June 23, 2025 Council Meeting Materials

Table of Contents

Draft Agenda

Date: June 23, 2025 **Time:** 11:15 a.m. **Location:** Hybrid

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

LOGIN INFORMATION
https://us02web.zoom.us/j/82994604790

Meeting ID: 829 9460 4790

One tap mobile
+13017158592,,82994604790# US (Washington DC)
+13052241968,,82994604790# US

AGENDA

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
Please complete the online Conflict of Interest Disclosure/Declaration Form prior to the meeting.					
9:00 am (60 mins)		Governance Training – Deanna Williams			
10:00 am (60 mins)		Council in-camera session			
11:00 am (15 mins)		BREAK			
1	11:15 am	Call to order, roll call, welcome	B. Matthie	No	Information
2	11:16 am	Introductions	B. Matthie	No	Information
3	11:17 am	Conflict of interest declarations	B. Matthie	No	Decision
4	11:18 am	Approval of agenda	B. Matthie	Yes	Decision
5	11:19 am	Approval of minutes: • March 31, 2025	B. Matthie	Yes	Decision
6	11:20 am (5 mins)	Action Items from the March 31 meeting: • The College to explore opportunities to refine and enhance member data collection including information regarding members' practice (e.g., public vs private settings) – **Ongoing** • Amend the December 2024 minutes as requested by Council - **Complete**			
7	11:25 am (20 mins)	Registrar's Report	N. Leris	No	Information
8	11:45 am (5 mins)	President's Report	B. Matthie	No	Information
9	11:50 am (20 mins)	By-law 19 Fees – Consultation Report	B. Fehst	Yes	Decision
10	12:10 pm (10 mins)	Revised Risk Management Report	E. Foerster	Yes	Decision

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
12:20 pm (40 mins)		LUNCH			
11	1:00 pm (20 mins)	**Draft Operational Plan 2025-2026**	N. Leris	Yes	Decision
12	1:20 pm (20 mins)	**Draft Budget 2025-2026**	N. Leris	Yes	Decision
13	1:40 pm (10 mins)	**Communications Update**	S. Hanna	No	Information
14	1:50 pm (10 mins)	**Committee Reports** • Executive • Governance and Nominations • ICRC • Registration • Planning & Finance • Q3 Finance Report • Q3 Dashboard	All Chairs	Yes	Information
15	2:00 pm	**Meeting Evaluation**	All Council	Yes	Information
	2:05 pm	ADJOURNMENT			

Next Council Meeting: September 15 & 16, 2025

March Council Meeting Minutes

Date/Time of Meeting:	Monday March 31, 2025, 1:00 pm
Council present:	Benjamin Matthie, Victoria Nicholson, Teresa Bendo, Heather Westaway, Chad McCleave, Leanne Smith (left the meeting at 2:15pm), Alyssa King, Jennifer Yee, Susan Garfat, Matthew Daher, Jane Gage, Oluwashindara Isaac-Oloye, Sara Gottlieb, Jana Smith (absent from in-camera session), Corby Anderson, Jotvinder Sodhi, Kristin Baker
Regrets:	
Staff members:	Nancy Leris, Fiona Teape, Brian Fehst, Wendy Fung, Samuel Hanna, Ethan Foerster
Guests/Observers:	Dana Lobson (Ministry of Health)

Let it be noted that Council attended a Governance Training session from 9:00am – 10:45 a.m. and held an in-camera session from 10:49 a.m. – 12:40 pm.

1. Call to order, roll call, welcome.

Benjamin Matthie, Council President called the meeting to order at 1:02 p.m. and welcomed Council, staff members and guests.

The Chair shared a Land Acknowledgement.

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

2. Introductions

The Chair welcomed Dana Lobson from the Ministry of Health.

3. Conflict of Interest Declarations

The Chair asked the Registrar if any Council members had declared a Conflict of Interest. The Registrar confirmed that no such declarations were received.

The Chair also asked the Council if they knew of anyone who might have a Conflict of Interest on the agenda items presented. None were raised.

4. Approval of Agenda

UPON A MOTION duly made by Corby Anderson and seconded by Jane Gage, it was resolved that the agenda be approved. **Carried.**

5. Approval of Minutes from the December 2, 2024, Council Meeting

Following their review of the minutes of the December 2, 2024 Council meeting, a Council member requested clarification and an update regarding the status of ongoing work on a Policy associated with the Emergency Class. Fiona Teape noted that this Policy and associated guidelines for supervision and fees remain in development.

Errors and Omissions

- Minutes from December 2, 2024 Council meeting revised to include discussion regarding ongoing work on policy for supervision of R.Kins registered in the Emergency Class.

UPON A MOTION duly made by Heather Westaway and seconded by Teresa Bendo, it was resolved that the minutes of the December 2, 2024, Council Meeting be approved. **Carried.**

6. Previous Action Items

Nancy Leris, Registrar/CEO, invited Fiona Teape, Director of Registration, to provide Council with an update on the previous action items. Fiona Teape provided the Council with an update on recent action items, specifically highlighting the membership report. She discussed historical fluctuations in membership and potential reasons for these variations.

Other previous action items have been completed. However, the College continues to explore opportunities to refine and enhance data collection, particularly regarding member practice information.

7. Registrar's Report

Nancy Leris, Registrar/CEO, presented the Registrar's Report, highlighting the following key points:

Governance and Leadership: The ongoing review of the Registrar's evaluation process remains a priority, alongside the development of strategies for Council engagement, as well as Council, Committee and Staff succession planning. Additionally, updates were provided on the reappointment of public members and the orientation process for new professional council members. Included a welcome to the new Council member, Kristin Baker.

Operations and Staffing: An update was provided regarding the ongoing staffing changes and recruitment efforts to support major program areas such as Communications, Registration and Communication portfolios. Revisions and updates to internal policies such

as HR manual, along with the development of new policies to strengthen the COKO's internal controls completed.

Risk Management and Mitigation: The College is in the process of implementing a new privacy code to enhance data protection. In addition, quarterly reviews of the risk management plan continue to take place to proactively assess risks and implement necessary adjustments.

TELUS Health Platform: A proposed agreement between CKO and TELUS Health was discussed, which would enable Kinesiologists to offer direct billing through the TELUS Health platform. This initiative is expected to enhance the visibility and recognition of the profession.

Reporting: The College continues to fulfill its compliance reporting obligations. Submission of the Fair Registration Practice Report, as well as reports such as the CPMF and the QTR2 Registration Data Report to the Ministry. Additional reporting requirements include submissions to the Ministry of Health, such as the Annual Report and Audited Statements, as well as annual tax filings to the Canada Revenue Agency.

IT and Security: The new College website was successfully launched on February 11, 2025, and this effort was a significant milestone in improving accessibility and user experience overall. Additionally, ongoing efforts to enhance IT security are underway, with the implementation of strengthened website security measures and protection tools.

Registration: A review of pass and fail rates is currently being conducted to identify any necessary adjustments to the curriculum. Planned interviews with the University Liaison Committee members individually to discuss the performance of their students. The College is also working towards improving collaboration with universities by sharing exam results, fostering a more communicative and supportive environment to enhance student success.

Communications: Progress continues on the development and implementation of the Communication Strategy and Implementation Plan. An RFP was posted with a deadline for submission of proposals by end February. Numerous proposals received and planned interviews schedule with top 6 candidates in April for selection of service provider. A social media calendar has been created and deployed to strengthen COKO's reach and engagement efforts. University visits are also ongoing as part of broader engagement initiatives.

Quality Assurance: The 2024/25 self-assessment process has been launched. Additionally, the revision of the Essential Competencies of Practice project has been approved, with a consultant engaged to support the initiative. This project will last two fiscal years, with the budget already approved to support its implementation.

The Chair then opened the floor for questions.

8. President's Report

The Chair formally welcomed Kristin Baker to the Council, acknowledging her appointment and expressing appreciation for her contributions and dedication. Additionally, the Chair noted that an Executive Committee meeting had taken place since Council last met, focusing on succession planning and a review of policies relating to Registrar.

9. Bylaw Amendments

Brian Fehst, Manager of Professional Practice, delivered a presentation on the proposed amendments to Bylaw 19: Fees. He noted that the College receives requests from members regarding fee waivers or reductions. However, the current bylaw is too specific in wording, applying only to application fees and not permitting broader waivers or reductions. The key question is whether the scope of this bylaw should be expanded to allow for greater flexibility in granting fee waivers and adjustments.

BF reported on an environmental scan that was conducted. From this research, three potential options emerged: maintaining the current bylaw, introducing threshold/criteria-based considerations, or implementing a case-by-case approach where the Registrar would assess each request individually.

The proposed amendment was previously reviewed by the Planning and Finance Committee, which recommended refining the wording before referring it to Council for consideration. The revised bylaw amendment was then presented to Council.

The Chair opened the floor for discussion. One member inquired whether the College currently has a payment plan in place and, if so, whether this amendment would serve as an additional option. BF clarified that this amendment would supplement the existing payment plan for cases where the current structure is insufficient. Another member emphasized the importance of establishing and communicating clear criteria to ensure that only those who truly require financial assistance can access these waivers.

UPON A MOTION duly made by Alyssa King and seconded by Victoria Nicholson, it was resolved that Council approve the proposed amendment to Bylaw 19. Fees for circulation in a public consultation as required by s. 94(2) of the Health Professions Procedural Code.
Carried.

Brian Fehst, Manager of Professional Practice, delivered a presentation on proposed amendments to Bylaw 8, addressing the need for additional operational leadership support. Due to increasing complexity and workload, the Registrar requires additional leadership support to effectively manage the College's operations.

To assess the best course of action, an environmental scan was conducted, and it was determined that appointing a Deputy Registrar would be the most effective solution. This new role would enhance leadership capacity, provide operational support, and contribute to the College's long-term growth and sustainability. Amending Bylaw 8 is necessary to formally establish the position. The addition of a Deputy Registrar is expected to strengthen public protection and support risk mitigation efforts. Furthermore, the salary for this role can be

accommodated within the existing College staff budget. The Executive Committee reviewed the proposed amendment, provided feedback, and recommended it to Council for approval. As this amendment pertains directly to the Registrar's role, public consultation is not required under the Health Professions Code.

The Chair then opened the floor for questions.

UPON A MOTION duly made by Sara Gottlieb and seconded by Heather Westaway, it was resolved that Council approve the proposed amendment to Bylaw 8. The Registrar. **Carried.**

10. Draft Privacy Code

Fiona Teape, Director of Registration, delivered a presentation on the Draft Privacy Code, seeking Council approval for its adoption. Although a Privacy Code was initially developed at the College's inception, it was never formally published. Given the importance of legal compliance, the document has undergone a full review by legal counsel to ensure compliance with the *Personal Health Information Protection Act*, the *Regulated Health Professions Act, 1991*, including the *Health Professions Procedural* Code, the College's by-laws and other relevant legislation.

To support this process, the College conducted an environmental scan, confirming that the draft Privacy Code is aligned with the practices of 21 other regulatory bodies. Council was asked to decide whether to approve the draft Privacy Code or return it to staff with comments for further revision.

The Chair then opened the floor for questions.

UPON A MOTION duly made by Kristin Baker and seconded by Matthew Daher, it was resolved that Council approve the draft Privacy Code for publication. **Carried.**

11. Public Consultation Report - Practice Guideline for Patient/Client-Centred Care

Brian Fehst, Manager of Professional Practice, delivered a presentation on the Public Consultation Report regarding the Practice Guideline for Patient/Client-Centred Care. The guideline was first presented to Council in March 2024 and subsequently circulated for 60 days to gather public feedback.

Following the consultation period, the results were reviewed by the Quality Assurance Committee, which determined that additional time and consideration would be required to properly revise the guideline. On March 18, 2025, a revised draft Practice Guideline was presented to the Quality Assurance Committee, which recommended that it be submitted to Council for approval. Council is now being asked to approve the draft Practice Guideline for publication.

The Chair then opened the floor for discussion and questions.

UPON A MOTION duly made by Sara Gottlieb and seconded by Teresa Bendo, it was resolved that Council approves the draft Practice Guideline. **Carried.**

12. Policy Review Schedule

Brian Fehst, Manager of Professional Practice, delivered a presentation on the Policy Review Schedule, emphasizing the importance of regularly updating College policies to ensure they remain current, accurate, and aligned with legislative requirements. As policies provide high-level guidance for the College's activities and functions, maintaining up-to-date policies is essential for effective governance.

Regular policy reviews also play a critical role in risk management and mitigation, ensuring that policies support best practices and serve the public interest. While the review schedule may be adjusted based on evolving needs and priorities, continuous evaluation remains a key strategy for mitigating risk.

The Chair then opened the floor for questions. No questions were raised.

13. Revised Risk Management Plan

Wendy Fung, Manager of Operations and Financial Services, delivered a presentation on the updated Risk Management Plan, specifically highlighting the key drivers behind the proposed amendments. These include ongoing evaluation and system updates, the establishment of clear policies and bylaws, enhanced training and awareness initiatives, and improved risk mitigation strategies.

As part of these updates, the College has implemented risk reporting forms and an incident report log, which will complement the existing quarterly risk management reviews. The revised Risk Management Plan was presented to Council for approval.

The Chair then opened the floor for questions. One member inquired about when the full Risk Management Plan will be shared with Council, as only the revisions were presented at this meeting. It was clarified that the entire Risk Management Plan is shared annually, while updates and revisions will continue to be discussed on a quarterly basis.

UPON A MOTION duly made by Teresa Bendo and seconded by Chad McCleave, it was resolved that Council approves the Revised Risk Management Plan. **Carried.**

14. College Performance Measurement Framework (CPMF)

Brian Fehst, Manager of Professional Practice, delivered a presentation on the 2024 College Performance Measurement Framework (CPMF). The CPMF is designed to help identify Colleges' performance against established baseline(s) and identified benchmarks, provide

updates on performance improvement commitments and provide information on existing and new best practices among other things. He noted that the College met all 49 required measurements except for one, which was marked as partially met. The partially met measure relates to suitability to practice, and to the Quality Assurance (QA) portfolio more specifically. To address this, the College plans to review essential competencies and conduct a QA policy review, working to ensure this measurement is met by next year.

The College's submission includes all necessary context measures as required by the Ministry of Health (MOH). The final report will be posted on the College's website and submitted to the MOH as required.

The Chair then opened the floor for questions and comments. The Chair noted that the report provided valuable insight into the College's activities, particularly in relation to the ICRC and the Registrar's work with HPRO. One member remarked that the document was highly informative and demonstrated the College's commitment to public protection. Another member commended the report's comprehensiveness, stating that the information was well-organized and easily accessible.

UPON A MOTION duly made by Alyssa King and seconded by Sue Garfat, it was resolved that Council approves 2024 College Performance Measurement Framework **Carried.**

15. Revised Committee Slate

Samuel Hanna, Communications Officer, provided the revised committee slate. The proposed revisions were the appointment of Kristin Baker to the Registration Committee and Quality Assurance Committee, appointment of Nanci Haris as a new External Member of the Governance and Nominations Committee and re-appointment of Victoria Nicholson, Benjamin Matthie, Chad McCleave and Melanie Jones-Drost to the Governance and Nominations Committee.

The Chair opened the floor for questions.

UPON A MOTION duly made by Heather Westaway and seconded by Victoria Nicholson, it was resolved that Council approves the Revised Committee Slate. **Carried.**

16. Communications Update

Samuel Hanna, Communications Officer, provided an update on the Communications Portfolio, including information on the E-Newsletter, social media, the website redesign, University presentations and the upcoming 2025 Council Elections.

The Chair opened the floor for questions.

17. Committee Reports

In efforts to enhance Council member engagement and succession planning, the Chairs of each committee provided their reviews of the various Committee Reports included in the meeting package. These reports provided updates from the Governance and Nominations Committee, Inquiries, Complaints, and Reports Committee, Patient Relations Committee, Quality Assurance Committee, Registration Committee, and the Planning and Finance Committee.

The Chair opened the floor for questions

18. Review of Action Items

- Amend the minutes as requested by Council
- The College will explore opportunities to refine and enhance member data collection including information regarding members' practice (e.g., public vs private settings)

Termination

UPON A MOTION duly made by Jennifer Yee, seconded by Matthew Daher, the Council meeting of March 31, 2025, was terminated at 3:35 pm. **Carried**.

College of Kinesiologists of Ontario
Registrar's Report Q3 2024-2025

Thank you for the opportunity to provide this Registrar's Report, which is intended as a brief review of some key activities and highlights from Q3 of 2024-2025.

Strategic Plan 2025-2030 Progress

Council Engagement
To achieve our goals to build and maintain **Governance & Public Trust**, I have, in consultation with the Executive Committee and the Governance & Nominations Committee, developed a Guideline for Council Engagement, Mentorship and Succession Planning. This Guideline, along with ongoing review of meeting evaluation surveys and the results of this year's annual Council evaluation survey, will help us build good governance through continuous improvement.

We Walk UHNited event
In Q3 of 2024-2025, the College identified an opportunity to build **Engagement and Partnerships** by attending and supporting the University Health Network's "We Walk UHNited" event in Toronto on May 31, 2025. During this event, the College was able to share information about its mission, vision and values with hundreds of patients/clients, health care professionals and members of the general public. Council member Oluwashindara Isaac-Oloye joined the COKO staff team on the day of the event.

'As of Right' Ministry Consultation Report
The College provided a comprehensive response to a request for consultation from the Ministry of Health. The Ministry had asked regulatory colleges to comment on proposed changes to 'As of Right' rules in Ontario. The 'As of Right' rules allow specified interjurisdictional professionals (IJPs) to practice for up to 6 months in Ontario while they are waiting to become registered with the relevant Ontario regulatory college. The College's response was an effort to enhance **system collaboration** by recommending a collaborative policy approach focused on safe and effective preventative health care.

Governance

Council Appointments
I am pleased to advise that Jana Smith has been reappointed as a Public member of Council for another 3-year term. I would like to thank Jana for her past service and look forward to supporting her work on Council for the next 3 years.

I have also written to the Ministry of Health to express support for the re-appointments of Teresa Bendo and Victoria Nicholson.

Mindful of the importance of competency-based succession planning, I have also requested that the Ministry of Health consider the appointment of an additional Public member of Council. I have also

ensured proactive outreach to Council members to support succession planning by seeking expressions of interest to serve as Officers of the College in the next Fiscal Year.

Council Effectiveness Review Framework (CERF)
I am closely monitoring the results of Meeting Evaluation Surveys and providing quarterly reports to the Governance & Nominations Committee. I am also looking forward to receiving Council's responses to the Council Annual Evaluation Survey, which will be administered following the June Council meeting. I would encourage Council members to consider completing the optional Council Member Self-Reflection. This tool can facilitate succession planning and help identify and training, learning and development opportunities for Council as a whole and individual members.

Registration

Jurisprudence eLearning Module
The College has signed a contract with the eLearning module service provider. This work will include content updates and a design refresh.

iMIS Database Review Project
The College has planned to update its member database management system. The planned update will support additional automation of registration processes and will also facilitate data integration with the Provincial Provider Registry (PPR). The upgraded system is also expected to provide COKO members and applicants with a more seamless experience. As of Q3 2024-2025, the College's external service provider is finalizing the project plan for this upgrade.

Reporting
The College continues to meet all reporting requirements. In Q3, we submitted the Health Professions Database Report and the Q4 Report– Registration Data Report to the Ministry of Health.

We have also posted the Fair Registration Practices Report, which was submitted to the Ontario Fairness Commissioner in March 2025, to the College's website.

Education Equivalency Framework Project
The College is seeking an external consultant to support a review of the Education Equivalency Framework. This framework is used to assess and evaluate the extent to which an educational program may be equivalent to a four-year undergraduate degree in Kinesiology at an Ontario university. A request for proposals has been circulated, with a deadline for receipt of proposals on July 5, 2025.

Entry-to-Practice Exam
We have developed exam pass rate reports. We have also completed an environmental scan on other regulators' exam pass rates for comparison. The tailored report was shared with the relevant Universities. In Q3, we engaged directly with one University regarding their report and look forward to further collaboration with our University partners to identify and address potential issues that may be impacting the exam pass rate. As a result of this initial meeting, the College was invited to present to the entire faculty regarding the exam and other College and Government initiatives. This meeting

was part of a series of meetings scheduled to enhance system partner engagement and participation as part of the Strategic Plan 2025-2030.

The College's Spring 2025 online entry-to-practice exam was held on April 9, 2025.

Prior to the entry-to-practice exam, applicants were able to attend a webinar, describing the examination process and providing helpful suggestions. Applicants who were unable to attend the live webinar were able to view a recording, which was posted to the College's YouTube channel on March 17, 2025, and has since received 296 views.

April 2025 Exam By-The-Numbers:

- 184 applicants completed the online exam
- 13 candidates received special accommodations
- 19 applicants received deferrals to a later date
- There were no withdrawals

The next online exam will be held on September 10, 2025.

Quality Assurance

Essential Competencies Project
The College has selected a vendor to support the review of the *Essential Competencies of Practice for Kinesiologists in Ontario*. This project follows from the review of the *Kinesiologist Core Competency Profile*. A project charter has been developed and work, including research, environmental scans and focus group meetings with members of the College, has begun. The results of this project will include recommendations regarding future directions and opportunities for the College's QA program.

Peer and Practice Assessments
The College's Spring/Summer 2025 Peer and Practice Assessment cycle has begun and will continue into Q4 of 2024/2025.

Communications

Comms Strategy Update
After a comprehensive review of 45 proposals, 7 proposals were shortlisted for the interview process. One of these 7 consultants was selected to develop a Communications Strategy and Implementation Plan. This work will provide a robust, sustainable and evidence-informed Communications approach to help us achieve the goals set out in the Strategic Plan for 2025-2030.

2024-2025 Council Election
The 2024-2025 Council Election cycle has begun. The Governance & Nominations Committee has completed its screening process, and the election will take place from July 1 – July 8, 2025. I would like to thank all members who expressed interest in the nomination process and look forward to welcoming new and returning Professional members to Council.

Operations & Staffing

We continue to ensure that the necessary resources are in place to support the College's operations during temporary staff absences for parental and other leaves. We have conducted a series of interviews to provide temporary support for the College in Communications and Finance roles.

Finally, I am pleased to welcome back Cecilia Li, the College's Senior Communications Officer, from maternity leave.

This concludes the Registrar's Report for Q3 of 2024-2025.

Issue / Decision Note

Issue or Decision: By-law 19 amendments regarding fee waivers or reductions
Prepared for: Council
Date: June 23, 2025

Issue:

Proposed amendment to By-law 19 that would expand the College's ability to waive or reduce fees.

Background:

The College of Kinesiologists of Ontario ("the College") works to protect the public through governance that ensures excellent professional practice of kinesiologists in Ontario. This work supports the vision of trusted kinesiologists providing optimal movement for Ontarians of all ages.

Fees paid by kinesiologists are the College's sole significant source of revenue. Council's ability to make by-laws requiring members to pay such fees is set out in s.94(1)(t) of the *Health Professions Procedural Code* ("the Code"), which is Schedule 2 to the *Regulated Health Professions Act, 1991*. The College's fee schedule is set out in the College's By-law 19. Fees.

The College receives infrequent requests from members to waive or reduce one or more fees. The extent to which such requests may be approved is set out in Article 19.14 Power to Waive a Fee. Article 19.14 permits the Registrar & CEO to waive or reduce the application fee associated with a particular application where the Registrar is satisfied in their sole and absolute discretion that such waiver or reduction is appropriate having regard for the actual costs incurred by the College in processing that application.

The College's by-laws do not currently permit waiver or reduction of any fees other than the application fee.

Issues for Consideration:

Amendments to By-law 19. Fees that such that the Registrar may waive or reduce fees other than the application fee.

Executive Summary:

The College conducted an environmental scan of the by-laws, policies, procedures and publicly available material provided by 25 other health profession regulators and a selection of 6 non-health profession regulators. Having completed this review and considered options, the College developed and presented proposed amendments to By-law 19 to the Planning and Finance Committee. With feedback from the Planning & Finance Committee, the College presented the following amended Article 19.14 of the College's by-laws to Council on March 31, 2025:

Current	Proposed
~~19.14 Power to Waive a Fee~~ ~~The Registrar may waive or reduce the application fee associated with a particular application where the Registrar is satisfied in their sole and absolute discretion that such waiver or reduction is appropriate having regard for the actual costs incurred by the College in processing that application.~~	19.14 Power to Waive or Reduce a Fee The Registrar may consider requests for waiver or reduction of any fee from individual members and may waive or reduce any fee where the Registrar is satisfied that such waiver or reduction is appropriate.

Following questions and discussion, Council approved the proposed amendment to By-law 19 for circulation in a public consultation. The goal of the public consultation was to solicit feedback from kinesiologists, patients/clients and others regarding this proposed amendment to the by-laws.

Public Interest Rationale:

The proposed amendments to the by-laws pertaining to the College's fee schedule are intended to:

1) Ensure that the College's approach to its fees, and circumstances where fee waivers or reductions reflects current good or best practices in health professional regulation;
2) Promote and preserve trust and confidence in the College's governance of the profession in the public interest; and
3) Demonstrate the College's commitment to the principles of right-touch regulation and equity, diversity and inclusion by acknowledging that exceptional circumstances may occur and that a fee waiver or reduction may be appropriate and in the public interest in some such circumstances.

Risk Considerations

Establishing a mechanism for fee waivers or reductions would help support strategies to mitigate risks associated with loss of member confidence, trust and engagement. The proposed by-law amendment will allow the College to adapt to unforeseen and extraordinary circumstances in ways that are not permitted by the by-laws as presently written. The College will ensure that risks associated with decision-making rigor and consistency are mitigated by adherence to all applicable Policies and procedures. Due to the low number of such requests historically received (approximately 5 per year), the College does not anticipate that the College's finances would be significantly impacted by expanding the potential to approve fee waivers or reductions. Further, the discretionary approach proposed would support financial risk mitigation, as the Registrar would be able to consider the potential impact of a fee waiver or reduction on the College's finances.

Decision for Council:

Council is requested to consider the results of the consultation and is invited to:

1) Approve the proposed amendments to By-law 19; or
2) Refer the proposed amendments to By-law 19 for further consideration with specific questions.

COLLEGE OF KINESIOLOGISTS OF ONTARIO

Consultation Report: Proposed Amendments to By-Law 19

June 23, 2025

About the College

The College of Kinesiologists of Ontario ("the College") is a regulatory body that oversees kinesiologists working in the province. The College receives its authority from the *Kinesiology Act, 2007* and the *Regulated Health Professions Act, 1991*.

The College regulates kinesiologists and protects the public by:

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

Background and Context

The College is one of the 26 health regulatory colleges in Ontario. To fulfil its mandate to protect the public by effectively regulating the practice of kinesiology in Ontario, The College must operate based on sound financial principles. Fees paid by members are the College's sole significant source of revenue. The College's By-law 19 sets out the fee schedule, which describes the fees that may be paid by members.

The College receives infrequent requests from members to waive or reduce one or more fees. Article 19.14 of the By-laws allows the Registrar to consider requests for application fees to be waived or reduced. The current By-laws do not allow the College to waive or reduce any other fees such as the renewal fee, the registration fee or late payment fees.

On March 31, 2025, Council reviewed proposed amendments to By-law 19 – Fees, specifically Article 19.14 – Power to Waive a Fee. Council approved the proposed amendment for circulation in a public consultation. The purpose of this consultation was to obtain feedback on the proposed amendments to By-law 19. The consultation document outlined the changes to the by-law that clarify and expand the Registrar's power to waive or reduce one or more fees.

Consultation process

On April 15, 2025, COKO emailed a notice of the consultation and its process to members and system partners. Members and system partners were notified again in the April and May newsletters. A dedicated webpage was created on the College's website to promote the consultation, and anyone with comments was invited to submit feedback via Survey Monkey or email. Members of the College were also invited to attend one of three proposed Town Hall events to review the proposed by-law amendments. The consultation concluded on June 13, 2025.

What we heard

Feedback from Survey

During the consultation period, a survey was available on the College's website to gather feedback on the draft competency profile. Six (6) respondents completed the survey. All respondents identified themselves as Registered Kinesiologists.

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

- Do you support the proposed amendment to Article 19.14 of the By-laws?
- Please share any suggestions or recommendations you may have.
- Please share any questions or concerns you may have

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

Virtual Town Hall Attendance

The College also arranged and prepared a series of one-hour town hall webinar events. The purpose of these events was to provide additional clarification regarding the proposed amendments and to invite direct questions and feedback from kinesiologists and other stakeholders. These events were scheduled as follows:

- May 12, 2025 12:00pm-1:00pm
- May 14, 2025 6:30pm-7:30pm
- May 16, 2025 9:30am-10:30am

The College received four advance registrations. However, on the scheduled dates and times, none of those registered attended. Therefore, no additional feedback was received via these events.

Analysis of feedback and how the feedback was used

All responses received were from members. This is to be expected, given that the proposed by-law amendment would directly impact the College's members. From the responses that were received:

- A majority of respondents (83%) expressed support for the proposed amendment.
- Suggestions and recommendations included the development of a specific policy to support the by-law amendment, along with clearly publicized guidelines outlining how decisions to waive or reduce one or more fees would be made.
- Concerns were expressed about the potential for misuse of the by-law amendment and the possibility that it could lead to an increase the number of fee waivers or reduction requests.

Below is a review and discussion of identified feedback themes:

Proposal that there be a Policy to support the by-law amendment

The College has developed a draft operational Policy that would support the decision-making process. This Policy includes the following elements:

- General requirements around applications for fee waivers/reductions.
- The criteria against which applications would be evaluated, including but not limited to the extent to which the situation meets the definition of "exceptional circumstances". This is defined in the Policy as events or occurrences that are beyond the control of the member such that a fee waiver or reduction is justified."
- The Registrar's response, which may be to approve the application, request additional information or deny the application.
- Requirements around written notification of decisions.
- Provisions regarding actions that may be taken if an application were denied or found to be made in bad faith.

In keeping with this suggestion and recommendation, the by-law mechanism for fee waivers and reductions will be supported by an operational Policy. The Policy that has been drafted has received legal review, has received review by the Planning & Finance Committee prior to the Public Consultation, and would be subject to ongoing and as-needed review and refinement as may be required.

Recommendation that specific guidelines and eligibility criteria be developed and published

The College carefully considered this proposal and related feedback from the Planning & Finance Committee and Council. This consideration included a deeper analysis of the existing environmental scan to:

- Identify best practices in professional regulation in Ontario; and
- Identify any potential models or materials that could inform the College's approach.

For reference, the environmental scan included:

- A review of the by-laws of the 25 other health profession regulatory Colleges in Ontario
- A review of the by-laws of six selected non-health profession regulators:
    - Electrical Safety Association (ESA)
    - Professional Engineers of Ontario (PEO)
    - Ontario College of Teachers (OCT)
    - Ontario College of Social Workers and Social Service Workers (OCSWSSW)
    - Human Resources Professionals Association (HRPA)
    - Chartered Professional Accountants of Ontario (CPA)
- Review of the websites of all the above health and non-health profession regulators to identify public-facing resources relating to waiver or reduction of fees; and
- Email outreach requesting internal policies that are not publicly available.

Two broad approaches to fee waivers or reductions were identified:

- A “criteria-based” approach, in which eligibility for a fee waiver or reduction would be determined by evaluating applications against predefined criteria (e.g., employment status, or a minimum income cut-off or threshold).
- A more discretionary or “principle-based” approach, in which decisions are made by assessing individual applications against guiding principles such as whether circumstances are considered exceptional or extraordinary, alignment with the principles of fairness, equity, diversity and inclusion (EDI), and whether granting the request serves the public interest.

Health profession regulators whose by-laws permit fee waivers/reductions all describe a broad, more discretionary and principle-based approach as opposed to a specific criteria-driven approach. Where the by-laws do permit fee waivers or reductions, this information is typically provided, usually at a high level, in the by-laws as posted on the regulator’s website. No health profession regulators were found to publish detailed decision-making guidelines/criteria on their websites.

Of the non-health regulatory bodies that allow for fee waivers or reductions, the HRPA, CPA and PEO provide more specific and detailed information on their websites regarding eligibility criteria and decision-making processes. Notably, the CPA’s public-facing materials clearly indicate that its criteria-based guidelines include a discretionary decision-making approach.

It is important to acknowledge key organizational differences, such as member designations and categories (for example, the presence or absence of “Inactive” or non-practicing members as a class of registration), organizational sizes, fee schedules, and structural variations, that may limit the applicability of direct comparisons. For instance, there is significant overlap between the criteria used by the HRPA, CPA and PEO for fee waivers or reductions and the criteria the College currently uses for its Inactive Class certificate of registration, which is associated with a reduced annual fee.

The College’s proposed discretionary decision-making approach aligns with the practices of other health profession regulators whose by-laws permit fee waivers and reductions. The validity of this more discretionary approach is further reinforced by its integration into the criteria-based model used by the CPA, which combines structured guidelines with discretion in decision-making. The use of a discretionary approach to fee waivers and reductions in health professions, and its integration into the criteria-based model used by the CPA, shows that principle-based discretionary decision-making would be acceptable and appropriate for the College and would support decisions that uphold the principles of fairness and EDI, allowing for appropriate and justifiable fee waivers or reductions in exceptional circumstances when such decisions are in the public interest.

Publication of specific guidelines and eligibility criteria would promote transparency

The environmental scan and follow-up research revealed four general approaches to the publication of information regarding a regulatory body’s approach to fee waivers and reductions:

- Detailed decision-making and eligibility criteria that are publicly available and clearly accessible (for example, on the regulatory body’s website);
    - Health Professions: None
    - Non-Health Professions: HRPA, PEO, CPA
- General information, such as broad descriptions of decision-making and eligibility criteria are publicly available on the organization’s website, but specifics are not provided;
    - Health Professions: None
    - Non-Health Professions: None

- Publicly-available information regarding fee waivers or reductions is limited, for example to a brief statement or to the by-laws themselves[1];
    - Health Professions: CMLTO, CCO, COTO, CHO, RCDSO, Denturists, Dietitians, Optometrists, CTCMPAO, Midwives, Nurses, CMTO
    - Non-Health Professions: None

- No mechanism for fee waivers or reductions and therefore no information publicly available[2].
    - Health Professions: Naturopaths, COCOO, CMRITO, Physiotherapists, CRPO, CPABAO, CDHO, CDTO, OCP, CRTO, CASLPO, Opticians, CPSO
    - Non-Health Professions: OCT, OCSWSSW, ESA

Health profession regulators whose by-laws permit fee waivers or reductions do not provide extensive public information or detailed guidance on their websites. This is also the case for the College, despite the existence of Article 19.14 as a mechanism for waiver or reduction of the application fee. In contrast, several non-health regulators, specifically the HRPA, CPA and PEO, offer more comprehensive and publicly available information on eligibility and decision-making processes. However, organizational differences, including structure, policies, size and resources, play a significant role in shaping how each regulator determines the most appropriate and effective way to communicate information about for fee waivers or reductions.

The trend among health profession regulators who permit fee waivers and reductions appears to be reliance on publicly available by-laws and direct communication, such as member requests by email or telephone, to disseminate information about fee waiver or reduction. This trend does inform the College's proposed approach to providing such information to its members.

Potential for abuse of process and neglect of responsibility to pay fees

Council is authorized under ss.94(1)(s), 94(1)(t), 94(1)(t.1), 94(1)(t.2), 94(1)(u) 94(1)(v) of the *Health Professions Procedural* Code to make by-laws requiring members to pay fees. These fees are critical to the College's mandate to protect the public, as they are the primary source of revenue for the College. Members of the College have a responsibility to pay the fees that are required in accordance with the by-laws. Failure to do so results in suspension of the member's certificate of registration and may result in penalties being imposed, such as penalties for late payments of fees.

However, there can and do exist exceptional circumstances where it is appropriate for the College to waive or reduce fees. This is substantiated by the existence of the current Article 19.14. Power to Waive a Fee. As mentioned previously, the current Article 19.14 is specific to the College's application fee and does not permit waiver or reduction of any other fees. This approach to fee waivers or reductions acknowledges the potential for exceptional circumstances wherein fee waiver or reduction may be appropriate and in the public interest while simultaneously limiting the Registrar's flexibility to address such circumstances. The current Article 19.14 may not be optimal from an equity or fairness perspective, in that it appears to provide preferential consideration or treatment for applicants.

[1] One health profession regulator provides some information on their website regarding the potential for "accommodations on the renewal fee schedule", though such accommodations are not reflected or set out in the by-laws.

[2] The list of health profession regulators here includes one regulator whose website provides specific information and criteria regarding payments by installment/payment plan, but whose by-laws do not appear to permit fee waivers or reductions.

Despite Article 19.14 having been in effect since 2013, the available information suggests that requests for fee waivers or reductions are scarce, with a recent estimate placing the figure at 4-5 per year. There is also no evidence that such requests were or are made in bad faith or are otherwise an abuse of process.

It is possible that an expansion of Article 19.14 could result in a greater number of requests for fee waivers or reductions. However, it is unlikely that the increase would be of an order of magnitude sufficient to pose a threat to the College's finances or its ability to protect the public. This is particularly true given the proposed principle-based approach, with its Policy-level emphasis on exceptional circumstances as determined by the Registrar based on information and documentation received from the member. Moreover, potential risks to the College's operations or reputation would be mitigated by implementation and ongoing monitoring of the relevant operational Policy, and also by the Registrar's faithful execution of their responsibility and duty to serve as an effective steward of the College's resources, to manage risk and maintain a focus on the public interest.

Consultation feedback reports

The following are attached:

- Proposed amendments to By-law 19. Fees.

COLLEGE OF KINESIOLOGISTS OF ONTARIO

19. FEES

19.01 Application Fee
There shall be a non-refundable application fee of $150. No further application fee will be required if the applicant reapplies to the College or pursues further evaluation from the College within one year of payment of the application fee in question.

19.02 Jurisprudence Fee
An applicant who applies to attempt the College's jurisprudence course shall pay a fee of $75.

19.03 Examination Fee
An applicant who applies to attempt an examination that is a requirement for a certificate of registration in the General Class shall pay a fee of $450.

An applicant who applies to have the results of an examination re-scored shall pay a fee of $50. The fee will be reimbursed in case of a change in score.

19.04 Registration Fee
The registration fee is an amount equal to the annual fee. The College registration year runs from September 1 to August 31. For applicants who have never been registered with the College, the initial registration fee, pro-rated on a quarterly basis, is as follows:

i. September 1 to November 30, $700;
ii. December 1 to February 28, $525;
iii. March 1 to May 31, $350;
iv. June 1 to August 31, $175.

19.05 Annual Fee
A registration year begins on September 1 in one year and ends August 31 in the following year. Every member shall pay an annual fee of $700. The annual fee must be paid on or before September 1 in the registration year.

A member shall not pay an annual fee for the registration year in which the member is issued a certificate of registration and has paid the registration fee.

No later than 60 days before the annual fee is due, the Registrar shall notify the member of the amount of the fee and the day on which the fee is due. The obligation to pay the annual

fee continues even if the Registrar fails to issue a notice or the member fails to receive such notice.

If a person is first issued a certificate of registration between July 1 and September 1 of any registration year, the Registrar shall make reasonable efforts to notify the member as soon as possible of the amount of his/her annual fee and of the fact that it is due on September 1.

19.06 Late Fee

If a member who fails to pay the annual fee on or before the date on which it is due, shall pay a penalty of $150, in addition to the annual fee.

19.07 Inactive Fee

There shall be a non-refundable application fee of $50 for any member who chooses to move their certificate of registration to Inactive.

The fee for the issuance of Inactive certificate of registration is $250. If an Inactive member fails to pay the annual fee on or before the day on which the fee is due, the member shall pay a penalty of $100.

Where a member in the Inactive Class is reissued his or her general certificate of registration in accordance with the Registration Regulation and the by-laws, the annual fee, prorated on a quarterly basis, is as follows:

i. September 1 to November 30, $700;
ii. December 1 to February 28, $525;
iii. March 1 to May 31, $350;
iv. June 1 to August 31, $175.

19.08 Reinstatement Fees

If the Registrar suspends a member's certificate of registration for failure to pay a required fee, the Registrar may lift the suspension upon payment of a reinstatement fee calculated by adding:

i. the fee(s) which the member failed to pay and which gave rise to the suspension; and
ii. any late payment fee or late filing fee which became owing to the College after the member's suspension and before the lifting of that suspension.

A person who applies for reinstatement of a certificate of registration shall pay, at the time the person makes such application, a non-refundable fee of $350.

19.09 Declined Credit Card and Returned Cheques

A fee of $40 shall be payable by a member where the member purports to make payment by VISA, MasterCard or other credit card accepted by the College and payment is refused by the credit card provider on first submission by the College.

A fee of $40 shall be payable by a member where payment is made by cheque and the cheque is not honoured on first presentation to the financial institution of the payer.

19.10 Fees for Replaced Documents

i. The fee for replacement tax receipt is $10.

ii. The fee for a letter of standing with the College is $10.

iii. The fee for a replacement certificate of registration is $50.

19.11 Annual Fee Increases

Effective September 1, 2024, and each year thereafter, until this By-law is further amended, Council shall consider and may apply, based on the College's budget and operating requirements, increases to some or all fees.

19.12 Power to Waive Fee Increases

Council may, prior to September 1 of any given year, decide to waive the fee increase for that year.

19.13 Review of Fees

At any time, Council may review and, with or without amending these By-laws, adjust the amount of any fees or fee increases set out in By-law 19.

19.14 Power to Waive or Reduce a Fee

The Registrar may consider requests for waiver or reduction of any fee from individual members and may waive or reduce any fee where the Registrar is satisfied that such waiver or reduction is appropriate.

~~**19.14 Power to Waive a Fee**~~

~~The Registrar may waive or reduce the application fee associated with a particular application where the Registrar is satisfied in their sole and absolute discretion that such waiver or reduction is appropriate having regard for the actual costs incurred by the College in processing that application.~~

Formatted: Space Before: 0 pt, After: 10 pt

Resolution – Amendments to By-law 19. Fees

Whereas the College of Kinesiologists of Ontario ("the College") is committed to the adoption and implementation of best practices in governance and risk management; and

Whereas the College has given due consideration to potential mechanisms to address requests for fee waiver or reduction; and

Whereas the College had proposed amendments to By-law 19. Fees to grant the flexibility to waive or reduce College fees on a case-by-case basis in response to requests from individual members; and

Whereas Council has reviewed the proposed amendments to By-law 19. Fees and has approved the proposed amendments for circulation in a 60-day public consultation;

Whereas the 60-day public consultation is complete and Council has received a report regarding feedback received;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to By-law 19. Fees.

Moved by:

Seconded by:

Date: June 23, 2025

2024/2025 Risk Management Plan Dashboard

Overall Risk Priority Highlights:

Risk Priority (Risk Rating)	Description	Changes (from March 2025)		# of Risks (2024/2025)
Extreme (10-20)	Requires immediate prohibition of the work, process and immediate corrective action	**Upgraded to Extreme:**	0	0
High (7-9)	Requires immediate corrective action	**Downgraded to High:**	0	1
		Upgraded to High:	0	
Moderate (3-6)	May require corrective action, planning and budgeting process	**Downgraded to Moderate:**	2	19
		Upgraded to Moderate:	0	
Low (1-2)	May require consideration in any future changes to the work area or processes, or can be fixed immediately	**Downgraded to Low:**	13	23
		Upgraded to Low:	0	

General and Non-Substantive Amendments (apply to multiple risk types, risks and risk mitigation strategies):

- Updated all date references where necessary
- Minor amendments for formatting/grammar/spelling where indicated

Details (Q2-Q3 2024-2025: March 1, 2024 – May 31, 2025)

Legend:

Low	Moderate	High	Extreme

Risk Type	Risk Priorities	Proposed Amendments			
Financial		**Risk Item**	**Amendment**	**Rationale**	**Current Risk Likelihood/Impact/Priority**
		1 - Inadequate procedures for financial document management Financial records are not sufficiently organized	Amended risk mitigation strategy to clarify staffing options to cover temporary absence or vacancies.	Effective and ongoing implementation of the College's business continuity plan.	**Likelihood: 3** – Moderate **Impact:** 1 - Minor **Priority:** 3 - Moderate
		2. Risk of Fraud/Theft	Enhanced risk mitigation strategy by including reference to contract refinement to strengthen accountability provisions. Also added reference to policy development.	Enhances accountability and promotes reporting in the form of whistleblowing.	**Likelihood:** 2- Unlikely **Impact:** 2 - Serious **Priority:** 4 - Moderate
		3. Sufficient financial resources	Update risk owner to include Planning and Finance committee	Planning and Finance committee plays an integral role in financial oversight.	**Likelihood:** 1 - Rare **Impact:** 2 - Serious **Priority:** 2 – Low
			Amendment to risk mitigation strategy to include		**Likelihood:** 2 – Unlikely **Impact:** 1 - Minor

<table>
<tr><th>Risk Type</th><th>Risk Priorities</th><th colspan="4">Proposed Amendments</th></tr>
<tr><td></td><td></td><td colspan="4"><table>
<tr><td>5. Unfair, non-transparent and non-competitive procurement processes</td><td>contract templates for vendors developed and implemented for new agreements, with revisions made as needed to ensure accuracy and alignment with current requirements.</td><td>The amendment enhances external vendor accountability.</td><td>Priority: 2 – Low</td></tr>
<tr><td>6. Inadequate oversight by Council may lead to non-adherence to Financial Plan and Procurement policies by College staff with resulting financial loss</td><td>Decreased risk likelihood from 3 – Moderate to 1– Rare

Decreased risk priority from 6 – Moderate to 2 - Low</td><td>Effective and ongoing implementation of succession planning and a heightened focus on business continuity.</td><td>Likelihood: 1 - Rare
Impact: 2 - Serious
Priority: 2 - Low</td></tr>
</table></td></tr>
<tr><td>Information Management</td><td>  </td><td colspan="4"><table>
<tr><th>Risk Item</th><th>Amendment</th><th>Rationale</th><th>Current Risk Likelihood/Impact/Priority</th></tr>
<tr><td>13. Information provided to the public and stakeholders through public website is inaccurate, inconsistent, not easy to access, and/or causes confusion.</td><td>Decreased risk likelihood from 2 – Unlikely to 1 – Rare

Decreased risk priority from 6 – Moderate to 2 - Low</td><td>Implementation of a comprehensive risk mitigation strategy to accommodate new information related to transparency and accessibility requirements.</td><td>Likelihood: 1 - Rare
Impact: 2 – Serious
Priority: 2 - Low</td></tr>
</table></td></tr>
</table>

COLLEGE OF KINESIOLOGISTS OF ONTARIO

<table>
<tr><th>Risk Type</th><th>Risk Priorities</th><th colspan="4">Proposed Amendments</th></tr>
<tr><td>Loss/Damage of Capital Equipment/Furnishings</td><td>  </td><td colspan="4"><table>
<tr><th>Risk Item</th><th>Amendment</th><th>Rationale</th><th>Current Risk Likelihood/Impact/Priority</th></tr>
<tr><td>17. Permanent damage to equipment and/or furnishings due to water/fire damage, abuse by individuals.</td><td>Decreased risk likelihood from 2 – Unlikely to 1 – Rare

Decreased risk Impact from 2 – Serious to 1 - Minor

Decreased risk priority from 4 – Moderate to 1 - Low</td><td>The College relocated earlier in 2025 and engaged third-party vendors to assist with the move. Post-move, the College continues to monitor the condition and lifecycle of capital assets. Third-party vendors are no longer a factor here.</td><td>Likelihood: 1 - Rare

Impact: 1 - Minor

Priority: 1 - Low</td></tr>
</table></td></tr>
<tr><td>Loss/Compromise of Examination</td><td>  </td><td colspan="4">• No changes or amendments proposed to any risks in this risk type.</td></tr>
<tr><td>Human Resources</td><td>  </td><td colspan="4"><table>
<tr><th>Risk Item</th><th>Amendment</th><th>Rationale</th><th>Current Risk Likelihood/Impact/Priority</th></tr>
<tr><td>24. Extended disruption in work due to an emergency.</td><td>Decreased risk likelihood from 2 – Unlikely to 1 – Rare

Decreased risk priority from 4 – Moderate to 2 - Low</td><td>The College has developed and implemented several strategies to mitigate this risk, including flexible remote work capabilities, cloud-based systems, and enhanced IT infrastructure. These measures ensure that essential functions can continue with minimal disruption, even if the</td><td>Likelihood: 1 - Rare

Impact: 2 - Serious

Priority: 2 - Low</td></tr>
</table></td></tr>
</table>

Risk Type	Risk Priorities	Proposed Amendments			
				physical office is inaccessible.	
		25. Lack of French-speaking staff member is raised as an issue, the Ministry, the Fairness Commissioner or other authoritative body	Decreased risk impact from 3 – Major to 2 - Serious Decreased risk priority from 3 – Moderate to 2 - Low	Investments in enhancing French-language accessibility through multiple channels. The College has also engaged professional translation services to ensure that key public-facing documents and communications are accurately and consistently available in French.	**Likelihood:** 1 - Rare **Impact:** 2 - Serious **Priority:** 2 – Low
		26. Organizational culture issues	Decreased risk likelihood from 2 – Unlikely to 1 - Rare Decreased risk priority from 4 – Moderate to 2 - Low	Consistently positive organizational climate over the past year. Staff morale remains high, with no reported interpersonal conflicts, complaints of harassment, or noticeable drops in productivity.	**Likelihood:** 1 - Rare **Impact:** 2 - Serious **Priority:** 2- Low
		27. Staff are ineffective in their roles	Decreased risk likelihood from 2 – Unlikely to 1 - Rare Decreased risk priority from 4 – Moderate to 2 - Low	High staff engagement, clarity in roles and responsibilities, and a strong organizational foundation. Staff are demonstrating a high degree of knowledge, competence, and commitment to the College's values. Succession planning	**Likelihood:** 1 - Rare **Impact:** 2 - Serious **Priority:** 2 – Low

Risk Type	Risk Priorities	Proposed Amendments			
				and business continuity is also in place.	
		29. Lack of capacity during period of high activity in a portfolio	Decreased risk likelihood from 2 – Unlikely to 1 - Rare Decreased risk priority from 4 – Moderate to 2 - Low	Effectiveness of internal planning and collaborative workload management. Structured workplans to anticipate and manage periods of increased activity. This is also helped by the College's business continuity plan.	**Likelihood:** 1 - Rare **Impact:** 2 - Serious **Priority:** 2 – Low
Loss of Confidence in CKO		**30.** College does not ensure, or is seen not to ensure, competence of its registrants	Decreased risk likelihood from 2 – Unlikely to 1 - Rare Decreased risk priority from 6 – Moderate to 3 - Moderate	Investments in strengthening the College's regulatory processes and enhancing staff knowledge and training. Staff across departments receive regular training and guidance to support informed, transparent, and fair decision-making aligned regulatory frameworks.	**Likelihood:** 1 - Rare **Impact:** 3 - Major **Priority:** 3 – Moderate
		31. Applicant/Registrant disengagement	Decreased risk likelihood from 2 – Unlikely to 1 - Rare Decreased risk priority from 6 – Moderate to 3 - Moderate	Reflects the College's efforts in succession planning and registrant engagement. The College has strengthened its approach to succession planning to ensure continuity in governance and committee membership, working to minimizing gaps when members complete their terms.	**Likelihood:** 1- Rare **Impact:** 3 - Major **Priority:** 3 – Moderate

Risk Type	Risk Priorities	Proposed Amendments			
		32. Poor customer service/public relations	Decreased risk likelihood from 2 – Unlikely to 1 - Rare Decreased risk priority from 6 – Moderate to 2 – Low	Measures implemented by the College, including, a structured complaints intake process with annual staff training, and ongoing efforts to improve accessibility and clarity of College resources.	**Likelihood:** 1 - Rare **Impact:** 2 - Serious **Priority:** 2 – Low
		33. Public, registrants, government and/or other stakeholders perceive the College as not being transparent and/or fair	Decreased risk likelihood from 2 – Unlikely to 1 – Rare Decreased risk impact from 3 – Major to 2 – Serious Decreased risk priority from 6 – Moderate to 2 – Low	Reflects the College's commitment to transparency through implementation of Bylaws, a website revamp, regular performance reporting, and collaboration with other Colleges on communication strategies.	**Likelihood:** 1 - Rare **Impact:** 2 - Serious **Priority:** 2 – Low
Governance		**Risk Item**	**Amendment**	**Rationale**	**Current Risk Likelihood/Impact/Priority**
		36 - Resignations from Council along with failure to recruit/maintain minimum number of Council members.	Decreased risk likelihood from 2 – Unlikely to 1 – Rare Decreased risk priority from 4 – Moderate to 2 - Low	Succession planning is established to support the transition of Council members, ensuring continuity and effectiveness in Council roles for both departing and incoming members.	**Likelihood:** 1 - Rare **Impact:** 2 – Serious **Priority:** 2 – Low
		38. Council/Committee operating outside of mandate; or seen to be advocating for profession.	Decreased risk likelihood from 3 - Moderate to 1 - Rare	Strengthened governance practices, including competency-based selection, mandatory orientation, and	**Likelihood:** 1 - Rare **Impact:** 2 - Serious **Priority:** 2 - Low

Risk Type	Risk Priorities	Proposed Amendments			
			Decreased risk priority from 6 – Moderate to 2 - Low	use of a clear Conflict of Interest Policy.	
		39. Lack of timely access to Council/Committee proceedings and activities in French	Decreased risk impact from 3 - Major to 2 - Serious Decreased risk priority from 3 – Moderate to 2 - Low	Reflects the College's investment in translation services and resources, ensuring that relevant materials are accessible in French for those who require them, thereby supporting transparency and compliance with language accessibility expectations.	**Likelihood:** 1 - Rare **Impact:** 2 - Serious **Priority:** 2 – Low
Compliance		**41.** Risk of complaints/reviews from other bodies/ministries/tribunals	Decreased risk likelihood from 2 - Unlikely to 1 - Rare Decreased risk priority from 4 – Moderate to 2 - Low	Such a case has not occurred in the last year. This reflects the College's proactive efforts to ensure ongoing compliance with labour, accessibility, and health and safety legislation, supported by clear policies and regular staff training.	**Likelihood:** 1 - Rare **Impact:** 2 - Serious **Priority:** 2 - Low

Resolution – Revised Risk Management Plan – 2024/25

Whereas, Council is responsible for the oversight of the College and the management of its affairs, and

Whereas, as part of its oversight role, Council reviews the Risk Management plan developed by College staff to identify, assess, and respond to risks facing the College and its operations, and

Whereas, Council has reviewed the updated the Risk Management Plan for 2024/2025, including the identified risk priorities 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 approves the revised Risk Management Plan for 2025/2026.

Moved by:

Seconded by:

Date: June 23, 2025

Operational Plan: September 1, 2025 – August 31, 2026

Strategic Theme #1: Governance & Public Trust
Objective: Effectively regulate the profession of Kinesiology and advance its governance and statutory work through a risk-based approach to right-touch regulation
Focus: • *Assess the pathway to licensure: Ensuring Canadian and internationally trained Kinesiologists are registered efficiently and effectively while meeting all regulatory requirements including review of entry to practice requirements;* • *Ensure the use of best practice risk management/right-touch regulatory frameworks, approaches and strategies* • *Build good governance practices through continuous improvement: review, refresh, refine the systems and processes to ensure continued good governance and council effectiveness and performance*

Registration		
Key Deliverables	**Activity Highlights**	**Projected Timelines**
1. *Education Equivalency Framework Review*	a) Engage external third-party expertise to review, assess and evaluate Education Equivalency Framework and revise as necessary. b) Ensure that educational equivalency assessment and evaluation process is defensible, flexible and clearly defined.	Project to begin Q4 2024-2025 and continue throughout FY 2025-2026.
2. *Updated database management system*	a) Targeted enhancements to IT infrastructure through system upgrades; iMIS upgrade to Engagement Management System (EMS) to allow for a more efficient system thereby addressing legacy issues. b) Automate prioritized registration processes in iMIS data management system. c) Transfer to new application forms to enhance membership data capture and storage.	All activity highlights are elements of single database update project. Project to begin Q1 2025-2026 and continue throughout FY 2025-2026.

3. *Provincial Provider Registry Integration*	a) Leverage updated database management system to integrate data sharing with the e-Health Ontario Provincial Provider Registry.	Aligned with completion of updates to database management system. Ongoing throughout FY 2025-2026.
4. *Entry-to-Practice Examination Development*	a) Ongoing review of entry-to-practice examination pass rates in collaboration with University system partners. b) Develop new entry-to-practice examination forms based on the updated *Kinesiology Core Competency Profile*. c) Ongoing monitoring, review and refinement of existing entry-to-practice examination forms and item bank. d) Development of new questions to supplement entry-to-practice examination item bank.	Work ongoing throughout FY 2025-2026.
5. *Enhanced member demographic data collection*	a) Develop and incorporate voluntary demographic data collection processes and procedures.	Work ongoing throughout FY 2025-2026.
6. *Registration policy review*	a) Review of existing Registration policies to ensure currency and consistency with best practices. b) Development of new Registration policies as needed to support evolving portfolio needs.	Ongoing throughout FY 2025-2026.

Registration Key Performance Indicators

- Entry-to-Practice Review
  - Compliance with legislated timelines pertaining to Registration and renewals.
  - Compliance with Emergency Class legislation
  - Number of system partners informed about Educational Equivalency Review amendment impacts.
- Jurisprudence eLearning Module:
  - Project completion measured against projected timelines.
  - Completion rate for Jurisprudence eLearning module
- Entry-to-Practice Exam
  - Number of incidents of misconduct (cheating or unauthorized access)
  - Participation rate in support resources (webinars, practice tests)
  - Pass vs fail rates (target: 75% pass rate)
- Registrant data and statistics

- Number of registrants
  - By Class of Certificate of Registration (General/Inactive)
  - Number of new registrants
  - Number of applicants
  - Number of applicants who complete registration process.
- Number of administrative suspensions
- Number of administrative revocations
- Number of resignations (reasons)

- Annual Office of the Fairness Commissioner (OFC) Report
  - Number of requirements met.
  - Compliance with completion and submission timelines
- Health Professions Database Report (HPDB)
  - Number of requirements met.
  - Compliance with completion and submission timelines
- College Performance Measurement Framework:
  - Domain 6, Standard 9, Measure 9.1 "Applicants meet all College requirements before they are able to practice."
  - Domain 6, Standard 9, Measure 9.3 "Registration practices are transparent, objective and fair"

Corporate/Governance		
Key Deliverables	**Activity Highlights**	**Projected Timelines**
1. *Enhance risk management and right-touch frameworks*	a) Quarterly reviews of Enterprise Risk Management Plan, Business Continuity Plans and Disaster Recovery Plans. b) Implementing incident response planning into risk management plan to respond to: i. Risks related to the storage, transmission, and access to records, and implement appropriate safeguards to mitigate these risks. ii. Data breaches, security incidents, or privacy breaches. Define roles and responsibilities, establish communication protocols, and outline procedures for investigating and	a) Ongoing throughout FY 2025-2026. b) Ongoing throughout FY 2025-2026. c) Ongoing throughout FY 2025-2026. d) Framework developed by: January 2026. Policy, procedure and process integration to be ongoing through Q2, Q3 and Q4 of FY

	reporting incidents to regulatory authorities and affected individuals. c) Ongoing training and process improvements to manage risks and encourage and facilitate effective, efficient discharge of governance responsibilities in the public interest and for public protection. d) Development of "Public Risk Management Framework" to codify College's approach to managing risks to the public associated with the practice of the profession.	2025-2026 and beyond as required.
2. *Good Governance through continuous improvement*	a) CERF reporting b) Third-party review of Council performance and effectiveness c) Council mentorship and succession planning d) Council orientation and training	a) 2024-2025 CERF report: December 2025. b) Third-party review of Council performance and effectiveness to begin in September 2025. c) Engagement, mentorship and succession planning guideline in draft format developed in FY 2024-2025. Guideline to be implemented (beginning September 2025) in FY 2025-2026. d) Council orientation and training to be delivered on an ongoing basis throughout FY 2025-2026.
3. *Regulatory, governance and corporate compliance*	a) Annual financial audit. b) Annual College Performance Measurement Framework (CPMF) reporting.	a) Annual Financial Audit: Q1-Q2 of FY 2025-2026. b) CPMF reporting cycle: Q1-Q2 of FY 2025-2026 (CPMF

		responses focused on Calendar Year 2024).
4. *Review and development of policies*	a) Ongoing policy review in accordance with *Policy and Material Development and Review Framework*.	a) Throughout FY 2025-2026: Ongoing progress towards policy review goal(s) as presented to Council at the March 2025 meeting.

Corporate/Governance Key Performance Indicators

Governance:

- Percentage of board meetings attended by board members.
- Compliance with regulatory requirements and industry standards such as CPMF, RHPA
- Number of governance policies and procedures reviewed and updated annually.
- Timeliness and effectiveness of decision-making processes within the governance structure.
- Rate of successful implementation of recommendations from internal and external audits.
- Effective Stewardship of Resources (Financial, Material, Human)
- External Financial Auditor's Opinion
- Budget variance analysis comparing actual expenditures to budgeted amounts.

Risk Management & Compliance

- Number of identified risks and their mitigation strategies.
- Percentage of compliance with applicable laws, regulations, and internal policies.
- Number of incidents related to non-compliance or breaches of regulations etc.
- Timeliness and effectiveness of response to identified risks and compliance issues.
- Results of internal and external audits related to risk management and compliance.

Focus on the Importance of Protecting Sensitive Data, Maintaining Regulatory Compliance, and Mitigating Cyber Threats:

- Number of cybersecurity incidents detected and resolved.
- Compliance with data protection regulations (e.g. Personal Information Protection and Electronic Documents Act (PIPEDA) PIPEDA, Freedom of Information and Protection of Privacy Act (FIPPA) Personal Health Information Protection Act (PHIPA), Canadian Anti-Spam Legislation (CASL), Digital Privacy Act:).
- Employee training completion rates on cybersecurity awareness.
- Cybersecurity Incident Response Planning through disaster recovery and business continuity planning, employee training and awareness.
- Progress towards strategic goals and objectives as measured by key milestones.
- Alignment of departmental or functional goals with the overarching strategic plan – development of departmental operational plans

- Percentage of strategic initiatives completed on schedule and within budget.

a) System partner satisfaction with the strategic planning process and outcomes.

- Regular review and adjustment of the strategic plan based on changes in the internal or external environment.

Professional Conduct		
Key Deliverables	**Activity Highlights**	**Projected Timelines**
1. *Timely response to complaints*	Timely updates to the public register and database regarding professional conduct matters. Ensure that information regarding member conduct is readily available and appropriately monitored.	Ongoing throughout FY 2025-2026 as needed.
2. *Complainants effectively supported by and informed with the progress of complaints*	Develop accessible, up-to-date and documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints and reports.	Ongoing throughout FY 2025-2026.
3. *COKO addressing complaints in a right-touch manner*	The complaint process and relevant available support to complainants are clearly communicated on the COKO website, including information on access to sexual abuse therapy and counselling.	Ongoing throughout FY 2025-2026.

Professional Conduct Key Performance Indicators

a) College Performance Measurement Framework:

- Domain 6, Standard 11, Measure 11.1 “The College enables and supports anyone who raises a concern about a registrant.”
- Domain 6, Standard 11, Measure 11.2 “All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.”
- Domain 6, Standard 12, Measure 12.1 “The College addresses complaints in a right touch manner.”
- Domain 6, Standard 13, Measure 13.2 “The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).”
- Context Measure 5: Distribution of formal complaints and Registrar’s Investigations by theme
- Context Measure 6: Total number of formal complaints that were brought forward to the ICRC in the calendar year
- Context Measure 7: Total number of ICRC matters brought forward as a result of Registrar’s Investigation in the calendar year
- Context Measure 8: Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved
- Context Measure 9: Disposition of the formal complaints and Registrar’s Investigations received

- Context Measure 10: Total number of ICRC decisions
- Context Measure 11: 90th Percentile disposals of a formal complaint and a Registrar's Investigation
- Context Measure 12: 90th Percentile disposal of an uncontested and a contested Discipline hearing in working days
- Context Measure 13: Distribution of Discipline finding by type
- Context Measure 14: Distribution of Discipline orders by type

Strategic Theme # 2: Engagement and Partnerships

Objective: Meaningfully engage and partner with the public, the profession and others to support an understanding of Kinesiologists' role and mandate within the regulated health care environment

Focus:

- *Increase public awareness: Develop and implement targeted communication campaigns to raise public awareness of the Kinesiologist's role within regulated healthcare, ensuring clear and accessible information is available to all stakeholders.*
- *Enhanced communication channels: Establish and maintain effective, transparent, and timely communication channels with the public and the profession, ensuring that all stakeholders are well-informed about the Kinesiologist's mandate and contributions to healthcare.*
- *Strengthen integration: promote/strengthen integration of kinesiology within healthcare teams through strengthened professional collaboration and partnerships.*

Communications

Key Deliverables	Activity Highlights	Projected Timelines
1. *Communications Strategy Implementation*	Implementation of communications strategy to support achievement of strategic goals.	Communications strategy developed by early-Q1 of FY 2025-2026. Implementation to begin in Q1 of FY 2025-2026.
2. *System Partner engagement and meetings*	a) Identification of new system partner(s) to strengthen health care system integration. b) Outreach to maintain existing system partner collaborations and relationships. c) Leverage existing and underutilized communications channels, technology and resources to support system partnerships and public awareness.	a) To begin Q1 of FY 2025-2026, informed by Communication Strategy and Implementation Plan. Ongoing throughout FY 2025-2026. b) Ongoing throughout FY 2025-2026

		c) Ongoing throughout FY 2025-2026, to be informed by Communications Strategy and Implementation Plan.
3. *Member engagement and education*	a) Review and revise existing communications tools and strategies to focus on audience-specific value proposition(s). b) Use of embedded presentation or event surveys and other analytics to identify opportunities to develop and refine communications activities for the specific audience.	a) Ongoing throughout FY 2025-2026, to be informed by the Communications Strategy and Implementation Plan (expected by Q1 of FY 2025-2026). b) Ongoing throughout FY 2025-2026, informed by Communications Strategy and Implementation Plan (expected by Q1 of FY 2025-2026).
4. *Public awareness and perception*	a) Launch of public awareness initiative to foster ongoing public dialogue around the role of R.Kin in health and wellness and importance of public protection in kinesiology practice. b) Development of media relations with health/healthcare reporters with the goal to secure 2-3 positive coverages annually c) Development and implementation of a Social Media Strategy guided by the Communications Strategy	a) Q3/Q4 of FY 2025-2026 b) Ongoing throughout FY 2025-2026, informed by Communications Strategy and Implementation Plan (expected by Q1 of FY 2025-2026). c) Development: Q1, implementation: Q2-4
5. *Enhanced communication products and channels*	a) Development of a Brand Guide to include key messages, brand voice, and visual identities, etc.	a) Q2-3 of FY 2025-2026 b) Ongoing throughout FY 2025-2026

	b) Continuous improvement of website to incorporate French content and streamline information sharing	
6. *Council Elections*	2025-2026 Council election administration. Competency-based eligibility to stand for election.	Council election cycle to begin with planning in Q1-Q2 of FY 2025-2026. Nomination period and eligibility assessment: Q3 of FY 2025-2026. Election: Q4 of FY 2025-2026

Communications Key Performance Indicators

- Website performance indicators
  - Website analytics, such as page views or link/document clicks (may obtain information via Google Analytics or similar applications/tools that may be provided or recommended by vendor/service provider).
  - Search engine analytics (may obtain information via Google Analytics or similar applications/tools that may be provided or recommended by vendor/service provider).
- eNewsletter engagement analytics
  - Open rate
  - "Click rate"/"Click-through rate"/"Click-to-Open Rate"
  - # of inquiries pertaining to specific newsletter items
- System Partner meetings:
  - # of identified system partners identified for engagement
  - # of meetings held (total)
  - # of meetings held with each individual system partner
- Media relations:
  - # of mentions by media
  - # of positive coverages by media
- Social media:
  - # of followers increase
  - # of reach, share, etc.
- Election
  - # of nominees
  - # of eligible nominees
  - # of voters
  - # of votes

Strategic Theme #3: System Collaboration

Objective: Develop strategic collaborations to build a robust healthcare system

Focus:

- *Foster interdisciplinary partnerships: Create and promote initiatives that encourage collaborations and knowledge sharing between Kinesiologists and other healthcare professionals to improve patient outcomes and build a more cohesive health care system;*
- *Collaborative review and optimization of kinesiologist scope of practice, titles and designations to support health human resources and patient/client needs;*
- *Engage with policy makers and healthcare leaders to promote and influence policy and regulatory change and alignment to support interdisciplinary collaboration and contribute to a resilient and effective healthcare system.*

Professional Practice & Quality Assurance		
Key Deliverables	**Activity Highlights**	**Projected Timelines**
1. *Revise Essential Competencies of Practice for Kinesiologists in Ontario to align with the Kinesiologist Core Competency Profile;*	a) Revision of Essential Competencies for alignment with Core Competency Profile. b) Develop logic model and proposed QA program recommended changes.	a) Project to be completed by February 2026. b) Associated with completion of and final report regarding Essential Competencies review project.
2. *Establish expectations and supports to promote culture of continuous quality improvement;*	a) Engage kinesiologists and system partners to obtain current information about emerging frontline patient and practice issues and thereby identify areas for practical support to address issues with the goal to ensuring patient safety, enhancing the patient's experience and the quality of patient care. b) Demonstrate how quality assurance activities engage and support registrants in incorporating Continuous Quality Improvement (CQI) into their practice, and help	a) CPD Directory Policy review, review of CPD Directory format and approach Q1-Q2 FY 2025-2026. b) Projects related to demonstration of QA activities:

	registrants improve practice as individuals and as part of a team;	- PLI Audit: December-January 2026. - Annual review of QA program metrics presented to QA Committee. - Portfolio/ILP audit (Q2-Q3 of FY 2025-2026).
3. *Develop/amend processes and policies to demonstrate risk-based, evidence-informed approach to programming;*	a) Develop/amend processes and policies to explain how we use a risk-based, evidence-informed approach for assessment. b) Continue peer and practice assessment operations through hybrid platform to ensure registrants' continuing competence, promote continuous quality improvement and identify profession-wide practice issues. c) Timely review of existing regulatory supports, requirements and expectations in response to evolving, new and emerging elements of professional practice.	a) QA Policy reviews ongoing throughout FY 2025-2026. - Integration of Public Risk Management Framework into QA policies. b) PPAs ongoing through FY 2025/2026 - Cycle #1: Fall/Winter - Cycle #2: Spring/Summer c) Review of: - Self-Assessment and eLearning module portal. To be completed prior to June 2026. - Current College Practice Advice resources.

4. *Development of peer and mentoring programs for kinesiologists.*	a) Support registrants in applying relevant practice standards and guidelines to their practice and obtain feedback on value/efficacy of supports. b) Articles and other resources developed for registrants and the public to enhance understanding of Practice Standards and reduce risk of harm.	a) Peer Circle cycle anticipated to begin by Q2 of FY 2025-2026. b) Practice Standard/Practice Guideline webinar/module series to begin Q1 2025-2026.

Professional Practice/Quality Assurance Key Performance Indicators

c) Quality Assurance KPIs:
   a) Internal QA Program Evaluation Metrics
   b) Peer Circles:
      - # of Peer Circles
      - # of members participating
      - Peer Circle Attendance
      - Feedback survey aggregate responses
   c) College Performance Measurement Framework:
      - Domain 6, Standard 9, Measure 9.2 “Registrants continuously demonstrate they are competent and practice safely and ethically.”
      - Domain 6, Standard 10, Measure 10.2 “The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation.”
      - Domain 6, Standard 10, Measure 10.3 “The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.”
      - Context Measure 1: Type and distribution of QA/QI activities and assessments used
      - Context Measure 2: Total number of registrants who participated in the QA Program
      - Context Measure 3: Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation
      - Context Measure 4: Outcome of remedial activities as at the end of the calendar year

d) Professional Practice KPIs:
   a) Number of Practice Inquiries
   b) Practice Inquiries by topic/subject matter
   c) Practice inquiry response rate vs Client Service Policy standard
   d) Engagement rates with College resources:
      - Practice Standards
      - Practice Guidelines

- Webinars
- Other resources

e) CPMF:

- Domain 5, Standard 8, Measure 8.1 “All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).”
- Domain 6, Standard 10, Measure 10.1 “The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.”

College of Kinesiologists of Ontario - Revenue Projections & Operating Cost Estimation - 2025/2026 - 2027/2028					
	Approved Revenue Forecast	Approved Revised Revenue Forecast	Interim Budget	Future Forecasts - (fo	
	2024/2025	2024/2025	2025/2026	2026/2027	2027/2028
Revenues			($)	($)	($)
Jurisprudence Fee	38,092	38,092	31,343	31,969	32,609
Application Fee	81,000	81,000	79,577	81,168	82,792
Examination Fee	196,425	196,425	214,549	218,840	223,217
Registration Fees	2,017,550	2,017,550	2,097,393	2,128,853	2,160,786
Interest At Bank	50,000	50,000	80,000	80,000	80,000
Other Income					
Total Revenue Projections	2,383,067	2,383,067	2,502,862	2,540,830	2,579,404
Operating Expenses	Approved Budget	Approved Revised Budget	Interim Budget 2025/2026	2026/2027	2027/2028
Council and Committees	135,908	141,708	85,300	141,708	85,300
Professional Services	123,400	133,400	103,400	91,000	92,660
Communications/Media	168,000	186,650	182,200	185,844	189,560
Rent and Facilities Costs	163,670	163,670	151,500	154,530	157,620
Office and General	141,800	141,800	138,100	140,862	143,679
Staff Salaries/Benefits & Stat Remittances	1,147,000	1,147,000	1,204,350	1,264,567	1,327,796
Registration Costs	241,294	241,294	347,422	246,120	251,043
Quality Assurance Costs	61,660	65,389	49,020	50,000	51,000
Professional Conduct	80,250	80,250	48,500	50,000	50,000
TOTAL OPERATING COSTS	2,262,982	2,301,161	2,309,792	2,324,631	2,348,658
SURPLUS (DEFICIT)	120,085	81,906	193,070	216,199	230,746
Reserve Fund Contribution					
Notes:					

COLLEGE OF KINESIOLOGISTS OF ONTARIO

Resolution – Draft Budget 2025-2026

Whereas the College of Kinesiologists of Ontario ("the College") is committed to the adoption and implementation of best practices in governance and risk management; and

Whereas the College has given due consideration to succession planning and business continuity in the event of a vacancy or extended absence of the Registrar & CEO; and

Whereas the College had proposed a draft budget for 2025-2026; and

Whereas the Council of the College of Kinesiologists of Ontario has reviewed the draft budget for 2025-2026;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the draft budget for 2025-2026.

Moved by:

Seconded by:

Date: June 23, 2025

Committee Report

Committee: Executive Committee
Prepared for: Council
Date: June 23, 2025

The Executive Committee has met once, on May 20, 2025, since the Council meeting on March 31, 2025.

On May 20, 2025, the Executive Committee considered a proposal from the College to allocate funds in the budget in support of the College's participation in an event to raise public awareness of the College, its role, and mandate. The proposal was approved by the Executive Committee and was subsequently ratified by Council by electronic vote as per the Terms of Reference of the Executive Committee.

Committee Report

Committee: Governance and Nominations Committee
Prepared for: Council
Date: June 23, 2025

Meetings

The Governance and Nominations Committee ("the Committee") had one meeting scheduled since the last regular Council meeting on June 9, 2025.

Committee Orientation

Members of the Committee received an orientation to the Committee's role, mandate and duties. The orientation also included a focused presentation regarding recognition, identification, disclosure/declaration and steps to address or manage real, potential or apparent conflicts of interest.

Council Engagement, Mentorship and Succession Planning

The Committee received and reviewed the College's draft Council Engagement, Mentorship and Succession Planning guideline. This draft guideline is the continuation of ongoing work to adopt and apply good and best practices in governance. The Committee provided feedback and suggestions which will be incorporated into the draft Guideline. The draft Guideline will be used as an internal document to guide College governance and an operational level.

Council Effectiveness Review Framework: Q3 Report

The Committee received and reviewed a quarterly report regarding meeting evaluation surveys, conducted in keeping with the College's Council Effectiveness Review Framework (CERF).

Council Election: Nominee Eligibility

The Committee reviewed nominations for Council election in Electoral Districts 1, 4, 5 and 7. Nominee eligibility was assessed and evaluated against the criteria set out in the College by-laws. Nominee applications were also reviewed against the *Council and Committee Competency Profile*. The following nominees were found to be eligible to stand for election:

- Electoral District 1
    - Heather Westaway

- Electoral District 4

- Mehrdad Alizadeh Meghrazi

- Electoral District 5
  - Gergo Szoboszlai

- Electoral District 7
  - Leanne Smith
  - Adam Upshaw

The elections will take place from July 1 – July 8, 2025.

Inquiries, Complaints and Reports Committee Report

Committee: Inquiries, Complaints and Reports Committee
Prepared for: Council
Date: June 23, 2025

Meetings

Panels of the Inquiries, Complaints and Reports Committee have met on two occasions since the last report to Council on March 31, 2025.

Summary:

ICRC panel met on April 17, 2025, to discuss six (6) cases

- For one (1) case, the panel decided the ICRC is to issue an oral caution to the member.

- For one (1) case, the panel requested more documents from the treating healthcare professional to determine if there is underlying incapacity here.

- For one (1) case, the panel approved the terms of an Undertaking for the member to sign

- For three (3) cases, the panel approved an appointment of investigator.

ICRC panel met on May 28, 2025, to discuss six (6) cases.

- For one (1) case an Undertaking was approved to resolve the case.

- One (1) case was resolved with advice and recommendations.

- Two (2) cases were referred to a health inquiry panel for potential incapacity, while the conduct files will be held in abeyance.

- For two (2) cases, the panel approved an appointment of an investigator.

Currently, there are three (3) active complaint investigations and eight (8) active report investigations.

There are currently two (2) active HPARB cases in review, one from the 2023 FY and the other from the 2024 FY. In both cases, the ICRC issued a decision, and the complainant was not happy with the conclusion, resulting in an HPARB review. Additionally, the College has observed an increase in

reported criminal offences, primarily related to substance abuse and other serious matters. As a result, the College anticipates its first referral to the Fitness to Practise Committee in the near future, with the possibility of additional cases being referred to Fitness to Practise or Discipline Committees.

Planning and Financial Committee Report

Committee: Planning and Financial Committee
Prepared for: Council
Date: June 23, 2025

Meeting

The Finance and Planning Committee met on April 1st, 2025, to review the College's financial status and key initiatives.

The following are the key initiatives discussed at the meeting:

Investment Update:

- Staff provided an update on the College's investment strategy.
- The reinvestment into a Canadian laddered bond strategy was confirmed, with the goal of mitigating tariff-related risk and optimizing returns under current market conditions.
- No concerns were raised by committee members.

Internal Controls Audit:

- Staff presented updates to the internal controls audit, which addressed significant progress in several areas including the control environment, monitoring, IT, finance, and risk management.
- Key points discussed included:
  - Continued work on outdated policies and prioritization of high-risk areas.
  - Clarification around IT security responsibilities; members debated the feasibility and value of hiring dedicated IT staff versus using external vendors.
  - Noted that the audit was conducted based on the College's prior system, not the new SharePoint platform.
- A motion was carried to approve the draft internal control review report and continue progress monitoring.

Materiality Policy:

- Staff presented a new draft Materiality Policy focused on transparency, accountability, and risk-informed decision-making.
- Committee discussion emphasized the challenge of interpreting qualitative factors and debated the inclusion of illustrative examples.
- It was ultimately decided to keep the policy broad without examples and revisit it during the next audit cycle.

Audit Contract Renewal:

- The Committee reviewed the current audit arrangement with Hillborn and discussed options for the FY2025 audit.
- While Hillborn has provided reliable service, their increased fee and lack of internal control auditing led the Committee to explore alternatives.
- Members agreed that going to procurement may encourage competitive proposals and ensure alignment with best practices.
- A motion was carried to proceed with an external procurement process for both external and internal audit services.

Registration Report

Committees: Registration and Examinations
Prepared for: Council
Date of Council Meeting: June 23, 2025

This report covers the period of April 1, 2025, to June 10, 2025.

Meetings

The *Panel of the Registration Committee* met twice, once on May 2, 2025 and again on May 29, 2025

- The Panel considered the following referrals:
  - 5 educational equivalency assessments;
  - 1 exemption from exceeding the allotted timeline for writing the exam;
  - 1 remediation plan to support a third and final attempt at the exam;
  - 1 course review; and
  - 1 extension request of a previous Panel's decision.

The *Panel of the Examination Appeals Committee* did not meet during this reporting period.

The *Item Writing Committee* did not meet during this reporting period.

The *Examination Committee* met twice, once on May 2, 2025, and again on May 26, 2025.

Spring and Fall 2025 Examinations

The Spring sitting of the College's entry-to-practice examination was held on April 9, 2025. 184 applicants took the exam. 121 applicants passed the exam.

The Fall sitting of the College's entry-to-practice examination is scheduled to take place on September 10, 2025. As of the date of this report, seven candidates are registered to write the examination.

The application deadline is July 23, 2025. Based on previous patterns, it is expected that additional candidates will register in the coming weeks, including a few late applicants, which the College has routinely observed in past examination cycles.

An update on the final number of examination candidates will be provided at the Council meeting in September 2025.

Membership Update

As of June 10, 2025,

- Total membership count is 2,980
    - Members registered in the General Class: 39
    - Members registered in the Inactive Class: 5
    - Members reinstated after suspension for non-payment of fees: 5

Between April 1, 2025, to June 10, 2025, a total of 12 members resigned.