vote in the electoral district"
College of Optometrists of Ontario	no cooling off period	no mention
College of Nurses of Ontario	No cooling off period. A member is not eligible for election as a councillor if the member holds a position which would cause the individual, if elected as a councillor, to have a conflict of interest by virtue of having competing obligations to both the College and another organization unless the member files with the Executive Director, prior to the deadline referred to in Article 53.04.1 a written agreement to resign from the other position if elected as a councillor. (52.06)	The nomination of a candidate for election shall be in writing, shall include the written consent of the member wishing to stand for election and the signature of two eligible nominators and must be received prior to the deadline for returning nominations to the College (53.03)
Ontario College of Pharmacists	3 years (5.7.1 f)	application form shall be accompanied by three (3) reference letters
Radiation and Imaging Technologists of Ontario	no cooling off period	nomination shall be confirmed by the candidate and made by at least two (2) members who support the nomination
College of Occupational Therapists of Ontario	3 years (5.03.1 h)	shall be nominated by at least three Registrants who support the nomination (5.05.4)

College of Midwives of Ontario	1 year (5.08 q)	not required
College of Registered Psychotherapists of Ontario	no cooling off period	at least 5 signatures
College of Physicians and Surgeons of Ontario	1 year (13.(1) f)	not required
College of Respiratory Therapists of Ontario	no cooling off period	All nominees must be nominated by at least three (3) Members who are eligible to vote in the district of the nominee (Policy 2)
College of Denturists of Ontario	1 year (13.01 f)	nomination shall be signed by at least three (3) Members who are entitled to vote in the election and who support the nomination, and shall also be signed by the nominee
College of Chiropractors of Ontario	1 year	nomination shall be signed by the candidate and by at least 10 members who support the nomination and who are eligible to vote in the electoral district
College of Dietitians	1 year (3.10 x)	at least 6 signatures of members from electoral district (3.14)
Chinese Medicine Practitioners and Acupuncturists of Ontario	2 years	at least 3 signatures of members from electoral district



Resolution – Amendments to By-law 10: Election of Council Members

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

Whereas in its 2019-2022 Strategic Plan, the College committed to strengthening its decision-making capacity through:

- i. Developing a profile of qualifications and expertise to use in the selection of Council and committees;
- ii. developing training mechanisms for Council and committees; and
- iii. increasing openness around processes to select Council and committee members; and

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

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to By-law 10 regarding eligibility criteria for election of Council members for circulation. Final proposed changes will be presented to Council at its September 2021 meeting.

Moved by:

Seconded by:

Date: June 28, 2021

Resolution – By-Law revisions to establish a new committee

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

Whereas in its 2019-2022 Strategic Plan, the College committed to strengthening its decision-making capacity to improve patient/client safety and reduce risk of harm to patients/clients through:

- i. Developing a profile of qualifications and expertise to use in the selection of Council and committees;
- ii. developing training mechanisms for Council and committees; and
- iii. increasing openness around processes to select Council and committee members; and

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

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

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

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

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

Moved by:

Seconded by:

Date: June 28, 2021

Discipline Committee Report

Committee: Discipline
Prepared for: Council
Date: June 21, 2021

Meetings

The Discipline Committee met on March 10, 2021, for the uncontested matter of K. Velacruz.

One discipline matter is pending with a date to be confirmed.

ICRC Report

Committee: ICRC
Prepared for: Council
Date: June 21, 2021

Meetings

The ICRC met once since the last report to Council to review three requests for an appointment of an investigator.

Complaints

There is one active complaint in process.

There are two Registrar's Reports underway.

One matter appealed to HPARB with a scheduled pre-conference in August.

Registration Report

Committee: Registration
Prepared for: Council
Date: June 28, 2021

Registration Report

Meetings

The Registration Committee has not met since the last report to Council on March 1, 2021.

A Panel of the Registration Committee has met twice since the last report to Council to review the following referrals from the Registrar:

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

Examination Appeals Committee

There were no appeals made to the Examination Appeals Committee.

- **Annual Historical Examination Counts**

Year	Examinees	Percentage of Examinees that passed
2013	224	73%
2014	394	65%
2015	445	70%
2016	472	72%
2017	507	69.5%
2018	451	74%
April 2019	191	70%
2020	374	69.5%

Fall 2021 Exam and Rescheduled Spring Exam

The 2021 fall exam and the deferred spring exam (which was scheduled to take place on April 10, 2021) has been scheduled for September 18, 2021. The CKO is working very closely with our examination administrator Yardstick to secure writing centres and fine tune the exam logistics. We are planning for unexpected changes, such as the need for additional testing sites and extended exam windows due to the COVID-19 pandemic. Two hundred and thirty (230) applicants were registered for the deferred spring exam.

The CKO is also exploring the possibility of implementing an online exam format for the 2021/2022 fiscal year.

Membership Update

As of June 21, 2021, the College has 2922 total registrants. There are 2496 registrants in the General Class and 426 registrants in the Inactive class.

- **Annual Historical Registration Counts**

Registration Numbers as of March 31 of each year

Years	General Class	Inactive Class
2014	1280	29
2015	1419	123
2016	1731	215
2017	2294	287
2018	2422	372
2019 *	2441	410
2020	2467	404
2021	2458	426

* As of March 11th, 2019

Fair Registration Practices Report

The CKO submitted its annual fair registration practice report to the Office of the Fairness Commissioner (OFC) in May 2021. In its June 2021 newsletter the OFC highlighted and commended the CKO on its innovative remedial process for applicants seeking a third attempt at the CKO entry-to-practice examination. The OFC noted this process/policy as a commendable best practice for other regulators. The CKO was also invited by the OFC to take part in a stakeholder roundtable session in June to obtain insights on the topics of foreign credential recognition and inter-provincial mobility.

Kinesiology Core Competency Profile Review and Educational Equivalency Framework Review

The CKO has acquired a listing of reputable vendors for this project and has issued an RFP in keeping with the College procurement policy.

Jurisprudence E-Learning Module Review

The CKO has completed its initial review of the Jurisprudence E-learning Module. Next steps involve consultation with legal and key stakeholders to finalize the required changes.

Annual Renewal

Minor updates have been made to the online renewal form in preparation for the 2021/2022 renewal term. The CKO is committed to improving its renewal processes to make it more streamlined and efficient for registrants.

Registration Policies

Updates has been made to the Inactive Class policy and Re-issuance Policy as requested by the Registration Committee. Both polices are being prepared for further consultation with key stakeholders and are tentatively scheduled for resubmission to the Registration Committee in August 2021.

Staff are also in the process of reviewing existing registration policies and developing new registration polices for the Committees review.

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: June 28, 2021

Each health regulatory college is required under the *Regulated Health Professions Act, 1991* to have in place a Quality Assurance (QA) Program to help the College achieve its mandate of ensuring that the public of Ontario receives competent, safe, and ethical kinesiology services.

Meetings

The Quality Assurance Committee (QAC) met twice since the last Council meeting on March 1, 2021.

2020-21 Self-Assessment

Self-Assessment is a legislated component of the QA Program. Self-assessment guides registrants in reflecting on their practice in relation to the *Essential Competencies of Practice for Kinesiologists in Ontario* and the practice standards, and helps them identify those areas of knowledge, skill, and judgment that they wish to strengthen. It provides the foundation on which registrants plan their professional development and allows for reflection on the efficacy of those activities.

The 2020-21 Self-Assessment began on December 1, 2020. All General Class registrants were required to complete the biennial program component by March 1, 2021. Follow up targeted e-blasts, individual notices and telephone calls were made to registrants who neglected to meet the deadline. Three registrants were notified of selection to participate in the Spring 2021 Peer and Practice Assessment Cycle for non-compliance in accordance with the Quality Assurance Regulation.

Peer and Practice Assessment

Peer and Practice Assessment (PPA) is another legislated QA Program requirement and a key function of the College's regulatory mandate. It is an educational, structured interview conducted by a trained peer assessor. The PPA assesses kinesiologists' knowledge, skill, and judgement, and helps them identify areas of strength and opportunities for improvement within their practice. Each year, kinesiologists are randomly selected to participate in PPA to help ensure their continued competence. Kinesiologists are also selected to participate if they have declared insufficient currency at annual renewal, have neglected to complete another mandatory QA Program requirement (e.g., self-assessment), or if they volunteer to participate. Kinesiologists may be directed to undergo PPA for a second time after completing a mentorship program.

In 2020, PPAs were paused due to the on-going COVID-19 pandemic and changing restrictions. In spring 2021, the College resumed PPAs in a virtual format. Videoconferencing eliminates potential of exposure/ infection, eliminates travel expenses and time, and maintains a “face-to-face” element for an optimal learning experience.

Participants were assigned peer assessors based on their responses to pre-assessment questionnaires and received several questions tailored to their roles to be completed in advance of the interview. Registrants in clinical/mixed practice upload one patient record to the College’s portal, and complete a record keeping self-reflective exercise in advance of the PPA. The assessor reviews the self-assessment checklist and record in advance and uses the record review component of the interview to discuss strategies for addressing opportunities for improvement. The remainder of the interview is focussed on the clinical case-based questions, core and trigger questions. A copy of the assessor’s report is sent to the registrant with a cover letter identifying opportunities for improvement (if applicable) and a submission template. Reports and submissions are presented to the QAC for review and decision.

Peer Assessor Training

Assessors were oriented to the new virtual format. Clinical/mixed practice assessors received cloud and cyber security training by the College’s IT vendor. Assessors met in pairs / small groups to practise interviewing with revised scripts and processes. CKO’s Practice Advisor and Policy Lead, Danielle Lawrence, facilitated a webinar on the unique considerations and fundamentals of virtual service delivery (e.g., risk assessment, platform suitability, consent, record keeping, and billing).

Assessor report templates were expanded to include coaching cues to enable peer assessors to provide additional and consistent information and support.

Spring 2021 Participants

Notices of selection to participate in the Spring 2021 PPA Cycle were sent to 30 registrants. Of the three registrants selected for non-compliance with the self-assessment, one registrant applied for Inactive Class status, one registrant is scheduled to participate in PPA, and one registrant was referred to the Inquiries, Complaints and Reports Committee for neglecting to respond to the notice of selection to participate in PPA.

One randomly selected registrant already completed a PPA in fall 2018. Two registrants requested deferrals. A panel of the QAC met to review and render decisions regarding the requests and granted both registrants deferrals the until the Spring 2022 PPA Cycle.

Of the original 30 registrants sent notices of selection, 25 are actively participating in the Spring 2021 Cycle on the following grounds:

- One registrant previously directed by QAC to complete a mentorship program and undergo a second PPA;
- One registrant non-compliant with 2020/21 self-assessment;
- One registrant declared insufficient currency at annual renewal;

- Four registrants volunteered; and
- 18 registrants were randomly selected.

QAC Referral to ICRC

Regulators are mandated to monitor registrants' participation and compliance with QA Program requirements. Self-regulation is a privilege and depends on registrants' commitment to demonstrating their efficacy as a profession, and the confidence of the public in the profession's ability to regulate itself. QAC's mandate to monitor registrants' participation and compliance are outlined in legislation and regulation.

One registrant who neglected to complete their 2020/21 Self-Assessment was selected to participate in the Spring 2021 PPA Cycle for non-compliance. Non-cooperation with the QAC and non-compliance with program components are considered grounds for professional misconduct.

In accordance with s. 80.2(1) para 4 of the Health Professions Procedural Code, the QAC made the disclosure to the Inquiries, Complaints and Reports Committee and asked the Registrar to conduct an investigation.

Quality Assurance Program Policy Amendments

Certain circumstances may arise that will affect a registrant's ability to participate in PPA. Registrants who are unable to complete the PPA may have their obligations deferred to a later date or be exempted from having to complete the PPA. Requests for deferral and exemption are carefully considered, seeking to balance the needs of the registrant with the public interest.

College staff proposed amendments to *Deferral of PPA Policy (3.2)* and *PPA Exemption Policy (3.3)* for QAC consideration, including revisions to provide legislative context, principles that underpin the policies, updated terminology, and expanded grounds for deferral and exemption.

The QAC reviewed and approved the proposed policy amendments for Council's review and approval. If approved by Council, the amendments would take effect during the Fall 2021 PPA Cycle.

Risk-based programming

In accordance with the Ontario Ministry of Health's College Performance Measurement Framework the Quality Assurance Program is required to administer assessment components in a manner that is aligned with right touch regulation (i.e., understanding the problem, and ensuring the policy instrument is proportionate to the level of risk to the public). QAC will be working to ensure QA processes and policies outline: how areas of practice assessed are identified to ensure the most impact on the quality of a registrant's practice; how it uses a right touch, evidence informed approach to determine eligibility for assessment; and criteria that informs remediation activities.

College staff conducted a preliminary scan of health regulatory colleges' approaches to defining risk of harm, identifying risk categories and indicators, and addressing areas of risk. One area of risk that

has been identified for the profession is non-compliance. The QAC will be focussing on developing policy that addresses this area of risk.

Notes

We expect to exceed revenue projections by end of FY under the following categories:

Jurisprudence by 10% and Application revenue by 17% and expect to meet projections for examination revenue

Overall 2% decline in registration revenues and 42% decline expected under Interest Income by end of FY 2021

Interest rates are expected to remain low throughout FY 2020/21.

EXPENDITURES

Page 2

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST TO

YEAR END 2020/2021

update 06/23/2021

(as of Sept 1 - May 31st 2021)

	1	2	3	4	5
CATEGORY	APPROVED BUDGET 2020/2021	ACTUALS (Sept 1 to May 31 2021)	REVISED FORECAST Q1 to Q4 (Sept to Aug)	VARIANCE TO YEAR END	
	\$	\$	\$	\$	
Expenditure:					
Council & Committees	84,100	49,600	57,775	26,325	
Professional Fees	49,000	176,003	186,675	-137,675	
Communications & Media	158,500	111,500	123,533	34,967	
Rent & Facility Costs	228,465	169,854	228,584	-119	
Office & General	114,654	56,056	86,141	28,513	
Salaries & Wages	1,137,914	859,512	1,083,923	53,991	
Registration	269,992	157,626	173,255	96,737	
Quality Assurance	35,656	19,162	35,656	0	
Professional Conduct	47,500	47,784	53,525	-6,025	
TOTAL	2,125,781	1,647,097	2,029,067	102,739	
Excess/deficiency of revenue over	-15,718	-1,147,013	47,343		

Notes:

Council & Committees including AGM

Payments in Q1, Q2 and Q3 for Council and Committee meetings i.e. Council, ICRC, QA, Registration, Executive, Speciality, Discipline, Planning and Finance and two by-elections in District 4. Projections for Q4 for elections, Council, QA, ICRC, Registration and Planning & Finance committee.

Savings under Item Writing and Examination committee meetings. The Item Writing and

Examination Committees will not meet until the Kinesiology Core Competency profile is reviewed

in FY 2021/22.

Professional Fees

Expenses for bookkeeping services, audit, general legal fees, consultant costs, abuse therapy and special legal fees in Q1, Q2 & Q3. Increased cost resulting from special legal fees, abuse therapy and 2019/2020 financial audit. Projections in Q4 for ongoing bookkeeping support, general legal fees, abuse therapy and consultant/facilitation.

Communications & Media

Payment for IT Support, annual report design, public awareness and constant contact in Q1, Q2 & Q3. Projections in Q4 for remaining payment for public awareness campaign on sponsored articles and mobile bar videos and social media marketing campaign and IT support. Savings under Q4 as a result of public awareness campaign coming lower than projected, town hall meetings postponed due to pandemic, website updates and printing of swag for university visits did not happen this year.

Rent & Facility Costs

Payment in Q1, Q2 and Q3 for rent. Actual rent came higher than projections. Received property tax and operating expense adjustment credit which was applied to total rent this year. Projections in Q4 for rent.

Office and General

Payment in Q1, Q2 & Q3 for general office expenses such as, insurance, telephone/Fax, equipment rental, professional development, bank charges, membership dues, postage/courier, printing cost, staff travel, recruitment costs and office supplies. Allocation in Q4 for bank charges, printing costs, postage/courier, equipment telephone/fax, professional development, training for council and office supplies. Savings under Q4 from staff professional development, bank charges, printing & copying costs, staff travel, postage and office supplies.

Salaries & Wages

Projections for Q4 include merit/COLA increases including salaries and benefits for new and existing staff. Savings resulted from vacancies.

Registration

Payments in Q1, Q2 & Q3 for September 2020 Exam, database maintenance, hosting of database, minor character Jurisprudence e-learning module, Jurisprudence hosting, data mapping project and printing of certificates of registration. Q4 projections for ongoing database support, printing of certificates of registration and hosting costs. Savings from exam being deferred to the fall and revisions to the Kinesiology core competency profile, examination blue print, upgrade to jurisprudence e-learning module and review of educational equivalency assessment tool being RFP prepared for review of the Kinesiology Core Competency profile by end of FY. Revisions of the Jurisprudence e-learning module to be completed by end of FY and implementation of the upgrades to be completed in FY 2022.

Quality Assurance

Payment in Q1, Q2 & Q3 for self assessment portal annual licence and maintenance and hosting of sexual abuse and ethics and professionalism e-learning modules. Projections for Q4 for virtual peer and practice assessment peer assessor training for the spring 2021 cycle of PPAs.

Professional Conduct

Expenditures for investigations, legal advice and discipline cost in Q1, Q2 & Q3. These expenditures are demanded

can occur at any time. Allocation in Q4 for legal advice, investigations & one potential hearing (date to be dete



2020/2021 Performance Report

Overall highlights:



Operational highlights (Q3: March 2021 to May 2021)

- 42 new registrants
- Virtual PPAs

Focus	Deliverables	Status	Comments and Impacts
Governance	Competency-based assessment and education of Council and committee members		<ul style="list-style-type: none"> • Conducted individual and group meetings with several other colleges interested in potential collaboration on online Council and committee orientation module content and navigate one college's existing tools. • Met with software vendor to discuss costing, software capabilities, demo account and exporting file content among colleges to upload and adapt as needed. Tried and purchased software. • Drafted bylaw amendments based on eligibility requirements and orientation program for Council review and approval at June meeting. <p>Next steps:</p> <ul style="list-style-type: none"> • Circulate proposed by-law amendments for external consultation • Design and implement online orientation program • Stakeholder communications re policy changes
Corporate	Recruitment		<p>Onboarding of the following staff members:</p> <ul style="list-style-type: none"> • Executive Assistant, Support for Council and Committees • Program Assistant, Registration • Communications Manager • Part time help to support Registration • Student (Junior Analyst) to assist with research for implementation of CPMF and governance reform
	College Performance Measurement Framework (CPMF)		<ul style="list-style-type: none"> • Completion and submission of the College Performance Measurement Framework to the Ministry.
	Council Orientation		<ul style="list-style-type: none"> • Orientation of new public member, Brad Markis for June Council meeting.

Focus	Deliverables	Status	Comments and Impacts
	Special Council Meeting		<ul style="list-style-type: none"> Completion of a special Council meeting to discuss a matter of Conflict Interest.
Communications	Preparation for public awareness campaigns		<ul style="list-style-type: none"> Approval of sponsored articles and mobile advertising banners from Zoomer Media. Worked with both vendors to finalize content. Campaigns expected to start late June
	2021 Council Elections		<ul style="list-style-type: none"> 2021 Council Elections for district 5, 6 and a By-Election for district 4. Nomination period for district 5 and 6 concluded and the nomination period for district 4 ended June 22nd. Election period for all three districts will begin July 13th – July 20th.
	Regular and timely communication to R.Kins		<ul style="list-style-type: none"> Emails sent to R.Kins and other stakeholders announcing latest restrictions imposed by the province and the impact on practice. Regular communication regarding COVID-19 provincial orders posted on website. Finalization of the June 2021 e-newsletter to registrants. Newsletter distributed on June 22nd, 2021. Notice of September 2021 Exam webinar posted on website. Webinar to take place on June 29th, 2021
Registration	Annual Renewal		<ul style="list-style-type: none"> Preparation for annual renewal launch on July 1
	September Exams		<ul style="list-style-type: none"> Exam scheduled for September 18, 2021, includes the deferred April 2021 exam. Work underway with exam administrator Yard Stick to secure writing centres.
	Registration Policies		<ul style="list-style-type: none"> Inactive Class policy and Re-issuance Policy - Addressed updates identified by Registration Committee and prepared for further consultation with key stakeholders. Both polices are tentatively scheduled for resubmission to Committee in August 2021. Environmental scans of other health Colleges regarding inactive class practices and professional practice complete Engagement with legal counsel and professional conduct to resolve concerns from Committee (out of province requirements, self assessment) Engagement with external consultants i.e. Citizen Advisory Group regarding registration policy amendments Engagement with other Ontario Regulatory Health Colleges regarding registration policy amendments (College of Occupational Therapists and College of Physiotherapists) Review of existing registration policies/ Development of new registration polices - Ongoing
	Registration Committee		<ul style="list-style-type: none"> 5 Panel meetings were held to review referrals from the registrar.
	OFC Report		<ul style="list-style-type: none"> Completed report to the Office of Fairness Commissioner on the CKO registration practices.
	HPDB Report		<ul style="list-style-type: none"> Completed Health Professions Database Report to the Ministry of Health and Long-Term Care.
	Kinesiology Core Competency Review		<ul style="list-style-type: none"> RFP to be sent to selected vendors in keeping with the CKO procurement policy.
	Jurisprudence E-Learning Module		<ul style="list-style-type: none"> Completed initial review and consultation underway with legal to finalize changes
Quality Assurance	Virtual Peer and Practice Assessment		<ul style="list-style-type: none"> Implementation of virtual PPAs. Converted PPA process to virtual format and modified components to compress duration of interview and participant preparation time.

Focus	Deliverables	Status	Comments and Impacts
			<ul style="list-style-type: none"> • Follow up emails and telephone calls with registrants who indicated insufficient currency at annual renewal to determine eligibility to participate in Spring 2021 Cycle. • Sent notices of selection to participate in Spring 2021 Cycle to 30 registrants including revised Registrant Guide to PPA and Pre-assessment Questionnaire. • Pre-assessment questions, patient record checklist, patient background information sheet, and file sharing help documents sent to registrants based on pre-assessment questionnaire responses. • Tailored report templates sent to assessors. • Scheduled PPAs and videoconferences. <p>Next steps:</p> <ul style="list-style-type: none"> ○ Conduct peer and practice assessments ○ Forward assessor reports to participants ○ Obtain participant and assessor feedback on virtual format and process modifications
	Peer Assessor Training		<ul style="list-style-type: none"> • Conducted modular training on new virtual format; cloud system; interview practice using new format; and College practice updates by Practice Advisor and Policy Lead. • Revised assessor report templates to include coaching cues.
	Quality Assurance Program Policies		<ul style="list-style-type: none"> • Conducted environmental scan of health regulatory colleges' peer and practice assessment deferral and exemption policies. • Prepared issue/decision note and proposed amendments to <i>Deferral of PPA Policy (3.2)</i> and <i>PPA Exemption Policy (3.3)</i> for Quality Assurance Committee consideration.
	Quality Assurance Committee Panel Meeting		<ul style="list-style-type: none"> • A panel of the Quality Assurance Committee met to review and render decisions regarding two registrants' requests for deferrals of peer and practice assessment.
	2020/21 Self-Assessment		<ul style="list-style-type: none"> • Follow up targeted e-blasts, individual notices and telephone calls to non-compliant registrants following March 1st deadline. • Three registrants selected to participate in Spring 2021 PPA Cycle for non-compliance with SA.
	Risk-based programming		<ul style="list-style-type: none"> • Conducted environmental scan of health regulatory colleges' CPMF reports and QA risk-based programming policies and procedures, analyzing different approaches to defining risk of harm, areas of risk, how risk categories and indicators are identified, and steps taken to address risk. • Met with staff to discuss approaches to identifying risk across functions. • Met with professional conduct consultant to discuss complaints, reports and discipline data, trends, and ascertain areas of risk for profession.
Professional Conduct	Investigations and Discipline		<ul style="list-style-type: none"> • 3 new ICRC matters • 1 uncontested matter and 1 discipline matter date to be determined
Professional Practice and Policy	Collaboration Project with HPRO – Anti-BIPOC Racism Working Group		<ul style="list-style-type: none"> • Workplan and Project Charter approved • Delivery of EDI-B training to CEOs and Registrars by Dr. Sukhera (external consultant) to occur July 2021 • Delivery of EDI-B training to Council, committees, and staff

Focus	Deliverables	Status	Comments and Impacts
			<ul style="list-style-type: none"> • Development of toolkit – supporting resources to be made accessible to WG and College • Application for federal project funding complete – decision pending
	Specialties Committee		<ul style="list-style-type: none"> • Risk of Harm submissions reviewed by Committee • Educational advisors completed educational review, and results presented to Committee during May 21, 2021, meeting <p>Next steps:</p> <ul style="list-style-type: none"> • Committee to complete assessment tools document
	Practice Guidelines and Standards		<ul style="list-style-type: none"> • Review and update professional practice standards and guidelines

Legend: Completed



Ongoing



Incomplete



Committee Report

Committee: Specialties
Prepared for: Council
Date: June 28, 2021

The Specialties Committee (the Committee) met twice since the March 1, 2021 Council meeting; once on May 21, 2021 and again on June 17, 2021.

Review with Educational Advisors of Education Review

The Committee selected two educational experts to complete the educational review. The two experts selected completed the review and submitted their findings to the Committee on April 23, 2021, and on May 21, 2021 the Committee met with the two educational experts to discuss their findings. The Committee will compile these findings as part of the Specialties Assessment Tool document, to be completed for July 2021.

Risk of Harm Document Review

The Ontario Athletic Therapy Association (OATA) leadership provided the Committee with an updated Risk of Harm document to address the limitations of the data provided from previous submissions. The Committee reviewed the document during the May 21, 2021 meeting, and agreed that the updated submission provided the additional documentation and evidence requested. The Committee will compile this information as part of the Specialties Assessment Tool document.

Patient Relations Committee Report

Committee: Patient Relations
Prepared for: Council
Date: June 23, 2021

No updates to report.

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification
stratégiques, et des services en français

438 avenue University, 10^e étage
Toronto ON M7A 2A5



June 8, 2021

158-2021-46

Dear College Presidents and Registrars/ Executive Directors

Over the past several months, we have seen the ongoing diligent and tireless contributions of all our health system partners in response to the COVID-19 pandemic.

As we prepare for a potential burden reduction Bill this Fall, the ministry is exploring opportunities for governance reforms under the *Regulated Health Professions Act, 1991* and your respective 26 health profession Acts that would increase your efficiency and your ability to respond swiftly to emerging needs.

I am aware that many colleges have expressed interest in governance changes since 2017. Since that time, there have been developments, namely, the ongoing pandemic and the introduction of Bill 283, which have added to the discussion on governance reform.

As I have noted in previous conversations, I would like to seek your input on whether previous advice to the ministry on governance reform has changed in light of the progress of time and recent experience with the COVID-19 pandemic, as well as, the government's introduction of legislation establishing a new framework for oversight.

I am requesting your feedback on possible governance reforms by June 30th.

I look forward to our continued partnership as we explore opportunities to improve and strengthen the oversight system for health professions in Ontario.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean Court".

Sean Court
Assistant Deputy Minister

Encl.

c. Allison Henry, Director

WORKING GROUP (WG) MEMBERSHIP

- | | |
|---------------------------------|---|
| Deborah Adams, CRPO (Registrar) | Kevin McCarthy, CNO |
| Kelly Dobbin, CMO (Registrar) | Brian O’Riordan, CASLPO (Registrar) |
| Naakai Garnett, CMTO | Judy Rigby, CDTO (Registrar) – WG Chair |
| Linda Gough, CMRITO (Registrar) | Melisse Willems, College of Dietitians (Registrar) (to Apr 30 th) |
| Danielle Lawrence, CKO | Beth Ann Kenny, HPRO Support |
| Tim Mbugua, COTO | Dr. Javeed Sukhera, Project Consultant |

EQUITY, DIVERSITY, AND INCLUSION, AND BELONGING (EDI-B) – TRAINING FOR HPRO BOARD & WG

HPRO’s Board of Directors and the Project WG members have been offered a training session, led by Dr. Javeed Sukhera, on July 5, 2021, entitled, “Bias in the Mirror: Breaking Bias without Breaking Ourselves”. Dr. Sukhera will cover foundational topics in the areas of equity and anti-racism while fostering critical reflection and building skills to co-create structural change.

Objectives:

1. Explore the concepts of equity and anti-racism as they relate to the health professions regulatory context.
2. Describe how a model for bias recognition and management may be applied to address racism
3. Provide examples of how bias recognition and management can contribute to structural change within organizations and society at large

SURVEY AND FOCUS GROUPS – PROJECT ENGAGEMENT PLAN

As part of engagement efforts, information will be sought from organizational stakeholders to understand how racism and bias manifest through health professions regulation, how racism and bias are enabled or mitigated through regulatory processes and to identify mechanisms to address racism and bias to improve equity and justice.

A survey, open to healthcare professionals and the public, will be launched soon. Additionally, focus groups will be held to directly involve internal stakeholders, e.g., Registrars and staff, and select Council/Committee members.

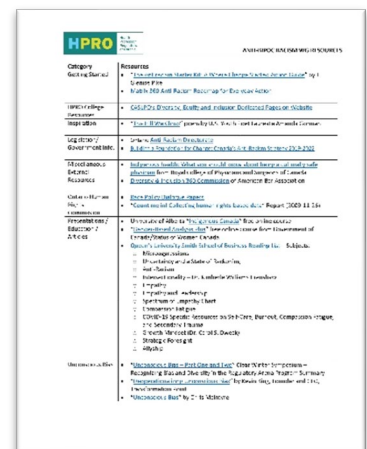
ADDITIONAL UPDATES

With work also underway on an environmental scan and the development of recommendations for HPRO’s continued focus on EDI-B, a report from Project Consultant is due at the end of August 2021.

RESOURCES

A [list of EDI-B and anti-BIPOC racism resources](#) is available to all Colleges. These resources, many external to HPRO are maintained in a web-based document, updated when new information is discovered. Those resources are listed in these categories:

- Getting Started
- HPRO College Resources
- Inspiration
- Legislation/Government Information
- Ontario Human Rights Commission
- Presentations/Education/Articles/Miscellaneous





COLLEGE OF
KINESIOLOGISTS
OF ONTARIO



160 Bloor St. E. Suite 1402, Toronto, ON
T 416.961.7000 F 416.961.7009
info@coko.ca www.coko.ca

June XX, 2021

Dear XXXXXX,

The College of Kinesiologists of Ontario (CKO) is the statutory regulatory body under the Regulated Health Professions Act, 1991 (RHPA) for the kinesiology profession in the province. The CKO would like to present the recommendations below in response to the Ministry's request for recommendations for governance reform under the Regulated Health Professions Act, 1991 and the Kinesiology Act, 2007.

Entry-to-Practice Examination

Part of the CKO's legislated mandate is the registration of qualified applicants to practice the profession. The College achieves this through the administration of an in-person written entry-to-practice exam. The CKO's exam is offered twice per year in six locations across Ontario.

The CKO postponed the scheduled April 2020 and April 2021 exams due to the evolving nature of the COVID-19 pandemic. We were fortunate to be able to administer the April exam in September 2020 and we are hopeful to administer the April 2021 exam in September 2021 barring any new restrictions across the province. The CKO is in active discussions with its exam provider and other regulators to move the exam to an online format. However, the CKO is exercising due diligence with this initiative as this is a high-stakes exam.

In determining whether to postpone the April 2021 in-person entry-to-practice exam, staff consulted O. Reg. 82/20: Rules for Areas in Stage 1, specifically:

Meeting or event space

8. (1) The person responsible for a business or place that is open may only rent out meeting or event space if the meeting or event space is only rented out,
- (a) for a day camp for children described in section 24 of Schedule 7;
 - (b) to a provider of child care within the meaning of the Child Care and Early Years Act, 2014;
 - (c) for the purpose of the provision of social services;
 - (d) for the purpose of collective bargaining, so long as no more than ten people are permitted to occupy the rented space;
 - (e) for the purpose of delivering or supporting the delivery of court services;
 - (f) for operations by or on behalf of a government;
 - (g) for the purpose of delivering or supporting the delivery of government services;
 - (h) for the purpose of delivering or supporting mental health support services or addictions support services, so long as no more than ten people are permitted to occupy the rented space; or
 - (i) for the purpose of conducting in-person examinations for the registration, licensing or accreditation of persons in any of the fields or occupations described in subsection 2 (2) of Schedule 8, so long as no more than 50 students are permitted to occupy the rented space.

The CKO has reviewed subsection 2(2) of Schedule 8, and noted that while kinesiology was not explicitly listed, numerous other regulated and non-regulated professions were.

In March 2021, CKO staff contacted the Ministry of Health's Emergency Operations Centre to enquire whether the administration of an entry-to-practice exam for the profession of kinesiology was included in subsection 2(2) of Schedule 8. Staff received the following response:

Recent amendments were made to regulations under the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) (ROA) for Red-Control ([O. Reg. 263/20: Rules for Areas in Stage 2](#)) and Grey-Lockdown and Shutdown ([O. Reg 82/20: Rules for Areas in Stage 1](#)) with respect to meeting and event spaces. Specifically, a person responsible for a business or place that is open may rent meeting or event space for in-person examinations for the registration, licensing or accreditation of persons in specified fields or occupations with no more than 50 students being permitted to occupy the rented space. The specific fields and occupations are listed in [O. Reg 82/20: Rules for Areas in Stage 1](#). Kinesiology is not one of the specified fields or occupations in the regulations (refer to subsection 2 (2) of Schedule 8 for Grey-Lockdown under [O. Reg 82/20: Rules for Areas in Stage 1](#)). At this time, a meeting or event space could not be rented for the administration of an exam to be registered as a kinesiologist in a Grey-Lockdown zone.

As a result, CKO had no choice but to postpone the April 2021 exam.

The CKO is aware that it cannot advocate for the interests of the profession; however, this decision is not only impacting recent graduates and others seeking employment, but CKO's ability to effectively execute its statutory mandate. Without the ability to administer timely exams, CKO is at risk of not meeting its statutory obligations.

[O. Reg. 401/12: General](#) made under the *Kinesiology Act, 2007*, states that the College must administer an examination at least once annually. Given that the pandemic and provincial restrictions are continuously evolving, there is the possibility that the CKO will not be able to administer another exam in 2021 because of the exclusion of kinesiology in O. Reg 82/20: Rules for Areas in Stage 1.

The CKO believes that updates to our registration regulation to include a provisional certificate of registration for applicants seeking licensure with the College would significantly alleviate the barriers. However, considering the implications to changes to our governing legislation the CKO is presently urging the Ministry to re-consider the list of health professionals included in subsection 2 (2) of Schedule 8 O. Reg 82/20: Rules for Areas in Stage 1. We note that several communication products from the Ministry do not call out specific professions; they refer to the health professions broadly or regulated health professions. To ensure consistency and predictability, regulations should be written similarly. Doing so will allow the College to continue effectively executing its mandate to protect the public interest by ensuring that qualified individuals are admitted to the profession of kinesiology.

Modernization of RHPA language

The CKO is in support of HPRO's recommendations to modernize the language used in the *RHPA* and *Code* in efforts to reduce confusion and possibly misleading information. For example, to convey the structure and role of colleges more accurately, "Board" might replace "Council", The "registrant" might replace "member" and a more descriptive term for "College" (e.g., "Regulator") could be used. We acknowledge that further discussion is required with the Ministry and RHPA Colleges as to the best use of terminology.

Competency-Based Selection

The College Performance Measurement Framework requires Colleges to use a competency-based selection process for Council and committee members; CKO supports this initiative. However, the legislative selection process is a perspective-based election process. It is uncertain the extent to which a competency-based selection process can be deployed through an election process. CKO respectfully requests that the *Code* be amended to explicitly state that the by-laws can be modified to ensure that competency-based procedures can be used.

Similarly, for public appointees, the manner of selection should be competency-based and transparent.

Flexibility of Structure

The CKO may at some point wish to move towards a smaller Council and parity. The CKO respectfully requests that the *Code* be amended to permit Colleges to implement such changes to improve board performance.

We thank you for your consideration. These recommendations help to increase our efficiency and our ability to respond swiftly to emerging needs as the governing board for the profession of kinesiology in Ontario.

We welcome an opportunity to discuss this further.

Sincerely,

Jennifer Pereira,
Council President

Nancy Leris,
Acting Registrar and CEO

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification
stratégiques, et des services en français

438 avenue University, 10^e étage
Toronto ON M7A 2A5



June 8, 2021

158-2021-46

Dear College Presidents and Registrars/ Executive Directors

Over the past several months, we have seen the ongoing diligent and tireless contributions of all our health system partners in response to the COVID-19 pandemic.

As we prepare for a potential burden reduction Bill this Fall, the ministry is exploring opportunities for governance reforms under the *Regulated Health Professions Act, 1991* and your respective 26 health profession Acts that would increase your efficiency and your ability to respond swiftly to emerging needs.

I am aware that many colleges have expressed interest in governance changes since 2017. Since that time, there have been developments, namely, the ongoing pandemic and the introduction of Bill 283, which have added to the discussion on governance reform.

As I have noted in previous conversations, I would like to seek your input on whether previous advice to the ministry on governance reform has changed in light of the progress of time and recent experience with the COVID-19 pandemic, as well as, the government's introduction of legislation establishing a new framework for oversight.

I am requesting your feedback on possible governance reforms by June 30th.

I look forward to our continued partnership as we explore opportunities to improve and strengthen the oversight system for health professions in Ontario.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean Court", written in a cursive style.

Sean Court
Assistant Deputy Minister

Encl.

c. Allison Henry, Director

2020/2021 Committee Composition- Revised February 2021

Green= Committee Chair or Vice-Chair

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

Fitness to Practise	Jennifer Pereira, Chair All	All	Amber Provencal Levesque
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Resolution- Revised Committee slate for 2020/2021

Whereas Council approved the proposed Committee slate as presented at the September 14, 2020 Council meeting; and

Whereas Council members are appointed to Council as other appointments expire each year.

Whereas a revised slate for committee membership is developed and brought forward to Council based on the needs of each committee and the interests and skills of Council members;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario appoints Brad Markis to the following Committees: QA Committee,

Moved by:

Seconded by:

Date: June 28, 2021

College of Kinesiologists of Ontario - Revenue Projections & Operating Cost Estimation - 2021/2022 - 2023/2024

	Approved Revenue Forecast	Revenues Received to date	Revised Projections (Sept to Aug)			
	2020/2021	Sept 2020 to May 31 2021 \$	2020/2021	2021/2022	2022/2023	2023/2024
Revenues	(\$)	\$	(\$)	(\$)	(\$)	(\$)
Jurisprudence Fee	24,125	16,018	26,851	28,178	29,023	29,867
Application Fee	47,500	32,500	57,100	59,900	62,900	66,100
Examination Fee	190,000	91,330	190,000	194,000	198,000	201,600
Registration Fees	1,823,438	339,791	1,781,264	1,818,763	1,877,285	1,904,970
Interest At Bank	25,000	16,845	17,595	25,000	25,000	25,000
Other Income		3,600	3,600			
Total Revenue Projections	2,110,063	500,084	2,072,809	2,125,841	2,192,208	2,227,537
Operating Expenses	Approved Budget 2020/2021	Expenditures To Date Sept 1 2020 to May 31 2021 \$	Revised Projections 2020/2021 (Sept to Aug) \$	2021/2022 \$	2022/2023 \$	2023/2024 \$
Council and Committees*	84,100	49,600	57,775	60,150	83,650	83,650
Professional Services	49,000	176,003	186,675	100,000	63,000	63,000
Communications/Media**	158,500	111,500	123,533	85,500	105,500	85,500
Rent and Facilities Costs	228,465	169,854	228,584	237,167	241,850	246,627
Office and General*	114,654	56,056	86,141	105,154	107,362	107,574
Staff Salaries/Benefits & Stat Remittances	1,137,914	859,512	1,083,923	1,137,914	1,194,810	1,254,551
Registration Costs***	269,992	157,626	173,255	253,527	189,738	179,738
Quality Assurance Costs***	35,656	19,162	35,656	35,336	40,466	31,426
Professional Conduct	47,500	47,784	53,525	53,500	53,500	53,500
TOTAL OPERATING COSTS	2,125,781	1,647,096	2,029,067	2,068,248	2,079,876	2,105,567
SURPLUS (DEFICIT)	(15,718)	(1,147,012)	43,743	57,592	112,332	121,970
Reserve Fund Contribution					20,000	20,000
Internally Restricted Reserve Fund balance as of 2019/2020	Amount					
Abuse Therapy	\$30,000					
Investigations and Hearings	\$170,000					
Property and Technology Fund	\$ 90,000					
Total Reserve fund	\$290,000					

Strategic Goal 1*

The College of Kinesiologists of Ontario delivers public interest focused, competency-based governance to enhance oversight processes that improve patient safety and protection from risk of harm.

- a. Rigorous training programme developed for competency based appointments to Council & Committee to encourage and facilitate effective and efficient discharge of governance responsibilities for public protection.
- b. Implementation of competencies for Council and Committee members and development of council evaluation framework

Strategic Goal 2**

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

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

Strategic Goal 3***

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

We will continue to build performance measurement criteria based on decisions on how patient risk may be reduced and quality of care enhanced. These performance measurements will focus on registration, compliance and quality assurance. This will provide members with better choices about improving patient care and help inform the public's decision in assessing health choices. Some of these costs will be covered under database support in Registration.

Performance Report: September 1, 2021 – August 31, 2022

Communications

Focus:

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

Impact:

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

Activity Highlights

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

Key deliverables for the fiscal year:

1. Continue to implement a public awareness campaign that highlights the importance and value of working with registered kinesiologists.
2. Publish more information on the obligations of Council members, how they are trained and more details on the work of Executive Committee.
3. Implementation of the College Performance Measurement Framework and governance reform project

Corporate

Focus: Enhanced Performance reporting
Enhanced competency and accountability measures.

Impact:

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

- College performance measurement framework for sound decision-making
- Development of performance measures through business planning

Activity Highlights

- Implementation of a competency based assessment and education for Council and Committee members
- Establish committee-specific competencies
- Develop competency-based orientation and education program for Council and Committee members covering the roles and responsibilities.
- Enhance the Council and committee self-evaluation framework to include Council and committee member's individual development plan
- Completion of the 2020/2021 Financial Audit
- Completion of the 2020/2021 Annual Report with increased focus on risk of harm
- Risk Management Plan updated to focus on risk to the public in the practice of kinesiology and business continuity plan.
- Completion of the College Performance Measurement Framework (CPMF) and reporting to the Ministry.

Key Deliverables for the fiscal year

1. Completion of 2020/2021 Financial Audit
2. Completion of the CPMF to the Ministry
3. Development of orientation program & training opportunities for Council and Committees
4. Development of committee-specific competencies
5. Development of a new three – five -year strategic plan for fiscal year 2021/22
6. Development of new Budget for the next fiscal year

Registration

Focus: Entry-to-practice review, develop online entry to practice exam, Policy development, improvement of data management system

Impact:

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

Activity Highlights

- Assessment of Kinesiology Core Competency Profile, to identify required updates to entry to practice requirements.
- Updated Jurisprudence E-Learning Module
- Review and update of existing registration policies, and development of new registration policies.
- Automate prioritized registration processes in IMIS data management system.
- Work with exam provider to identify requirements for transitioning to an online exam format.

Key Deliverables for the fiscal year

1. Kinesiology Core Competency profile updated

2. Educational Equivalency Framework updated
3. Jurisprudence e-learning module updated
4. Registration Policy review and development
5. Automation of application processes
6. Transition to an online entry to practice examination

Quality Assurance

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

Impact:

- College efforts become more risk focused to assist registrants in reducing potential for harm
- Promote registrants' continuing competence and continuous quality improvement
- Improve patient-centred care and inter-professional collaboration
- Improve public protection and reduction of risk

Activity Highlights

- Implement peer and practice assessment operations through virtual platform to ensure registrants' continuing competence, to promote continuous quality improvement, and to identify profession-wide practice issues
- Support registrants in applying relevant practice standards and guidelines to their practice and obtain feedback on value/efficacy of supports
- Develop/amend processes and policies to explain how we use a risk-based, evidence-informed approach to assessment
- Demonstrate how QA activities engage and support registrants in incorporating CQI into their practice, and help registrants improve practice as individuals and as part of a team

Key Deliverables for the fiscal year

1. Revise peer and practice assessment and competency enhancement program components with risk focus in line with Ministry's Performance Measurement Framework
2. Establish expectations and supports to promote culture of continuous quality improvement
3. Develop/amend processes and policies to demonstrate risk-based, evidence-informed approach to programming

Professional Conduct

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

Impact:

- Compliance measurement and reduction of risk to the public
- Improve transparency measures through communication through College website

Activity Highlights

- Respond to legislative changes and the Ministry's CPMF requirement to ensure full compliance
- Timely updates to the public register and database regarding professional conduct matters

- Ensure that information regarding member conduct is readily available and appropriately monitored
- Complaints process and relevant support available to complainants are clearly communicated on our website including information on access to sexual abuse therapy
- Track and monitor College response to inquiries to ensure College is meeting the CPMF requirement
- Develop accessible, up-to date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports

Key Deliverables for the fiscal year

1. Timely response to complaints
2. Complainants effectively supported by and kept up to date on progress of complaints
3. The College addresses complaints in a right touch manner



Resolution: Approval of Budget and performance plan for new fiscal year 2021-22

Whereas Council and the Planning and Finance Committee have reviewed the proposed Budget presented by the College and considered whether provision has been made to meet the requirements of the College during the new fiscal year September 1, 2021 to August 31, 2022; and

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

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

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

Therefore, be it resolved that Council approves the budget for the new fiscal year 2021-2022, beginning September 1, 2021.

Moved by:

Seconded by:

Date: June 28, 2021

COLLEGE OF
KINESIOLOGISTS
OF ONTARIO



Risk Management Plan

June 2021- June 2022

DRAFT



College of Kinesiologists Risk Management Plan

June 2021- June 2022

Risk Management Plan Purpose

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

Stakeholder Roles and Responsibilities

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

Risk Management Process and Activities

The College of Kinesiologists regularly undertakes risk management activities to protect the interests of the public, its 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.
- resources of the College including knowledge of history, processes and legislative, operational and policy environment, staff, furnishings and equipment.

Types of Risk Identified

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

Risk Occurrence Matrix

Consequence/Impact \ Likelihood		Rare	Unlikely	Moderate	Likely	Certain
		The event may occur in exceptional circumstances. <i>Less than once a year</i>	The event could occur at some time. <i>At least once a year.</i>	The event will probably occur at some time. <i>At least once in 6 months</i>	The event will occur in most circumstances. <i>At least once per month</i>	The event is expected to occur in all circumstances. <i>At least once per week</i>
Level		1	2	3	4	5
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 • opportunity for fraud / theft 	2 Unlikely	1 Minor	2 Low risk	Director (Operations & Finance), 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, 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 Finance Director and Executive Assistant allowing better oversight
2. Financial	Risk of Fraud/Theft	2 Unlikely	2 Serious	4 Moderate	Registrar, Director (Operations & Finance)	<ul style="list-style-type: none"> ❖ Director (Operations & Finance) reviews and verifies invoices prior to submitting to Registrar for approval ❖ All payments requires signed off invoices. ❖ Bank payment and cheques over \$5000 require two signatures ❖ Reconciliation processes in place for banking, credit cards, goods received, etc.

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 enrolment in College • Uneven cash flow • Extraordinary expenditures 	2 Unlikely	2 Serious	4 Moderate	Council Registrar Directors	<ul style="list-style-type: none"> ❖ Use of 3-5 year time horizon for financial planning ❖ Work with stakeholders to ensure support for College ❖ 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 ❖ 18-24month 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	<p>Poor financial management results in the College being unable to meet strategic initiatives</p>	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.

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	Inadequate oversight by Council may lead to non-adherence to Financial Plan and Procurement policies by College staff with resulting financial loss	2 Unlikely	2 Serious	4 Moderate	Registrar, Finance and Planning Committee, Council	<ul style="list-style-type: none"> ❖ Training for Council and Executive 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	<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

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 • Applicants' information • Vendors' information • Patient/Client information • Council Member information 	3 moderate	2 Serious	6 Moderate	All	<ul style="list-style-type: none"> ❖ External contract for IT security (Websdepot) ❖ 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 Cloud ❖ 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 cloud software for increased security ❖ Records retention schedule that outlines length of retention, archival, and final disposition
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 	4 Likely	2 Serious	8 High	Executive Officer/Directors/ Manager/ Registrar	<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 ExecutiveAssistant ❖ 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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
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 files ❖ Bank records stored and copies of cheques retained ❖ Increased permissions for who can edit/delete or move a file
11. Information Management	<p>iMIS System does not meet College needs.</p> <p>Staff members are unable to use iMIS system to generate key reports for decision-making and registrants complain that their electronic records are inaccurate.</p> <p>The public is unable to effectively use the public register.</p>	4 Likely	2 Serious	8 High	Registrar Director (Registration) Director (Operations & Finance)	<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 CSA 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	4 Likely	2 Serious	8 High	Director (Registration) Manager (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	3 Moderate	2 Serious	6 High	Communications Manager 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

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
14. Information Management/ Loss of confidence	Inaccurate or disparaging information is circulated about the College on social media / the internet	1 Rare	2 Serious	2 Low	Communications Manager	<ul style="list-style-type: none"> ❖ 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)
15. Information Management	Computers systems are compromised due to: <ul style="list-style-type: none"> • Virus • Security breach • Malware / Ransomware 	1 Rare	3 Major	3 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 ❖ 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 ❖ Cyber insurance coverage (including Ransom insurance) ❖ Development of cyber security roster
16. Capital Equipment/ Furnishings	Computers, servers and other items of value belonging to the College are stolen	1 Rare	2 Serious	2 Low	Director Finance and Operations	<ul style="list-style-type: none"> ❖ 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 Director 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
17. Capital Equipment/ Furnishings	Permanent damage to equipment and/ or furnishings due to water/fire damage, abuse by individuals.	1 Rare	2 Serious	2 Low	Registrar	<ul style="list-style-type: none"> ❖ Adequate insurance is in place to cover recover 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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
18. Examination	Exam Security is breached	2 Unlikely	3 Major	6 High	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 ❖ ASI & contractors' agreement specifies accountabilities for security of examination related materials ❖ Regular review of risk management with hosting and development
19 (i)	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)	<ul style="list-style-type: none"> ❖ Exam will be kept in secure safe while 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 ASI	<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)

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
19. Examination	<p>Validity of the administration of the exam sitting is challenged due to:</p> <ul style="list-style-type: none"> • Hydro failure • Fire drill • Medical emergency, or • Other irregular circumstances 	<p>1 Rare</p>	<p>2 Serious</p>	<p>2 Low</p>	<p>Registrar, Director (Registration) Examination Coordinator ASI</p>	<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 ❖
20. 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 ASI</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
21. Human Resources	<p>Disruption in work due to unexpected and /or extended absence of employee, or employee permanently leaving organization resulting in:</p> <ul style="list-style-type: none"> • Backlog in work • Inability to meet required timelines • Major interruption in work 	<p>2 Unlikely</p>	<p>1 Minor</p>	<p>2 Low</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 ❖ 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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
22. 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 	1 Rare	2 Serious	2 Low	Registrar Director, Finance and Operations	<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
23. Human Resources	Lack of French-speaking staff member is raised as an issue with media, the Ministry, the Fairness Commissioner or other authoritative body	1 Rare	0 Negligible	0 No	Registrar	<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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
24. Human Resources	<p>Poisoned work environment resulting in:</p> <ul style="list-style-type: none"> • Low staff morale • Interpersonal conflicts • Complaints of harassment • Decreased productivity • High turnover rate in staff 	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
25. Human Resources	<p>Staff are ineffective in their roles due to</p> <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 Director, Operations and Finance	<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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
26. Human Resources	Lack of expertise on the part of staff leads to poor decisions by Committees and Council	2 Unlikely	2 Serious	4 Moderate	Registrar Director, Operations and Finance	<ul style="list-style-type: none"> ❖ 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
27. 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 	3 Moderate	2 Minor	6 High	Registrar/ Directors	<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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
28. Loss of Confidence in CKO	College does not ensure, or is seen not to ensure, competence of its registrants, through its registration, quality assurance and professional conduct processes	3 Moderate	2 Serious	6 High	Registrar All staff	<ul style="list-style-type: none"> ❖ Registration requirements are reviewed to ensure registrants are practicing 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 enhancing their competence. ❖ Data from various programs is used to identify registrants' learning needs, 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 and public accountability ❖ Periodic review of entry-to-practice and essential competencies, standards/guidelines for revisions ❖ 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
29. Loss of Confidence in CKO	Applicant/Registrant disengagement resulting in: <ul style="list-style-type: none"> • Lack of interest for election to Council • Lack of membership on committees, working groups • Reduction in overall membership numbers • Lack of commitment to QA 	2 Unlikely	3 Major	6 High	Council, Registrar, Directors	<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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
30. Loss of Confidence in CKO	Poor customer service/public relations	2 Unlikely	1 minor	2 Low	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
31. Loss of Confidence in CKO	Challenges with virtual communications platforms (e.g., videoconferencing technical and security issues)					<ul style="list-style-type: none"> ❖ Use CKO professional Zoom accounts ❖ Monitor for unusual activity ❖ 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 ❖
32. Loss of Confidence in CKO	Public, registrants, government perceive the College as not being transparent and/or fair	2 Unlikely	2 serious	4 Moderate	Council Registrar	<ul style="list-style-type: none"> ❖ 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
33. Governance	<p>Council/Committee members not adhering to Code of Conduct, Bylaws and other Council policies resulting in:</p> <ul style="list-style-type: none"> • Inefficiencies • Poor decisions • Negative reporting by stakeholders • Decreased morale 	2 Unlikely	2 Serious	4 Moderate	Council President Registrar	<ul style="list-style-type: none"> ❖ Facilitate regular orientation and on-going training ❖ Council/Committees complete self-evaluations ❖ Effective leadership training for Council members, opportunities to attend conferences and events organized which give Council and Committee members an opportunity to focus on regulatory excellence. ❖ Ensuring by-laws are the most appropriate and relevant for this College – review and amend as needed

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
34. Governance/ Compliance	Conflict of Interest undeclared in decision making by: <ul style="list-style-type: none"> • Council • Staff • Committee Members 	3 Moderate	2 Serious	6 High	Registrar, Council, Directors	<ul style="list-style-type: none"> ❖ Conflict of Interest Policy articulates what constitutes a conflict of interest, with clear examples ❖ COI training provided for all annually ❖ Foster culture of openness and transparency for members to trust disclosing conflicts or potential conflicts ❖ Council and Committee members invited to declare or disclose potential conflicts of interest at each meeting. ❖ Implementation of conflict of interest questionnaires for all members of Council to be maintained as part of members' records. ❖ 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
35. Governance/ Compliance/ Loss of confidence	Council/Committee operating outside of mandate; or seen to be advocating for profession Becoming engaged with operational matters resulting in: <ul style="list-style-type: none"> • Poor or inconsistent decisions • Increased likelihood of conflict • Inefficiencies in operations 	4 Likely	2 Serious	8 High	President, Council, Registrar,	<ul style="list-style-type: none"> ❖ 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 models ❖ Track and monitor committee dispositions regularly ❖ Provide legal advice to Council/Committees ❖ Training to Council and Committees on Governance vs. Operations authorities of Committees, transparency and confidentiality ❖ Continual training and emphasis on mandate of public protection ❖ Clear and strong messages to nominees during elections to ensure they understand the College's mandate ❖ Training for those interested in participating in College affairs candidates for election to Council on the public interest role and function of the College ❖ Advanced planning by staff on Council agendas to ensure items going forward with appropriate information for informed decision-making. ❖ Ongoing Council and committee feedback and performance evaluation on meeting mandate

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
36. Compliance	Risk of bias or misconduct by staff, investigator, peer assessor, or panel members in relation to a file under review	1 Rare	2 Serious	2 Low Risk	Registrar, Directors	<ul style="list-style-type: none"> ❖ Ensure only experienced and reputable investigators are appointed ❖ Provide ongoing training to peer assessors and Committee members regarding role, mandate, expectations ❖ Training regarding bias and 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)
37. 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 • MOHLTC • Ministry of Labour 	2 Unlikely	1 Minor	2 Low	Registrar Director Operations and Finance	<ul style="list-style-type: none"> ❖ Continually ensure compliance with labour standards and AODA ❖ 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.
38. Compliance	Failure to report to MOHLTC on required performance metrics or other requirements	3 Moderate	2 Serious	6 Moderate	Registrar All Staff	<ul style="list-style-type: none"> ❖ Proactive advanced preparation for future reporting requirements ❖ Regular consultation with MOHLTC 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)

Risk Strategy

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

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

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

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

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

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

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

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

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

Risk Management Plan Approvals

Approved by:

Registrar

Council President

**COLLEGE OF
KINESIOLOGISTS
OF ONTARIO**



Business Continuity Plan 2021 Draft

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Introduction

The Business Continuity Plan is a document that provides a framework to ensure that essential business functions can continue in the event of unplanned incidences, such as power disruptions, a pandemic, environmental or natural disasters (snowstorms, flood, etc.), fire, employee errors, hardware or software failures, or any other major emergency (hereafter “declared emergency”), where staff cannot access or use the office for one or more business days. The Business Continuity Plan ensures staff, Council, Committees and Registrants are informed and updated before, during and after the period of disruption.

The goal of this plan is to identify how the College will maintain its core regulatory functions and continue operations during a declared emergency.

Objectives

The objectives of the Business Continuity Plan are:

- To provide an organized and consolidated approach to managing operations of the organization during a significant disruption to normal business operations;
- To provide for the continuity of College operations; and
- To manage and reduce the disruption of services to an acceptable level.

Overview

This plan provides an overview of strategies and considerations for the effective continuity of critical business operations. The College’s goal during any business interruption is to continue to fulfill its mandate to protect the public and to remain responsive to the public, its registrants, and other stakeholders.

This Business Continuity Plan discusses the planning, training, procedures, and technical infrastructure required to maintain essential business operations during a declared emergency.

Other activities not specified in this plan may be required for the recovery of business functions. This will depend on the nature and extent of the effects on staff, and College operations.

Role as a Regulator

As a strategic partner in the Ontario healthcare system, the College has an important role to play as the regulator of kinesiologists in Ontario. The core mandate of the College is to regulate the practice of kinesiology and to serve and protect the public interest.

The extent to which the College can maintain its core regulatory functions and continue operations during a declared emergency depends on a variety of factors, such as phase, severity and human resource capacity.

For this reason, the College has identified the following stages that will guide decisions about operational functions and the prioritization of activities during a declared emergency.

Stages Identified:

Stage 1 – Preparation/Planning: Day to day operations continue with monitoring of the situation. Planning activities take place and preparations are undertaken and then completed. A gradual reduction of on-site operations may take place as required.

Stage 2 - Implementation: It is determined that the situation may require closure of the office and that the College to operate through a virtual office, or some hybrid of office/virtual office. Modified work may be required as the College responds to the effects of the event and the senior staff (the Registrar, Directors, and Managers) (or Emergency Preparedness Team) work daily to mitigate risk.

Stage 3 - Post-declared emergency: Return to regular operations through careful planning.

Stage 1: Planning

Planning Principles

During the planning stage Senior College staff (or the Emergency Preparedness Team) will consider the following and take appropriate actions:

- Conduct environmental scan of /meet with other health regulatory colleges to discuss situation, options, past experiences, opportunities to collaborate.
- Management and administration of Business Continuity Plan.
- Communication to College staff, Council, registrants and the public via website and other virtual platforms when required;
- Identify training required in departments and between departments to ensure appropriate coverage;
- Identify key business partners, suppliers, and stakeholders;
- Ensure departmental processes are clearly defined and documented.
- Ensure software for a fully virtual environment is installed on computers, e.g. Microsoft Teams, Zoom, SharePoint;
- Ensure remote telephone system is operational/installed on staff computers/cell phones.
- Ensure training is organized for staff to answer any software/telecommunications questions;
- Files/documents that are not available/cannot be removed from the office are identified and a plan is developed to allow access;
- Planning for virtual Council, Committee, Working Group, and Panel Meetings should take place and be tested;
- Preliminary decisions are made regarding upcoming entry-to-practice examinations, registration renewal, quality assurance program requirements and Discipline Hearings and acceptable plans around postponements and accommodations are created;
- Key communication messages are identified and prepared. Examples include:
 - Guidance on office closures to stakeholders, the public, applicants and registrants;
 - Consideration for accessibility needs and means of communicating with the College;
 - Guidance on adhering to Standards and any Federal or Provincial guidelines; and
 - Message re: finance and payments.
- Key financial processes are analysed and gaps that would exist in a fully virtual environment are addressed;

- Analysis of emerging issues; contemplation of the ramifications of a full shut down of the building and remote work (disrupting access to facsimile, mail, files, supplies etc.) is completed;
- A plan is developed for facsimile and mail retrieval and dissemination, printing and mailing on behalf of staff, access to mail supplies and equipment;
- Staff contact information is updated with current information including emergency contact information, personal email, telephone numbers and addresses.

Cyber Attacks

The following elements are to be considered when protecting College information technology systems.

- Secure multiple backups of all data.
- Firewalls are in place.
- Access to information systems are protected by passwords which are regularly changed;
- Staff, Council, committees and volunteers are regularly trained on the risks of attack through email.
- A recovery plan is in place in the event of a cyber attack.

Emergency Preparedness Team Contact Information

PRIORITY ASSIGNMENT	NAME	TITLE	PHONE NUMBER	EMAIL	HOME ADDRESS
Registrar					
Director of Operations and Finance					
Business Continuity Plan Manager					
Alternate BCP Manager					
Health and Safety Representative					

Emergency Preparedness Team Roles:

Registrar: Provide leadership and communication to team members and stakeholders, internally and externally

Director of Operations and Finance: Provide leadership and communication internally and externally, in the event that the Registrar is unavailable

Business Continuity Plan Manager: Oversee the implementation of the Business Continuity Plan. Responsible for all program activities once implemented. Maintain all documentation to support the Business Continuity Plan. Review and revise the plan on an annual basis.

BCP Alternate Manager: Ensure program continuity. Maintain hard and soft copy lists of employee contact and vital information. Assume role of BCP Manager if required

Health and Safety Representative: Assist with the implementation of the BCP. Incorporate findings and considerations from health and safety best practices/guidelines

Business Impact Analysis

A Business Impact Analysis (BIA) is a systematic process to determine and evaluate the organization's operations and associated resource requirements, to identify the impact of exposure to a sudden loss of business functions and resources due to a declared emergency.

This analysis will assess the organization's key services and products and rank them, based on priority by what is most essential for continuing business functions in the event of a declared emergency and recovering from a declared emergency.

Critical Business Analysis and Action Plans

Identify critical functions and level of importance, Appendix 1

Create a plan to maintain operations by business unit, Appendix 2

Preparedness Considerations by Business Unit

Communications:

Finance:

Human Resources:

Professional Conduct:

Information Technology (WebsDepot/IMIS):

Policy and Practice Advisory:

Registration:

Quality Assurance:

Council:

Stage 2- Implementation - Refer to the Disaster Recovery Plan for Details.

Events that may trigger a discussion about closing the office and moving to a virtual office include:

- Federal, Provincial or Municipal Public health recommendation
- School closures
- Transit interruptions
- Power outages
- Building security and closures
- Staff safety

A partial or full closure of the office is possible, and the actions of the plan will alter based on that. The College may have a full office shut down, however still have access to the office for mail, files and supplies. Alternatively, if the building is closed, there may be no access to those items onsite.

If the Registrar determines a move to Stage 2 – Implementation of the BCP, the Senior Staff / Emergency Preparedness Team will convene regular meetings. The Emergency Preparedness Team will closely monitor the situation to understand potential delays, short-term and long-term consequences, and other factors for communicating the BCP. This decision-making team will operate under the leadership of the Registrar.

The Emergency Preparedness Team will be responsible for all operational decision-making, including:

- The extent of remote or onsite work (e.g. full virtual, hybrid etc.) required;
- Defining essential services in the event of staff reductions;
- Reassigning staff resources, as necessary;
- Ongoing assessment of staff resources;
- Decision-making about the reassignment of staff to various duties for business continuity;
- Analysis of emergent issues and related planning;
- Serving as a focal point for all internal communications;
- Central management function of all College activities;
- Managing communication to the public, communicating to key stakeholders via the Communications Officer; and
- Ensuring that risk management procedures are still in operation during the activation of this plan.

Council, Committees, and Panels

The College Council and Committees will continue their governance role to the extent possible, given the nature and scope of the disruption, and the operational capability of the organization. Meetings will be held via videoconference (and teleconference?) as required.

The location of Discipline Hearings, onsite or virtual, will be scheduled as is necessary for the protection of the public.

External Communications

The Registrar and Communications Manager will design and implement a communications plan and schedule with stakeholders.

Internal Communications

Develop communication strategy to disseminate information to all team members. Each department will develop their communications understanding that communication should be reliable and regular.

Temporary Reassignment of Duties

It may be necessary to reassign staff to areas deemed essential to carry out the College's role. When necessary, staff may be reassigned in an equitable manner to assist in other areas that are experiencing shortages. All reassignment decision-making will be made by the Registrar and Emergency Preparedness Team in consultation with the staff involved. Where possible, staff will be reassigned into areas that are related to their expertise.

Staff Responsibilities re: Work and Reporting

All requests for sick time or vacation are to be sent through the Registrar/department Director. Staff will be expected to keep the College informed of their attendance during work hours and ensure current contact information is always available. They will also be expected to indicate any issues with their work or their ability to complete work so supports can be put in place.

Stage 3- Post Emergency

This stage will be planned by the Emergency Preparedness Team during Stage 2 as appropriate. Considerations for the plan should include:

- Return to work safety protocols:
 - health and safety
 - equipment and supplies
 - procedures
 - office furniture
 - occupancy considerations
 - visitors
- Provincial or Municipal guidelines
- Operational guidelines
- Communications: internal and external
- Review of Equipment Damages
 - Upon safe return to the office space, any damaged furniture or equipment is documented and recorded for insurance purposes. The usual wear and tear of office equipment and furniture are expected.

Appendix

Appendix 1 – Identification of Essential Service and Level of Importance (c/o College of Dental Hygienists of Ontario)

Level of importance of essential service	Current number of employees providing services	Remaining number of employees if absenteeism rate of 35% is applied	Degree of risk (high, medium, low)	Possibility of working from home (Yes or no?)	Action plan implemented for essential service (Yes or no?)
A.					
B.					
C.					

Level of importance

- A. Crucial service. Cannot be interrupted or suspended.
- B. Services/functions that can be suspended for a short period of time (e.g. a month).
- C. Services/functions that can be suspended for a long period of time

Appendix 2 – Department Action Plan for Maintaining Essential Services (c/o College of Dental Hygienists of Ontario)

Department:			
Essential Services your department covers (Identify and provide brief description)			
Individual/Position Responsible for implementing specific action plan	(Name)	(Phone numbers)	(Email addresses)
Back Up Individual/Position Responsible for implementing specific action plan			
Business impact issues (list any)			
Action Plan (List action plan including, notification plan, communications strategy, staff reallocation plan, use of other sector services, any change in scope of service delivery, monitoring and reporting needs, etc.)			
Resource Needs (List needs and contact information for resource needs – staffing, equipment, contracting out services.)			

**COLLEGE OF
KINESIOLOGISTS
OF ONTARIO**



Draft Disaster Recovery Plan

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Introduction

The Disaster Recovery Plan provides a framework for the College describing the current operational capabilities which can be applied or modified for a strategy as needed. The plan is intended to cover unplanned incidents, which can include power disruptions, pandemic, environmental or natural disasters (snowstorms, flood, etc.), fire, employee errors, hardware or software failures, or any other major emergency where staff cannot access or use the office for one or more business days. The goal of the plan is to allow the College to continue to fulfill its mandate of public protection and provide ongoing services with a minimum of disruption. The plan is part of the overall Business Continuity Plan.

Assumptions

This plan assumes that the disruption is temporary in nature and the College staff will have the ability to return to their normal workspace.

Other assumptions include:

- The College will continue its regulatory and operational functions;
- The College will continue to have access to computer, telephone systems and data via the cloud/VPN.

In the event of a city wide or global declared emergency:

- Some staff may be impacted and will not be able to work.
- Travel and group gatherings may be impacted.
- School closures and TTC disruptions may impact staff ability to get to work;
- Members may require guidance on providing services and practice operations.

The Emergency Preparedness Team will implement the appropriate steps of the Business Continuity Plan to support remote work, as required.

Internal Communications

The Business Continuity Plan Manager will be responsible to communicate any required protocols and guidelines from local authorities, government officials and facility management. When operating a fully or mostly virtual office, staff are asked to prioritize communications with each other, and be responsive to all communication requests. Staff are expected to keep their voicemail clear and their voicemail message updated.

Emergency Contact Information

- The Emergency Preparedness Team will ensure that the contact information for all staff and the building management is up to date; accessible in both hard and soft copy.
- The Deputy Registrar maintains current Council member contact information and key Ministry of Health personnel.

Telephone and Computer Systems

- All staff are issued a laptop computer which can be taken home should the College implement remote service. Staff are able to access all files and programs remotely;

- The College has a telephone application that allows staff to make and receive voice calls from their cellular phone.
- All staff are familiar with accessing their telephone voicemail remotely.

Operations

Computer Systems

- The telephone system, the servers and other network related devices are kept in a secure locked room.

College Files

- Files which may be needed for a virtual work environment, are identified and a plan is developed to make these accessible.
- Registrants' registration files are scanned and uploaded into an external document management platform (i.e. Digital Docs) and the Y drive.
- Investigations, Hearings, Quality Assurance, Operational and Financial files are scanned and uploaded into Y-drive as they are created.
- Other documents are scanned into H-Y-drive and signed originals stored onsite.
- Should files from the College office be needed, a staff member retrieves the required files and scans them on the "Y"-drive

Financial Operations

- The College Bookkeeper can operate remotely, with the exception of depositing physical cheques. A staff member must either take cheques to the bank or, with the bookkeeper setting up from off-site, use the remote deposit system for depositing cheques.
- Invoices are paid through EFT using the CIBC CMO platform . Payroll is done by EFT through the Payworks online system. Payments are authorized using Adobe Digital Signatures and additional approvals required through email from the approvers to the Bookkeeper.

Staffing

- Depending on the emergency, staffing may be impacted. If necessary, the availability of staff is reviewed, cross training evaluated, and a needs assessment completed.

Signatures

- Documents requiring a signature are signed with Adobe Digital Signatures. Routine letters may be signed with a copy of a scanned signature.

External Communications

The Registrar and Communications Manager will design and implement a communications plan and schedule with stakeholders including mass emails to registrants, website notifications, telephone system messages and door signage. This can include daily or weekly updates to stakeholders, conferences with Ministry officials, and meetings with Directors to identify any gaps in communications.

Website and Telephone Greetings

- The College website is updated to advise the public of operational capabilities.

- The main telephone greeting is changed to reflect operational capabilities.
- Staff are advised to adjust personal telephone phone greetings.
- Signage, as needed, is posted on the main door.

Communication with Registrants and the Public

- A staff member will be designated to receive any incoming facsimile/mail delivery and to scan mail as required.
- Updates and guidance are sent to registrants by the Communications Manager as appropriate.
- Where possible, documents, including registration and investigation materials are received digitally.
- A plan is developed for printing and mailing on behalf of the department in the event of staff working remotely.

Virtual Meetings

- College has access to virtual meeting software (Microsoft Teams and Zoom), and all staff are trained in its use if staff must plan for virtual Committee meetings, public Council meetings and Discipline Hearings. The Executive Officer will review any contracts held with outside meeting spaces to determine if it is necessary to amend or cancel.

Temporary Reassignment of Duties

It may be necessary to reassign staff to areas deemed essential to carry out the College's role. When necessary, staff may be reassigned in an equitable manner to assist in other areas that are experiencing shortages. All reassignment decision-making will be made by the Registrar and Emergency Preparedness Team in consultation with the staff involved. Where possible, staff will be reassigned into areas that are related to their expertise.

Staff Responsibilities re: Work and Reporting

All requests for sick time or vacation are to be sent through the Registrar/department Director. Staff will be expected to keep the College informed of their attendance during work hours and ensure current contact information is always available. They will also be expected to indicate any issues with their work or their ability to complete work so supports can be put in place.

Resolution– Enterprise Risk Management, Business Continuity and Disaster Preparedness Plans 2021-2022

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 to include a Business Continuity and Disaster Preparedness plan for 2021-2022 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, Business Continuity and Disaster Preparedness Plan for 2021-2022 and approves the risk prioritization as presented therein.

Moved by: _____

Seconded by: _____

Decision: Carried/Defeated/ Amended

Date: June 28, 2021

Issue/Decision Note

Issue or Decision: Approve proposed amendments to *Deferral of Peer and Practice Assessment Policy (3.2)* and *Peer and Practice Assessment Exemption Policy (3.3)*

Prepared for: Council

Date: June 28, 2021

Background and Purpose:

Registrants' ongoing participation in the Quality Assurance Program is a means by which the College and the public are assured that kinesiologists continue to maintain and enhance their knowledge, skills, and judgment to practise the profession safely, competently, and ethically. The peer and practice assessment (PPA) is a key legislated requirement of the College's Quality Assurance Program. The PPA is an educational, structured interview conducted by peer assessors. The PPA assesses kinesiologists' knowledge, skill and judgement, based on the *Essential Competencies of Practice for Kinesiologists in Ontario* and the College's practice standards. The goal is to help kinesiologists identify areas of strength and opportunities for improvement within their practice.

Each year, kinesiologists are randomly selected to participate in PPA to help ensure their continued competence. Kinesiologists are also selected to participate if they have declared insufficient currency at annual renewal, have neglected to complete another mandatory quality assurance program requirement, or have volunteered to participate.

Certain circumstances may arise that will affect a registrant's ability to participate in PPA. Registrants who are unable to complete the PPA may have their obligations deferred to a later date or be exempted from having to complete the PPA.

In 2020, PPAs were suspended for several reasons, one being the COVID-19 pandemic. In Spring 2021, the Quality Assurance program resumed PPAs. Peer and practice assessment is a key function of the College's regulatory mandate and therefore we were unable to suspend this program component indefinitely. Resuming this program component during a global pandemic requires demonstrating compassion and sensitivity to the demands of registrants during this challenging time, and greater consideration for registrants' extenuating circumstances.

Kinesiologists have been adversely impacted by the COVID-19 pandemic in a variety of ways. They have been redeployed, laid off, assumed additional caregiving responsibilities, and supported children during school closures. Some registrants have contracted the COVID-19 virus and/or endured other health issues.

A major strength of CKO's PPA is the supportive philosophy / principles that underpin the program component. An educational approach has resulted in an engaged membership, which is key to ensuring registrants' competence.

Requests for deferral and exemption should be carefully considered, seeking to balance the needs of the registrant with the public interest, in accordance with the following principles:

1. Transparency – Processes are clear, information is readily available, and College staff and the Quality Assurance Committee exercise honesty and openness in carrying out their duties;
2. Fairness, Objectivity, and Impartiality – Processes and procedures exist, address bias, and are reasonable. The College staff and Quality Assurance Committee review requests and make decisions that are fair and objective; and
3. Focus on risk of harm – Processes use a risk-based approach to reduce the risk of registrants' potential harm to patients and clients through risk management and accountability.

Recommendations and Rationale

Deferral of PPA Policy (3.2)

College staff recommend adopting the following amendments:

Deferral of PPA Policy (3.2) Revision Summary Table

Current State	Future State	Rationale for Change
NA	Background: Registrants' ongoing participation in the Quality Assurance Program is a means by which the College and the public are assured that kinesiologists continue to maintain and enhance their knowledge, skills, and judgment to practise the profession safely, competently, and ethically. The peer and practice assessment (PPA) is a key legislated requirement of the College's Quality Assurance Program. The PPA is an educational, structured interview conducted by peer assessors. The PPA assesses kinesiologists' knowledge, skill and judgement, based on the Essential Competencies of Practice for Kinesiologists in Ontario and the College's practice standards. The goal is to help kinesiologists identify areas of strength and opportunities for improvement within their practice. The Quality Assurance Regulation under the <i>Kinesiology Act, 2007</i> requires that every General Class registrant participate in PPA.	Provide legislative context and goal of program component
Policy Statement: Members who are unable to complete the Peer and Practice Assessment (PPA) will have their obligations deferred to	Policy Statement: Certain circumstances may arise that will affect a registrant's ability to participate in PPA. Registrants who are unable to complete the PPA will have their obligations deferred to a later date. Deferrals	Expand grounds for deferral to demonstrate sensitivity

<p>a later date. Deferrals may be granted for the following reasons: imminent parental leave, imminent wedding in which the selected member is the bride/groom/parent of wedding couple, serious injury or illness of the registrant or of a family member, or not currently in practice (e.g., home with an infant, an immediate continuing education program or extenuating personal or professional circumstances). Deferrals are granted for up to a maximum of 18 months. The QA Committee has the authority to determine additional reasons for granting deferrals as situations arise.</p>	<p>may be granted for the following reasons:</p> <ol style="list-style-type: none"> 1) imminent parental leave or leave of absence from work/sabbatical; 2) imminent wedding in which the selected registrant is the newlywed/celebrant/parent of newlywed/celebrant; 3) serious injury or illness of the registrant or of a family member, or where registrant is a primary caregiver; 4) imminent change of residence; 5) bereavement; 6) recently resumed practice in a new role/area and/or not practising independently/not having an established client base; 7) not currently in practice (e.g., home with an infant, an immediate continuing education program, laid off, or extenuating personal or professional circumstances), 8) pandemic-related issues (e.g., caregiving responsibilities, redeployment); or 9) personal crisis or extenuating circumstances that impact registrant's ability to cope with additional responsibilities. 	<p>and compassion. Use more gender-neutral language.</p>
<p>NA</p>	<p>Principles that underpin policy:</p> <ol style="list-style-type: none"> 1) Transparency – Processes are clear, information is readily available, and College staff and the Quality Assurance Committee exercise honesty and openness in carrying out their duties; 2) Fairness, Objectivity, and Impartiality – Processes and procedures exist, address bias, and are reasonable. The College staff and Quality Assurance Committee review requests and make decisions that are fair and objective; and 3) Focus on risk of harm – Processes use a risk-based approach to reduce the risk of registrants’ potential harm to patients and clients through risk management and accountability. 	<p>Clarify principles that underpin policy, balancing public protection with registrant needs.</p>
<p>NA</p>	<p>Applicable Legislation and Regulation:</p> <ol style="list-style-type: none"> 1) Health Professions Procedural Code, Schedule 2 to the <i>Regulated Health</i> 	<p>Compliance with legislation</p>

	<p><i>Professions Act, 1991 (RHPA), Quality Assurance Section 80-81.</i></p> <p>2) Ontario Regulation 29/13 Quality Assurance Program s. 4(1) and 7(1).</p>	
<p>Procedure:</p> <p>1) Members must notify the College in writing, within 10 business days of the date on the selection letter, of their requests for deferrals, specifying the timeframe requested, and provide appropriate supporting documentation that is acceptable to the College (e.g. physician's letter confirming anticipated due date).</p>	<p>Procedure:</p> <p>1) Registrants must notify the College in writing, using the <i>Request for Deferral Form</i>, within 10 business days of receiving the notice of selection letter, of their requests for deferral using the Request for Deferral Form. The request may be made on behalf of the registrant if the registrant is unable to make the request themselves. Registrants may submit a written request for deferral outside of the submission period, which must include reasons for the delayed request.</p>	<p>Updated terminology (registrant vs member)</p>
	<p>2) The deferral request must include the registrant's:</p> <ul style="list-style-type: none"> a. Registration number; b. current work status; c. time frame requested; and d. reason for the request (including all pertinent information to substantiate the reason for the request) 	
	<p>3) Registrants must provide appropriate supporting documentation that is acceptable to the College (e.g., including but not limited to letter from a health care provider, letter from employer, bereavement notice, etc.) if applicable</p>	
	<p>4) The Quality Assurance Committee will take the following registrant information into consideration when reviewing deferral requests:</p> <ul style="list-style-type: none"> • Current work status; • pertinent information to support the request; • supporting documentation; • the reason for selection for PPA (e.g., random selection versus insufficient currency); • compliance history with Quality Assurance Program requirements; and prior history with the College (e.g., registration, complaints, etc.) if deemed relevant in making a final decision 	
<p>2) Staff has the authority to</p>	<p>5) Staff has the authority to grant deferrals as</p>	

grant deferrals as previously defined by the Committee (i.e., following precedent). The QA Committee has the responsibility of reviewing requests that do not fall under previous precedents.	previously defined by the QA Committee (i.e., following precedent). The QA Committee has the responsibility of reviewing requests that do not fall under previous precedents	
3) Deferral requests pertaining to extenuating circumstances arising after the deadline will be considered on a case by case basis, provided they are submitted to the College in writing with appropriate supporting documentation.	6) Deferral requests pertaining to extenuating circumstances arising after the deadline will be considered on a case-by-case basis, provided they are submitted to the College in writing with appropriate supporting documentation	
4) Members will generally be advised in writing of the decision in relation to their deferral request as soon as reasonably possible following receipt of the request by the College.	7) Registrants will generally be advised in writing of the decision in relation to their deferral request as soon as reasonably possible following receipt of the request by the College	
	8) If denied, registrants will be given reasons and the deadline for meeting outstanding requirements. If the Quality Assurance Committee requires more information to make a decision, the registrant will be given sufficient time to respond to the Committee	
5) Members selected for Peer and Practice Assessment (PPA) are permitted to make one deferral request per Notice of Selection for Assessment unless there are extraordinary circumstances.	9) Registrants selected for Peer and Practice Assessment (PPA) are permitted to make one deferral request per Notice of Selection for Assessment unless there are extraordinary circumstances	
6) The period in which the deferred Peer and Practice Assessment (PPA) must be undertaken will be determined by the Committee giving due consideration to the extenuating circumstances.	10) Deferrals may be granted for up to a maximum of 18 months. The period in which the deferred Peer and Practice Assessment (PPA) must be undertaken will be determined by the Committee on a case-by-case basis giving due consideration to the extenuating circumstances	
7) If a member resigns before completing the Peer	11) If a registrant resigns before completing the Peer and Practice Assessment (PPA), but	

and Practice Assessment (PPA), but major concerns had been identified, the fact that the QA Committee had major concerns and that they were not resolved before the resignation may be disclosed to the Registrar. In extreme circumstances, the Registrar may initiate an Investigation.	major concerns had been identified, the fact that the QA Committee had major concerns and that they were not resolved before the resignation may be disclosed to the Registrar. In extreme circumstances, the Registrar may initiate an Investigation	
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PPA Exemption Policy (3.3)

College staff recommend adopting the following amendments.

PPA Exemption Policy (3.3) Revision Summary Table

Current State	Future State	Rationale for Change
NA	Background: Registrants' ongoing participation in the Quality Assurance Program is a means by which the College and the public are assured that kinesiologists continue to maintain and enhance their knowledge, skills, and judgment to practise the profession safely, competently, and ethically. The peer and practice assessment (PPA) is a key legislated requirement of the College's Quality Assurance Program. The PPA is an educational, structured interview conducted by peer assessors. The PPA assesses kinesiologists' knowledge, skill and judgement, based on the Essential Competencies of Practice for Kinesiologists in Ontario and the College's practice standards. The goal is to help kinesiologists identify areas of strength and opportunities for improvement within their practice. The Quality Assurance Regulation under the <i>Kinesiology Act, 2007</i> requires that every General Class registrant participate in PPA.	Provide legislative context and goal of program component
Policy Statement: Exemptions may be granted for the following reasons: retirement within 12	Policy Statement: Certain circumstances may arise that will change whether a registrant is required to participate in PPA. Exemptions may be granted for the following reasons:	"Not in practice and not planning on returning

<p>months from the date of selection, serious personal injury or illness of the registrant, not in practice and not planning on returning to practice within one year, or employment outside of the province or country. The QA Committee has the authority to determine additional reasons for granting exemptions as situations arise. Staff has the authority to grant exemptions as previously defined by the Committee.</p>	<ol style="list-style-type: none"> 1) Retirement/resignation within 12 months from the date of selection; or 2) serious personal injury or illness of the registrant. <p>The QA Committee has the authority to determine additional reasons for granting exemptions as situations arise. Staff has the authority to grant exemptions as previously defined by the Committee.</p>	<p>to practice within one year” removed as grounds for exemption - included in the <i>Request for Deferral of PPA Policy (4.2)</i>. “Employment outside of the province or country” removed. College is required to ensure the competence of registrants practising out of province. New virtual format enables assessments across borders.</p>
<p>NA</p>	<p>Principles: Requests for exemption are carefully considered, seeking to balance the needs of the registrant with the public interest, in accordance with the following principles that underpin this policy:</p> <ol style="list-style-type: none"> 1) Transparency – Processes are clear, information is readily available, and College staff and the Quality Assurance Committee exercise honesty and openness in carrying out their duties; 2) Fairness, Objectivity, and Impartiality – Processes and procedures exist, address bias, and are reasonable. The College staff and Quality Assurance Committee review requests and make decisions that are fair and objective; and 3) Focus on risk of harm – Processes use a risk-based approach to reduce the risk of registrants’ potential harm to patients and clients through risk management and accountability. 	<p>Clarify principles that underpin policy, balancing public protection with registrant needs.</p>

NA	<p>Applicable Legislation and Regulation:</p> <ol style="list-style-type: none"> 1) Health Professions Procedural Code, Schedule 2 to the <i>Regulated Health Professions Act, 1991 (RHPA)</i>, Quality Assurance Section 80-81. 2) Ontario Regulation 29/13 Quality Assurance Program s. 4(1) and 7(1). 	Compliance with legislation
<p>Procedure</p> <p>1). Members must notify the College in writing within 10 business days of the date on the Notice of Selection of their requests for exemptions, the reason for the request, and provide supporting documentation.</p>	<p>Procedure</p> <p>1) Registrants must notify the College in writing within 10 business days of the date on the Notice of Selection of their requests for exemptions, the reason for the request, and provide supporting documentation.</p>	Updated terminology (“registrant” vs. “member”)
<p>2) Those who suffer serious personal injury or illness must provide medical documentation that is acceptable to the College.</p>	<p>2) Those who suffer serious personal injury or illness must provide medical documentation that is acceptable to the College.</p>	No change.
<p>3) Members who resign, retire, move out of the province, or become Inactive, and inform the College that they wish to be exempted, will be granted an exemption.</p>	<p>3) Registrants who resign or retire and inform the College that they wish to be exempted, will be granted an exemption.</p>	Updated terminology (“registrant” vs. “member”) Modified grounds for deferral
<p>4) Members who plan on resigning, retiring, moving out of the province or becoming Inactive within 12 months will be asked to sign an Acknowledgement and Undertaking to confirm their plans and confirm that should they not resign, retire or move out of the province, or become Inactive, they will be required to complete the Peer and Practice Assessment (PPA).</p>	<p>4) Registrants who plan on resigning or retiring within 12 months will be asked to sign an Acknowledgement and Undertaking to confirm their plans and confirm that should they not resign or retire they will be required to complete the Peer and Practice Assessment (PPA).</p>	Updated terminology (“registrant” vs. “member”) Modified grounds for deferral
<p>5) If the registrant’s status changes, particularly if the change is soon after the exemption is granted, the QA Committee may</p>	<p>5) If the registrant’s status changes, particularly if the change is soon after the exemption is granted, the QA Committee may withdraw the exemption.</p>	No change

withdraw the exemption.		
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Environmental Scan

College staff conducted an environmental scan of Ontario health regulatory colleges' peer and practice assessment deferral, exemption, and extension policies (see Appendix A).

Risk Management

Risk	Mitigation Strategy/Rationale
Deferring peer and practice assessments poses a risk of harm to the public	<ul style="list-style-type: none"> • Historically, the frequency of PPA deferral requests has been low. • The Quality Assurance Committee will take the following into consideration when reviewing deferral requests: <ul style="list-style-type: none"> ○ Registrant's current work status; ○ pertinent information to support the request (including registrant's level of self-awareness and commitment to completing a successful assessment); ○ supporting documentation; ○ the reason for selection for PPA (e.g., random selection versus insufficient currency); ○ compliance history with Quality Assurance Program requirements; and ○ prior history with the College (e.g., registration, complaints, etc.) if deemed relevant in making a final decision.
Granting exemption from participating in peer and practice assessment poses a risk of harm to the public	<ul style="list-style-type: none"> • Historically, the frequency of PPA exemption requests has been low. • Those who suffer serious personal injury or illness must provide medical documentation that is acceptable to the College. • Registrants who plan on resigning or retiring, within 12 months must sign an Acknowledgement and Undertaking. • If the registrant's status changes, the QA Committee may withdraw the exemption.

Stakeholder Engagement

Fourteen peer assessors were consulted on the proposed policy amendments. Three responded to date. They were generally in favour of the amendments. One assessor commented: "it is a good idea to provide this information so that those who may not be coping well have the opportunity to discuss their options, and make a decision that best suits them at this time." Another said that they did not feel that a wedding justified a deferral.

Implementation

Upon review and approval by Council, the amendments will take effect during the next PPA cycle (i.e., Fall 2021).

Casting a wider net for deferrals should not result in further costs to the College. Where possible, spaces will be reallocated to other individuals during the current cycle or reserved for the next cycle.

The revised policies will be posted on the College website and incorporated into the *Registrant Guide to PPA* and Peer Assessor training material.

Legal

The proposed amendments comply with the following:

- Ontario Regulation 29/13 Quality Assurance Program:
- Compliance with Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991 (RHPA)*, Quality Assurance Section 80-81.

<i>College</i>	<i>Published Deferral/ Exemption Policy</i>	<i>Grounds for deferral</i>	<i>Period</i>	<i>Process</i>	<i>Details of Request and Supporting Documentation</i>	<i>Decision options</i>	<i>QAC reviews additional requests</i>	<i>Decision</i>	<i>Extensions</i>	<i>Exemptions</i>	<i>Notes</i>	<i>Automatic Deferrals</i>
Kinesiologists	Corporate Documents webpage	leave, imminent wedding in which the selected member is the bride/groom/parent of wedding couple, serious injury or illness of the registrant or of a family member, or not currently in practice (e.g., home with an infant, an immediate continuing education program or extenuating personal or professional	18 months				Staff has the authority to grant deferrals as previously defined by the Committee (i.e., following precedent).					

												Automatic Deferrals If a member, who is in one of the positions listed below, is randomly selected from a pool of members, they will be deferred from the Practice Assessment for a period of one year following the last date of their term; the last date they acted as a College Assessor; or the last date they worked at the College. Automatic deferrals are granted to these members to reduce or eliminate any advantage to the member or appearance of bias that might accrue from their involvement. CDO Council members CDO Quality Assurance Committee and Staff Practice Assessment Assessors If any of the above members are eligible
Dieticians	PPA landing page - Policy PPA 4-30 - Requests for Extensions and Deferrals	Major illness, current hospitalization, Bereavement, personal hardship, Self/family crisis, Maternity/Parental Leave, Leave of Absence or Not currently practicing	one year	Submit Request for Deferral Form within prescribed timeline. Request may be made on behalf of the member if the member is unable to make the request themselves. may be necessary to file a request after this time period. In these cases, the member must give their reason for the delayed request.	Name, registration number, current work status, pertinent info to support request, supporting documentation (e.g. MD letter (if applicable))	decision may be delayed or the request for extension or deferral denied if there is insufficient information to make the decision	Requests that meet objective criteria set in policy are granted by staff on behalf of the Committee but no request is refused without first being considered individually by the Committee	member will be notified by email, generally within five business days, of receipt of his/her request			Paused PPA's due to pandemic	
Physiotherapists	Website: If you would like to request a deferral (delay your screening interview), advise College ASAP. Can request a deferral by contacting the QA team who will consider your circumstances.	personal injury/illness, personal injury/illness of family member where PT is caregiver, extenuating personal circumstances, not currently in practice due to parental leave/full time education, PT is subject of active	one year	request must be in writing and should be submitted as soon as possible after you are selected for a screening interview	Need to provide reason, supporting documentation, how much time needed			Extensions for up to 3 mths granted for following reasons: personal injury/illness, personal injury/illness of family member where PT is caregiver, extenuating personal circumstances,		No mention		

Occupational Therapists	Website info	major illness or crisis of self or family member, not currently practising/working, parental leave, leave of absence		If you are selected but feel you have good reasons why you cannot take part in a peer and practice assessment at this time, contact the Manager, Quality Assurance	name, registration number, return to practice date	granted/denied	Staff review		No PPA exemptions. Grant extensions for annual QAP requirements (self-assessment, e-learning modules, CPD plan)	No PPA exemptions. Grant exemptions for annual QAP requirements (self-assessment, e-learning modules, CPD plan). Request for Exemption		
Midwives	Website: QAP exemptions.	Exemption Request		Exemption Request From. must provide the College with a letter detailing any significant obstacles that they faced over the course of the reporting year that prevented them from meeting their QAP requirements. This letter must be received by October 1 of each reporting year.	submit additional evidence to Committee (e.g., a letter from a health care provider . QAC takes compliance history into account when reviewing exemption requests. QAC may also take a member's prior history with the College (e.g., registration and complaints) into account if this information is deemed relevant in making a final	full or partial exemption or denied				Exemption Policy		

Physicians and Surgeons	<p>website: If you are unable to finish the program, extensions may be granted, and program staff will connect with you to explore what additional options may be available to provide you with support. If you would like to be deferred or exempted from QI Program, email CPSO staff additional details and request will be evaluated</p>	<p>maternity/sabbatical leave, current illness, or conversion to EMR. The Assessment Coordinator will follow up upon receipt of completed Physician Questionnaire to discuss your situation</p>										
Denturists	<p>Website: QA Program Requirements Policy</p>	<p>Personal illness, currently not practising, illness of immediate family member where registrant is primary caregiver, personal crisis or other extenuating circumstances (e.g. renovations)</p>	<p>extension/deferral granted on case by case basis</p>	<p>Submit Request for Deferral before deadline for completion</p>	<p>may include employer letter, health care professional letter, notice of death, other documents approved by QAC</p>	<p>approve/deny /request more info</p>		<p>registrant notified in writing. If denied, given reasons and deadline for meeting outstanding requirements. If need more info, given sufficient time to respond to QAC.</p>				

Psychotherapists	Website: QAP Policies - 4.0 Request for Deferral or Extension	currently not practising, leave of absence from work, parental leave, retired, retiring within three months, illness of immediate family member or where member is primary caregiver, bereavement, personal crisis or extenuating circumstances that impact registrant's ability to cope with additional	extension will not exceed 60 days, deferral will not exceed one year	Deferral Request Form	evidence may include role description, employer letter, letter from health care professional, evidence of retirement, notice of death, other documentation approved by QAC		staff may grant where request meets criteria outlined in Policy. Otherwise referred to QAC					
Respiratory Therapists	Deferral of Professional Development Program Requirements	No deferrals granted for SCERP or Practice Assessment. No deferrals granted for registrants with insufficient currency. Deferrals granted for other CPD components.						Once a SCERP is completed, the CRTO QAC may determine that further assessment is necessary and the committee has several assessment options available. One of those is				
Naturopaths	PPA Handbook on website - extensions	currently on parental leave, seriously ill, leave-of-absence or other reasons or extenuating circumstances		Peer and Practice Assessment Extension Request form within 30 days of receipt of notice			All extension requests will be reviewed by the QA Committee on an individual basis.					

Policy

Type:	Quality Assurance		
Number:	3.2		
Name:	Deferral of Peer and Practice Assessment		
Status:	Final	Version:	4
Date Approved:	September 2014	Date Revised:	November 2015 November 2018 June 2021

Background: Registrants' ongoing participation in the Quality Assurance Program is a means by which the College and the public are assured that kinesiologists continue to maintain and enhance their knowledge, skills, and judgment to practise the profession safely, competently, and ethically. The peer and practice assessment (PPA) is a key legislated requirement of the College's Quality Assurance Program. The PPA is an educational, structured interview conducted by peer assessors. The PPA assesses kinesiologists' knowledge, skill and judgement, based on the Essential Competencies of Practice for Kinesiologists in Ontario and the College's practice standards. The goal is to help kinesiologists identify areas of strength and opportunities for improvement within their practice. The Quality Assurance Regulation under the *Kinesiology Act, 2007* requires that every General Class registrant participate in PPA.

Policy Statement: Certain circumstances may arise that will affect a registrant's ability to participate in PPA. Registrants who are unable to complete the PPA will have their obligations deferred to a later date. Deferrals may be granted for the following reasons:

- 1) imminent parental leave or leave of absence from work/sabbatical;
- 2) imminent wedding in which the selected registrant is the newlywed/celebrant/immediate family member of newlywed/celebrant;
- 3) serious injury or illness of the registrant or of a family member, or where registrant is a primary caregiver;
- 4) imminent change of residence;
- 5) bereavement;
- 6) recently resumed practice in a new role/area and/or not practising independently/not having an established client base;
- 7) not currently in practice (e.g., home with an infant, an immediate continuing education program, laid off, or extenuating personal or professional circumstances),
- 8) pandemic-related issues (e.g., caregiving responsibilities, redeployment); or

- 9) personal crisis or extenuating circumstances that impact registrant's ability to cope with additional responsibilities.

The QA Committee has the authority to determine additional reasons for granting deferrals as situations arise or to deny a request for deferral.

Principles: Requests for deferral are carefully considered, seeking to balance the needs of the registrant with the public interest, in accordance with the following principles that underpin this policy:

- 1) Transparency – Processes are clear, information is readily available, and College staff and the Quality Assurance Committee exercise honesty and openness in carrying out their duties;
- 2) Fairness, Objectivity, and Impartiality – Processes and procedures exist, address bias, and are reasonable. The College staff and Quality Assurance Committee review requests and make decisions that are fair and objective; and
- 3) Focus on risk of harm – Processes use a risk-based approach to reduce the risk of registrants' potential harm to patients and clients through risk management and accountability.

Applicable Legislation and Regulation:

- 1) Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991 (RHPA)*, Quality Assurance Section 80-81.
- 2) Ontario Regulation 29/13 Quality Assurance Program s. 4(1) and 7(1).

Procedure

- 1) Registrants must notify the College in writing, within 10 business days of receiving the notice of selection letter, of their requests for deferral using the *Request for Deferral Form*. The request may be made on behalf of the registrant if the registrant is unable to make the request themselves. Registrants may submit a written request for deferral outside of the submission period, which must include reasons for the delayed request.
- 2) The deferral request must include the registrant's:
 - Registration number;
 - current work status;
 - time frame requested; and
 - reason for the request (including all pertinent information to substantiate the reason for the request)
- 3) Registrants must provide appropriate supporting documentation that is acceptable to the College (e.g., including but not limited to letter from a health care provider, letter from employer, bereavement notice, etc.) if applicable.
- 4) The Quality Assurance Committee will take the following registrant information into consideration when reviewing deferral requests:
 - a) Current work status;
 - b) pertinent information to support the request;
 - c) supporting documentation;
 - d) the reason for selection for PPA (e.g., random selection versus insufficient currency);
 - e) compliance history with Quality Assurance Program requirements; and

- f) prior history with the College (e.g., registration, complaints, etc.) if deemed relevant in making a final decision.
- 5) Staff has the authority to grant deferrals as previously defined by the QA Committee (i.e., following precedent). The QA Committee has the responsibility of reviewing requests that do not fall under previous precedents.
- 6) Deferral requests pertaining to extenuating circumstances arising after the deadline will be considered on a case-by-case basis, provided they are submitted to the College in writing with appropriate supporting documentation.
- 7) Registrants will generally be advised in writing of the decision in relation to their deferral request as soon as reasonably possible following receipt of the request by the College.
- 8) If denied, registrants will be given reasons and the deadline for meeting outstanding requirements. If the Quality Assurance Committee requires more information to make a decision, the registrant will be given sufficient time to respond to the Committee.
- 9) Registrants selected for Peer and Practice Assessment (PPA) are permitted to make one deferral request per Notice of Selection for Assessment unless there are extraordinary circumstances.
- 10) Deferrals may be granted for up to a maximum of 18 months. The Committee may extend the duration for certain circumstances (e.g., parental leave). The period in which the deferred Peer and Practice Assessment (PPA) must be undertaken will be determined by the Committee on a case-by-case basis giving due consideration to the extenuating circumstances.
- 11) If a registrant resigns before completing the Peer and Practice Assessment (PPA), but major concerns had been identified, the fact that the QA Committee had major concerns and that they were not resolved before the resignation may be disclosed to the Registrar. In extreme circumstances, the Registrar may initiate an Investigation.

Deferral of Peer and Practice Assessment Request Form

Background

Your ongoing participation in the Quality Assurance Program is a means by which the College and the public are assured that kinesiologists continue to maintain and enhance their knowledge, skills, and judgment to practise the profession safely, competently, and ethically. The Quality Assurance Regulation under the *Kinesiology Act, 2007* requires that every General Class registrant participate in peer and practice assessment (PPA). The PPA assesses kinesiologists' knowledge, skill, and judgement, based on the *Essential Competencies of Practice for Kinesiologists in Ontario* and the College's practice standards. The goal is to help kinesiologists identify areas of strength and opportunities for improvement within their practice.

Policy Statement

Certain circumstances may arise that will affect a registrant's ability to participate in PPA. Registrants who are unable to complete the PPA will have their obligations deferred to a later date. Deferrals may be granted for the following reasons:

1. imminent parental leave or leave of absence from work/sabbatical;
2. imminent wedding in which the selected registrant is the newlywed/celebrant/parent of newlywed/celebrant;
3. serious injury or illness of the registrant or of a family member, or where registrant is a primary caregiver;
4. imminent change of residence;
5. bereavement;
6. recently resumed practice in a new role/area and/or not practising independently/not having an established client base;
7. not currently in practice (e.g., home with an infant, an immediate continuing education program, laid off, or extenuating personal or professional circumstances);
8. pandemic-related issues (e.g., caregiving responsibilities, redeployment); or
9. personal crisis or extenuating circumstances that impact registrant's ability to cope with additional responsibilities.

The QA Committee has the authority to determine additional reasons for granting deferrals as situations arise or to deny a request for deferral.

Procedure for Deferral

Requests for deferral must be made to the College within 10 business days of receiving the notice of selection letter. The request may be made on behalf of the registrant if the registrant is unable to make the request themselves.

Registrants may submit a written request for deferral outside of submission period, which **must** include reasons for the delayed request.

Registrants **must** provide appropriate supporting documentation that is acceptable to the College (e.g., including but not limited to letter from a health care provider, letter from employer, bereavement notice, etc.) if applicable.

Personal Information

Full Name: Click or tap here to enter text.

CKO Registration ID: Your ID #

Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Current Work Status: Click or tap here to enter text.

Reason for Deferral Request

Please email any supporting documents to the Quality Assurance Director, Lara Thacker (lara.thacker@coko.ca) along with this completed document.

Timeframe for deferral: Click or tap here to enter text.

Briefly described reason for deferral (limit to 100 words):

Click or tap here to enter text.

Policy

Type:	Quality Assurance		
Number:	3.3		
Name:	Peer and Practice Assessment Exemptions		
Status:	Final	Version:	4
Date Approved:	September 2014	Date Revised:	April 2015 November 2018 June 2021

Background: Registrants' ongoing participation in the Quality Assurance Program is a means by which the College and the public are assured that kinesiologists continue to maintain and enhance their knowledge, skills, and judgment to practise the profession safely, competently, and ethically. The peer and practice assessment (PPA) is a key legislated requirement of the College's Quality Assurance Program. The PPA is an educational, structured interview conducted by peer assessors. The PPA assesses kinesiologists' knowledge, skill and judgement, based on the Essential Competencies of Practice for Kinesiologists in Ontario and the College's practice standards. The goal is to help kinesiologists identify areas of strength and opportunities for improvement within their practice. The Quality Assurance Regulation under the *Kinesiology Act, 2007* requires that every General Class registrant participate in PPA.

Policy Statement: Certain circumstances may arise that will change whether a registrant is required to participate in PPA. Exemptions may be granted for the following reasons:

- 1) Retirement/[resignation](#) within 12 months from the date of selection; or
- 2) serious personal injury or illness of the registrant.
- 3)
- 4)

The QA Committee has the authority to determine additional reasons for granting exemptions as situations arise. Staff has the authority to grant exemptions as previously defined by the Committee.

Principles: Requests for exemption are carefully considered, seeking to balance the needs of the registrant with the public interest, in accordance with the following principles that underpin this policy:

- 1) Transparency – Processes are clear, information is readily available, and College staff and the Quality Assurance Committee exercise honesty and openness in carrying out their duties;

- 2) Fairness, Objectivity, and Impartiality – Processes and procedures exist, address bias, and are reasonable. The College staff and Quality Assurance Committee review requests and make decisions that are fair and objective; and
- 3) Focus on risk of harm – Processes use a risk-based approach to reduce the risk of registrants' potential harm to patients and clients through risk management and accountability.

Applicable Legislation and Regulation:

- 1) Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991 (RHPA)*, Quality Assurance Section 80-81.
- 2) Ontario Regulation 29/13 Quality Assurance Program s. 4(1) and 7(1).

Procedure

- 1) Registrants must notify the College in writing within 10 business days of the date on the Notice of Selection of their requests for exemptions, the reason for the request, and provide supporting documentation.
- 2) Those who suffer serious personal injury or illness must provide medical documentation that is acceptable to the College.
- 3) Registrants who resign, retire, and inform the College that they wish to be exempted using the *Request for Exemption from Peer and Practice Assessment Form*, will be granted an exemption.
- 4) Registrants who plan on resigning, retiring, within 12 months will be asked to sign an Acknowledgement and Undertaking to confirm their plans and confirm that should they not resign, or retire, they will be required to complete the Peer and Practice Assessment (PPA) within 90 days of the intended resignation date.
- 5) If the registrant's status changes, particularly if the change is soon after the exemption is granted, the QA Committee may withdraw the exemption.

Request for Exemption from Peer and Practice Assessment

Background

Your ongoing participation in the Quality Assurance Program is a means by which the College and the public are assured that kinesiologists continue to maintain and enhance their knowledge, skills, and judgment to practice the profession safely, competently, and ethically. The Quality Assurance Regulation under the *Kinesiology Act, 2007* requires that every General Class registrant participate in peer and practice assessment (PPA). The PPA assesses kinesiologists' knowledge, skill, and judgement, based on the Essential Competencies of Practice for Kinesiologists in Ontario and the College's practice standards. The goal is to help kinesiologists identify areas of strength and opportunities for improvement within their practice.

Policy Statement

Certain circumstances may arise that will change whether a registrant is required to participate in PPA. Exemptions may be granted for the following reasons:

1. retirement within 12 months from the date of selection; and
2. serious personal injury or illness of the registrant.

Procedure for Exemption

Requests for exemption must be made to the College within 10 business days of receiving the selection letter.

Registrants who plan on resigning or retiring within 12 months will be asked to sign an Acknowledgement and Undertaking to confirm their plans.

Registrants **must** provide appropriate supporting documentation that is acceptable to the College (e.g., letter from a health care provider, letter from employer, etc.) if applicable.

Personal Information

Full Name: Click or tap here to enter text.

CKO Registration ID: Your ID #

Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

- I acknowledge that I have been selected to participate in the College’s Peer and Practice Assessment (PPA) as part of the Quality Assurance Program.
- I acknowledge that I am required to participate and fulfill the requirements of the PPA as part of my professional obligations for registration as a Kinesiologist in Ontario.

Reason for Exemption Request

Please email any supporting documents to the Quality Assurance Director, Lara Thacker (lara.thacker@coko.ca) along with this completed document.

Briefly described reason for exemption (limit to 100 words)

Click or tap here to enter text.

- I agree to notify the College immediately if my circumstances change and I will no longer be taking the action outlined above within the twelve (12) months following the date of this request.
- I acknowledge that should I no longer be taking the action outline above, I will be required to participate in the PPA at the earliest available opportunity as determined by the College.

I hereby declare that the information provided in this request is complete and accurate.

Registrant’s Signature	
Date	



Resolution – Peer and Practice Assessment Deferral and Exemption Policies

Whereas the peer and practice assessment (PPA) is a key legislated requirement of the College's Quality Assurance Program; and

Whereas certain circumstances may arise that will affect a registrant's ability to participate in PPA requiring referral to a later date or exemption from having to complete the PPA; and

Whereas requests for deferral and exemption should be carefully considered, seeking to balance the needs of the registrant with the public interest; and

Whereas the policies have been amended to provide legislative context, clarify principles that underpin the policies, reflect updated terminology, and expand grounds for deferral and exemption;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to the Quality Assurance Program Policies: *Deferral of Peer and Practice Assessment Policy (3.2)* and *Peer and Practice Assessment Exemption Policy (3.3)*.

Moved by:

Seconded by:

Date: June 28, 2021

Resolution– Renewal Late Fees

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

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

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

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

Whereas, the Finance & Planning Committee recommends for renewal in 2021, that registrants renewing between September 1, and September 30 not be charged a late fee. Additionally, registrants suspended on October 1, 2021, for non-renewal who reinstate between October 1 and October 31 will not pay a re-instatement fee or a late fee.

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

Moved by: _____

Seconded by: _____

Decision: Carried/Defeated/ Amended

Date: June 28, 2021

CKO 2020 Committees' Effectiveness Evaluation Summary

BACKGROUND

In 2020, The College of Kinesiologists of Ontario surveyed all the committees that make up council.

The committee Surveys are done every two years. Consequently, the results of these surveys may not be a correct reflection of what has occurred as we have had some turnover due to appointments expiring etc.

Below is a list of the results of these surveys from the respondents of each committee, including the agreed strengths and opportunities for improvement from members of each committee.

PATIENT RELATIONS COMMITTEE

Agreed Strengths

1. Committee members come to meetings ready to contribute, were given a sufficient opportunity to contribute, express their opinions and were treated with courtesy.
2. Committee's policies and decisions reflected the mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991
3. Members are effective in understanding and achieving the committees' objectives and its mandate. They review it regularly by adhering to the College's code of conduct and conflict of interest by-laws, and non-disclosure agreements.
4. Meetings are held with appropriate frequency, discussions are focused on the topics on the agenda, staff provides the necessary resources, meeting minutes reflect the discussion and were provided in a timely manner, next steps and action items and meeting materials enhanced committee members' understanding of issues and decisions.

Agreed Opportunities for Improvement

1. Only more than half of respondents strongly agreed that committee member attendance was consistent and punctual, members came to meetings prepared and ready to contribute, and clear instructions regarding responsibility timeliness and accountability were provided.
2. Half of respondents somewhat agreed that the committee regularly reviewed its operational plan to ensure that organizational goals were achieved and only half strongly agreed that a detailed meeting agenda was provided to committee in a timely manner.

DISCIPLINE COMMITTEE

Agreed Strengths

1. Committee members come to meetings ready to contribute, were given a sufficient opportunity to contribute, express their opinions and were treated with courtesy.
2. Members are effective in understanding and achieving the committees' objectives and its mandate. They review it regularly by adhering to the College's code of conduct and conflict of interest by-laws, and non-disclosure agreements.
3. Committee's policies and decisions reflected the mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991
4. Staff provided the necessary resources and support to ensure that committee fulfills its mandate.

5. When committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

Agreed Opportunities for Improvement

1. A little more than half of respondents somewhat agreed that the committee regularly reviewed its operational plan to ensure that organizational goals were achieved and only half strongly agreed that a detailed meeting agenda was provided to committee in a timely manner.
2. A little more than half agreed that meetings are held with appropriate frequency, discussions are focused on the topics on the agenda, staff provides the necessary resources, meeting minutes reflect the discussion and were provided in a timely manner, next steps and action items and meeting materials enhanced committee members' understanding of issues and decisions.
3. A little more than half agreed that staff provide appropriate environmental scans, comparator materials and analysis to enable committee to make informed decisions.

QUALITY ASSURANCE COMMITTEE

Agreed Strengths

1. Committee members come to meetings ready to contribute, were given a sufficient opportunity to contribute, express their opinions and were treated with courtesy.
2. Members are effective in understanding and achieving the committees' objectives and its mandate. They review it regularly by adhering to the College's code of conduct and conflict of interest by-laws, and non-disclosure agreements.
3. Committee's policies and decisions reflected the mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991
4. Staff provided the necessary resources and support to ensure that committee fulfills its mandate.
5. The committee regularly reviewed its operational plan to ensure that organizational goals were achieved, and a detailed meeting agenda was provided to committee in a timely manner.
6. Meetings are held with appropriate frequency, discussions are focused on the topics on the agenda, staff provides the necessary resources, meeting minutes reflect the discussion and were provided in a timely manner, next steps and action items and meeting materials enhanced committee members' understanding of issues and decisions.
7. Staff provide appropriate environmental scans, comparator materials and analysis to enable committee to make informed decisions.

Agreed Opportunities for Improvement

1. There were generally no agreed opportunities for improvement.

EXECUTIVE COMMITTEE

Agreed Strengths

1. Committee members come to meetings ready to contribute, were given a sufficient opportunity to contribute, express their opinions and were treated with courtesy.

2. Members are effective in understanding and achieving the committees' objectives and its mandate. They review it regularly by adhering to the College's code of conduct and conflict of interest by-laws, and non-disclosure agreements.
3. Staff provided the necessary resources and support to ensure that committee fulfills its mandate.
4. A detailed meeting agenda was provided to committee in a timely manner.
5. Meetings are held with appropriate frequency, discussions are focused on the topics on the agenda, staff provides the necessary resources, meeting minutes reflect the discussion and were provided in a timely manner, next steps and action items and meeting materials enhanced committee members' understanding of issues and decisions.
6. Staff provide appropriate environmental scans, comparator materials and analysis to enable committee to make informed decisions.

Agreed Opportunities for Improvement

1. Half of respondents agreed that the committee's policies and decisions reflected the mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991
2. Half of respondents agreed the committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

ICRC COMMITTEE

Agreed Strengths

1. Committee members come to meetings ready to contribute, were given a sufficient opportunity to contribute, express their opinions and were treated with courtesy.
2. Members are effective in understanding and achieving the committees' objectives and its mandate. They review it regularly by adhering to the College's code of conduct and conflict of interest by-laws, and non-disclosure agreements.
3. Committee's policies and decisions reflected the mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991
4. Staff provided the necessary resources and support to ensure that committee fulfills its mandate.
5. A detailed meeting agenda was provided to committee in a timely manner, discussions are focused on the topics on the agenda, staff provides the necessary resources, meeting minutes reflect the discussion and were provided in a timely manner, next steps and action items and meeting materials enhanced committee members' understanding of issues and decisions.
6. Staff provide appropriate environmental scans, comparator materials and analysis to enable committee to make informed decisions.

Agreed Opportunities for Improvement

1. A little more than half of respondents agreed that Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.
2. A little more than half of respondents agreed that meetings are held with appropriate frequency.

REGISTRATION COMMITTEE

Agreed Strengths

1. Committee members come to meetings ready to contribute, were given a sufficient opportunity to contribute, express their opinions and were treated with courtesy.
2. Members are effective in understanding and achieving the committees' objectives and its mandate. They review it regularly by adhering to the College's code of conduct and conflict of interest by-laws, and non-disclosure agreements.
3. Committee's policies and decisions reflected the mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991
4. Staff provided the necessary resources and support to ensure that committee fulfills its mandate.
5. A detailed meeting agenda was provided to committee in a timely manner, meetings are held with appropriate frequency, discussions are focused on the topics on the agenda, staff provides the necessary resources, meeting minutes reflect the discussion and were provided in a timely manner, next steps and action items and meeting materials enhanced committee members' understanding of issues and decisions.
6. Staff provide appropriate environmental scans, comparator materials and analysis to enable committee to make informed decisions.

Agreed Opportunities for Improvement

1. A little more than half agreed that the Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

SPECIALITIES COMMITTEE

Agreed Strengths

1. Committee members come to meetings ready to contribute, were given a sufficient opportunity to contribute, express their opinions and were treated with courtesy.
2. Members are effective in understanding and achieving the committees' objectives and its mandate. They adhered to the College's code of conduct and conflict of interest by-laws, and non-disclosure agreements.
3. Committee's policies and decisions reflected the mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991
4. Staff provided the necessary resources and support to ensure that committee fulfills its mandate.
5. A detailed meeting agenda was provided to committee in a timely manner, discussions are focused on the topics on the agenda, staff provides the necessary resources, meeting minutes reflect the discussion and were provided in a timely manner, next steps and action items and meeting materials enhanced committee members' understanding of issues and decisions.

Agreed Opportunities for Improvement

1. Only half of respondents agreed that the committee's mandate was clearly available and was reviewed regularly.
2. Only half of respondents agreed that Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

3. Only half of respondents agreed that meetings are held with appropriate frequency.

FINANCE COMMITTEE

Agreed Strengths

1. Committee members come to meetings ready to contribute, were given a sufficient opportunity to contribute, express their opinions and were treated with courtesy.
2. Members are effective in understanding and achieving the committees' objectives and its mandate. They review it regularly by adhering to the College's code of conduct and conflict of interest by-laws, and non-disclosure agreements.
3. Committee's policies and decisions reflected the mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991
4. Staff provided the necessary resources and support to ensure that committee fulfills its mandate.
5. Detailed meeting agenda was provided to committee in a timely manner.
6. Meetings are held with appropriate frequency, discussions are focused on the topics on the agenda, staff provides the necessary resources, meeting minutes reflect the discussion and were provided in a timely manner, next steps and action items.

Agreed Opportunities for Improvement

A little over half of respondents agreed:

1. Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.
2. Staff provide appropriate environmental scans, comparator materials and analysis to enable committee to make informed decisions.
3. Meeting materials are appropriate and enhance committee members' understanding of the issues/decisions.

CKO 2020 Council Effectiveness Evaluation Summary

BACKGROUND

In 2020, The College of Kinesiologists of Ontario surveyed council members on the effectiveness of Council and its President.

This survey is done every two years. Consequently, the results of this survey may not be a correct reflection of what has occurred as we have had some turnover due to appointments expiring etc. Below is a list of both strengths and opportunities for improvement for council to consider from its members.

Strengths:

Role of the Council

There was unanimous consent from respondents that:

1. The council behaves in accordance with the college's values and believes.
 - a. Makes decisions to reflect the public interest.
 - b. Understands what is required for the position of chair.
2. The President has a positive working relationship with other council members.

A large majority agreed that council:

1. Promotes the work of the College in the community whenever they have a chance to do so.
2. Has sufficient knowledge to meet its fiduciary responsibilities.
3. Ensures that new Council members are provided with orientation and training.
4. Supports council decisions once they are made even, they do not agree with them.
5. Ensures that its members and all committee appointees meet all applicable independence requirements.
6. Ensures that council members have sufficient knowledge of the College's mandate and of the legislative and regulatory framework in which it operates to make sound decisions.
7. Exercises appropriate oversight of the financial reporting process, including internal controls.
8. Enhances the public image of the College through public statements, inter-professional collaboration and by seeking opportunities to profile the College's work.
9. Ensures that its committees operate within their terms of reference, and that members of committees are provided with sufficient training and advice from staff.
10. Ensures that council considers the quality and adequacy of financial accounting and reporting, makes inquiries of the independent auditor, reviews the management recommendation letters written by the independent auditor, and monitors the process to ensure that all significant matters are addressed.

Role of the President

A large majority agreed that the President:

1. Demonstrates the ethical behaviors to act independently of any stakeholder, group or entity connected with the profession of kinesiology.
2. Ensures productive and orderly discussions at meetings.
3. Is a positive representative of council, leads in meeting her legislative duties and has the support of council members.

4. Is well-prepared to chair meetings, ensures that all council members have an opportunity to participate, seeks contributions to the agenda and seeks input from members during discussions and decision making.
5. Encourages a wider and deeper discussion on important issues and that public statements on behalf of Council reflect decisions made by Council.
6. Leads Council in meeting its performance responsibilities involving its one-year operational or business plan.
7. Differentiates between management and governance functions in Council discussion and refers operational issues to management.
8. Acts as spokesperson for the College upon occasion at conferences, in meetings with stakeholders and with government.

Role of the Registrar

A large majority agreed that:

1. Council trusts the judgment of the Registrar.
2. There is good two-way communication between the Council and the Registrar.
3. Council maintains a positive working relationship with the registrar, leads an effective performance evaluation of the Registrar and ensures that the Registrar's annual performance objectives are established.
4. Council provides direction to the Registrar by setting new policies or clarifying existing ones.
5. Council has discussed and communicated the kinds of information and level of detail it requires from the Registrar on what is happening in the organization.

Goals and Priorities

A large majority agreed that:

1. The college has a three to five-year strategic plan or a set of clear long-range goals and priorities.

Meetings

A large majority agreed that:

1. Council members read the minutes, reports and other materials in advance of their Council meetings and are prepared for discussion and decisions where required.
2. The agenda of council meetings is planned so that council gets through all its business.
3. Council does a good job of encouraging and dealing with different points of view and participate in important Council discussions.

Opportunities for Improvement:

Role of Council

Respondents somewhat agreed that council:

1. Members are aware of what it expected of them.
2. Are familiar with what is in the organization's by-laws and governing policies.
3. Ensures that the College's accomplishments and challenges are communicated to members and stakeholders.

4. Members participate in ongoing education and development of their knowledge base concerning the profession of kinesiology, and self-governance of health professions in Ontario
5. Ensures that Council gets sufficient information to allow for informed decision-making, and to meet its obligations of governance, due diligence and fiduciary accountability.

Role of the Registrar

Respondents somewhat agreed that:

1. There is a clear understanding of where Council's role ends and where the Registrar's begins.
2. Council provides feedback and shows its appreciation to the Registrar on a regular basis.
3. Council ensures that the Registrar is able to take advantage of professional development opportunities.
4. Council has developed and implemented formal criteria and a process for annually evaluating the performance of the Registrar.

Meetings

Respondents somewhat agreed that:

1. Council receives relevant and concise written reports well in advance of meetings.