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32. Resolution – Council Engagement Succession Planning Mentorship Guide

Public Council Meeting

Draft Agenda

Date: December 1, 2025

Time: 10:10 a.m.

Location: virtual

MEETING LOGIN INFORMATION

Join Zoom Meeting

<https://us02web.zoom.us/j/82627290094?pwd=5rOn6FONZQFYRkt3R2KOGHUjcPYLap.1>

Meeting ID: 826 2729 0094

Passcode: 538266

AGENDA

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
Please complete the online Conflict of Interest Disclosure/Declaration Form prior to the meeting.					
In-camera session (60 minutes)					
1	10:10 am	Call to order, roll call, welcome	H. Westaway	No	Information
2	10:11 am	Introductions	H. Westaway	No	Information
3	10:12 am	Conflict of interest declarations	H. Westaway	No	Decision
4	10:13 am	Approval of agenda	H. Westaway	Yes	Decision
5	10:14 am	Approval of minutes: • Sept. 16, 2025	H. Westaway	Yes	Decision
6	10:15 am (5 mins)	Action Items from the Sept. 16 meeting: <ul style="list-style-type: none"> • Continued work on the data collection for membership data. – Ongoing • Bring the budget back to Planning and Finance at the December Council meeting. – Completed 			
7	10:20 am (20 mins)	Registrar's Report	N. Leris	No	Information
8	10:40 am (5 mins)	President's Report	H. Westaway	No	Information
9	10:45 am (10 mins)	Committee Reports <ul style="list-style-type: none"> • ICRC • Quality Assurance • Registration • Patient Relations • Planning & Finance <ul style="list-style-type: none"> ○ Q1 Finance Report ○ Q1 Dashboard 	All Chairs	Yes	Decision

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
10	10:55 am (10 mins)	Report on Council Effectiveness Review Framework (CERF)	B. Fehst	Yes	Decision
11	11:05 am (15 mins)	2025/2026 Draft Risk Management Plan	E. Foerster	Yes	Decision
12	11:20 am (15 mins)	Revised 2025/2026 Budget & Operational Plan	N. Leris	Yes	Decision
13	11:35 am (20 mins)	Essential Competencies Review	L. Worsfold/ B. Fehst	Yes	Decision
11:55 am (50 mins)		LUNCH			
14	12:45 pm (60 mins)	Financial Oversight Training	Enkel	No	Information
15	1:45 pm (30 mins)	Draft 2024/2025 Audited Financial Statement	Tinkham LLP	Yes	Decision
16	2:15 pm (10 mins)	Draft 2024/2025 Annual Report	C. Li	Yes	Decision
17	2:25 pm (20 mins)	Communications Update <ul style="list-style-type: none"> • Portfolio update • Communications Strategy update 	C. Li	No	Decision
2:45 pm (10 mins)		Break			
18	2:55 pm (20 mins)	Registration Membership Data Report	M. Reder	No	Information

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
19	3:15 pm (20 mins)	Demographic Survey	L. Oeur	Yes	Decision
20	3:35 pm (25 mins)	Policy Review Update: <ul style="list-style-type: none"> • Draft Whistle-blowing Policy • Draft Council Engagement, Mentorship and Succession Planning Guideline 	B. Fehst	Yes	Decision
21	4:00 pm	Meeting Evaluation	All Council	Yes	Information
	4:05 pm	ADJOURNMENT			

Next Council Meeting: March 30, 2026

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
17	2:25 pm (20 mins)	Communications Update <ul style="list-style-type: none"> • Portfolio update • Communications Strategy update 	C. Li	No	Decision
2:45 pm (10 mins)		Break			
18	2:55 pm (20 mins)	Registration Membership Data Report	M. Reder	No	Information
19	3:15 pm (20 mins)	Demographic Survey	L. Oeur	Yes	Decision
20	3:35 pm (25 mins)	Policy Review Update: <ul style="list-style-type: none"> • Draft Whistle-blowing Policy • Draft Council Engagement, Mentorship and Succession Planning Guideline 	B. Fehst	Yes	Decision
21	4:00 pm	Meeting Evaluation	All Council	Yes	Information
	4:05 pm	ADJOURNMENT			

Next Council Meeting: March 30, 2026

June Council Meeting Minutes

Date/Time of Meeting: Tuesday September 16, 2025, 11:15 am

Council present: Benjamin Matthie, Victoria Nicholson, Teresa Bendo, Heather Westaway, Chad McCleave, Leanne Smith, Alyssa King, Jennifer Yee, Susan Garfat, Jane Gage, Oluwashindara Isaac-Oloye, Sara Gottlieb, Jana Smith, Kristin Baker, Frank Jasek, Mehrdad Alizadeh-Meghrazi, Corby Anderson, Gergo Szoboszlai, Jotvinder Sodhi

Regrets:

Absent:

Staff members: Nancy Leris, Lily Oeur, Brian Fehst, Magdalena Reder, Cecilia Li, Samuel Hanna, Ethan Foerster

Guests/Observers: Dana Lobson (Ministry of Health)

Let it be noted that Council held an in-camera session from 9:00 a.m. to 10:10 a.m.

1. Call to order, roll call, welcome.

Benjamin Matthie, Council President called the meeting to order at 10:16 a.m. and welcomed Council, staff members and guests.

The Chair shared a Land Acknowledgement.

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

2. Introductions

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

Following their review of the agenda for the September 16, 2025 Council meeting, the President invited any proposed changes or additions to the agenda.

Resolution – approve the September 16, 2025 Council meeting agenda

UPON A MOTION duly made by Teresa Bendo and seconded by Victoria Nicholson, it was resolved that the agenda be approved. Carried.

5. Approval of Minutes from the June 23, 2025, Council Meeting

Having been provided an opportunity to review the Minutes of the June 23, 2025 Council meeting, a Council member noted that the March 2024 Meeting Minutes were dated as March 2023, and the December 2023 Meeting Minutes were missing. No other comments were made.

Resolution – approve the minutes from the June 23, 2025 Council meeting

UPON A MOTION duly made by Susan Garfat and seconded by Oluwashindara Isaac-Oloye it was resolved that the minutes of the June 23, 2025 Council Meeting be approved. Victoria Nicholson abstained as she was not present at the previous meeting. Carried.

6. Action Items

The chair invited Nancy Leris, Registrar and CEO, to provide an update on action items.

- 1) Nancy invited Lily Oeur, Director of Registration, to provide an update on the status of one of the action items—membership data collection. Lily advised that the initiative aimed at collecting additional practice-related and race-based data. This serves to support organizational decision-making and to meet Ministry requirements for identifying and addressing systemic racism. An environmental scan has been completed, with further research underway to develop a detailed plan for Council approval. It was emphasized that the importance of articulating the rationale for the initiative as next steps are considered.
- 2) Nancy then provided an update on the College’s budget. She noted that the budget for fiscal year 2025-2026 will be presented to the Planning and Finance Committee with proposed amendments as may be required. It will be brought back to Council at the December 2025 meeting for approval.
- 3) The Planning and Finance Committee has reviewed the recommendations regarding Registrar’s expenditure approval and whether this should be increased. It will be presented later at today’s meeting.

7. Registrar’s Report

Nancy Leris, Registrar and CEO, presented her registrar's report through a video presentation that highlighted key portfolio updates. Nancy noted that the new video format was in response to the Council's suggestion for novel ways to present information.

Registration

Nancy noted updates to the College's annual renewal, examinations, including the updates to the Jurisprudence eLearning module and the fall 2025 Entry-to-Practice Exam, ongoing Ministry of Health reporting, and strategic projects. The College continues to meet all reporting obligations to the Ministry. Reports on exam pass rates have been developed and shared, and the College is collaborating with universities to analyze and address performance trends. An environmental scan of both health and non-health regulators have been conducted to inform the next step of the demographic survey.

Quality Assurance

Nancy provided updates on the essential competencies project, noting that the research phase is complete. PPA assessments are ongoing through Q4. 155 new members are required to complete the mandatory e-learning modules. Several QA policies, including the Continued Professional Development policy, are under review.

Communications

Nancy reported that the College is working with a communications consulting firm to develop a comprehensive communications strategy to align with the Strategic Plan. The environmental scan and other parts of the research phase are underway, with the final strategy expected to be presented to Council at the next Council meeting.

Nancy also noted that the election of two new Professional Council members, who, alongside two returning members, will support Council's important work during their three-year terms.

Governance

Nancy introduced a new Public Council member and announced the reappointments of two Public Council members, congratulating and welcoming them. To ensure governance continuity and oversight, a competency-based approach was adopted for Executive Committee elections.

Operations

Nancy shared an upcoming staff team-building event on September 19 to foster cross departmental collaboration and support staff morale.

Following the completion of the Registrar report, the Chair opened the floor for questions; none were raised.

8. President's Report

The Chair welcomed the three new Council members and expressed gratitude for their interest and looked forward to their future contributions.

Benjamin Matthie, Council President, also acknowledged that this Council meeting marks his final meeting as Council President. He extended sincere thanks to Council for their support and contributions during his tenure.

A Council member thanked him for his leadership and support, sending her best wishes. Chad McCleave also acknowledged that this is his final meeting, expressing his sincere appreciation for Council and staff.

9. Appointment of Auditor

Lily presented the Planning and Finance committee's recommendation for the auditor for FY2024–2025, explaining that a tender process was undertaken to align with evolving organizational needs and procurement best practices, despite satisfaction with the previous auditor. She emphasized that engaging a skilled, independent auditor upholds strong financial reporting standards, ensures audit integrity, and mitigates risk. The selected firm was chosen for its alignment with the College's goals and priorities, emphasizing collaboration and relationship-building.

Council was asked to consider the results of the audit selection process and approved the appointment of the selected firm, as recommended by the Planning and Finance Committee.

The Chair opened the floor for questions. Council discussed the term of the auditor engagement, noting that while the proposal referenced a three-year term, the decision note indicated a one-year engagement. It was agreed that the organization will proceed with an initial one-year engagement, with the option to extend the contract to a three- to five-year term. Any extension will be contingent upon satisfactory annual performance reviews conducted by senior leadership and the appropriate oversight committee. This approach allows performance evaluation after the first year while maintaining the potential for a longer-term engagement.

Resolution – approve the appointment of Tinkham LLP as the auditor for the College of Kinesiologists of Ontario for the 2024-2025 financial audit.

UPON A MOTION duly made by Chad McCleave and seconded by Mehrdad Alizadeh-Meghrizi, it was resolved that Council approve the auditor Tinkham LLC. Carried.

10. By-law and Policy review

Brian Fehst, Manager of Professional Practice, presented recommended amendments to By-Law 4. Banking and Finance, the *Procurement Policy*, and the *Fee Waiver or Reduction Policy*. He began with By-Law 4 and the *Procurement Policy*, noting that the policy has not been updated since the College's inception and that the review recognizes the College is operating in a markedly different environment. An environmental scan was conducted, including a review of internal processes, which demonstrated a history of strong financial stewardship with no history of fraud.

Externally, it was noted that the Registrar’s current authority of approving procurement and cheque signing is lower than most other similarly sized regulators. In the current framework, the Registrar does not have the ability to authorize payments under exceptional circumstances, although as a safeguard, the Registrar is expected to notify the President and Vice-President of any unexpected expenses.

Brian presented the Planning and Finance Committee’s recommendation to amend By-Law 4 by increasing the single-signature payment threshold from under \$5,000 to under \$15,000. The amendment also includes revisions to the by-law numbering to enhance clarity and readability. In alignment with this amendment, the approval authority framework within the *Procurement Policy* would be updated to reflect the same threshold increase—from \$5,000 to \$15,000.

The rationale for this increase is based on inflation and rising operating costs. Despite significant increases in expenses, such as legal fees, bookkeeping, and routine operational costs, the thresholds have remained unchanged since the College’s inception.

It was highlighted that the proposed change would enhance the College’s organizational agility by enabling more timely responses to emergencies or opportunities that require timely decisions. Increasing the cheque signing threshold would help reduce operational bottlenecks, minimize the administrative burden of obtaining multiple signatures, and support more efficient handling of time-sensitive matters.

It was also noted that this adjustment would also allow Council to focus on strategic and governance responsibilities, while still maintaining appropriate oversight of the College’s financial operations.

The Planning and Finance Committee considered potential risks and concluded that they could be mitigated through strong internal controls and external oversight mechanisms, including regular audits. The recent internal controls audit confirmed the strength of the College’s current control environment.

From a public interest perspective, this proposed change would improve the College’s ability to respond quickly and effectively to operational needs, while continuing to safeguard financial accountability.

Resolution – approve the proposed amendments to By-law 4 – Banking and Finance and the College’s Procurement Policy.

UPON A MOTION duly made by Mehrdad Alizadeh-Meghrazi and seconded by Alyssa King it was resolved that Council approves the proposed amendments to By-law 4 and the College’s Procurement Policy. Carried.

Brian Fehst then presented the draft *Fee Waiver or Reduction Policy*. As approved by Council in June 2025, the Registrar may, on a case-by-case basis, approve waiver or reduction of

fees. The policy review and amendment process involved several phases including legal review, Planning and Finance Committee review, and Council consideration.

Brian presented the draft policy, emphasizing that regulators are expected to prioritize public risk and public interest. This amendment aligns with regulatory best practices, supports trust in the College, and reflects the principles of right-touch regulation and equity, diversity and inclusion. The Planning and Finance Committee has reviewed the policy and recommended the draft to Council for approval.

Brian addressed questions about membership fee reductions, explaining that such requests typically come from individuals like new graduates or those temporarily unable to work, such as retirees or members with personal circumstances. He noted that the College offers an inactive membership class to accommodate these situations. Although such cases are rare, the policy ensures a fair and consistent approach when they do occur.

Resolution – approve the Draft Policy – Fee Waiver or Reduction.

UPON A MOTION duly made by Leanne Smith and seconded by Heather Westaway it was resolved that Council approve the Fee Waiver or Reduction Policy. Carried

11. Risk Management Plan

Ethan Foerster provided an update to the 2025–2026 Risk Management Plan, highlighting issues related to specific risks faced by the College. The plan included changes to risk mitigation strategies, emphasizing key areas of concern. Each amendment was presented with its rationale and details regarding the current risk landscape. Ethan noted that the plan, along with the proposed amendments, was reviewed by the Planning and Finance Committee with a recommendation to Council.

The Chair opened the floor for questions, leading a discussion on exam security and risk levels. Council members were assured that the risk of cheating is low due to the College's robust exam security measures, including third-party monitoring and strict protocols. A recent exam taker on Council also confirmed that the current conditions make cheating highly unlikely.

Council discussed the reduction in cybersecurity risk, with clarification that the risk assessment is based on likelihood of occurrence, not just inherent risk. Nancy Leris explained that the College has implemented strong cybersecurity controls in collaboration with a third-party IT vendor and actively participates in information-sharing networks with system partners. It was also noted that the Planning and Finance Committee reviews the Risk Management Plan quarterly and will address changes as needed. Council members emphasized that while some external risks are beyond the College's control, internal mitigation efforts have effectively reduced overall risk exposure.

Council discussed the topic of artificial intelligence in the context of its potential relevance to the College's risk management framework. The discussion highlighted both the opportunities AI may offer and the potential risks it could pose to the organization.

Resolution – approve the 2025-2026 Risk Management Plan

UPON A MOTION duly made by *Oluwashindara Isaac-Oloye* and seconded by *Corby Anderson*, it was resolved that Council approve the 2025-2026 Risk Management Plan. **Carried.**

12. Communications Update

Cecilia Li, Senior Communications Officer, provided an update on Communications, including information on the e-Newsletter, social media engagement, the 2025 Council elections, and progress on the communications strategy.

The Chair opened the floor for questions. Council discussed the need for clearer communication distinguishing the College’s role in public protection from professional advocacy. It was suggested that language be refined to better reflect this distinction. Staff confirmed that this concern is being addressed as part of the ongoing communications strategy, with the goal of increasing public awareness and impact.

Discussions emphasized the importance of clearly distinguishing the College from professional associations, with suggestions for continued collaboration to reinforce this separation in communications. It was confirmed that this will remain a focus in the ongoing communications strategy. Members also inquired about the use of survey results, which were clarified to be for internal use only to inform strategy development. Additionally, it was suggested that the Planning and Finance Committee review the strategy alongside the Patient Relations Committee, given potential funding implications tied to strategic priorities.

13. Committee Reports

The Chairs of each committee presented their respective Committee Reports as outlined in the meeting package. Reports were received from the Governance and Nominations Committee, ICRC, Quality Assurance Committee, Registration Committee, and the Planning and Finance Committee.

The Planning and Finance Committee Report included the Q4 Dashboard and recommended a revision to the Budget for FY 2024/25 to address a reclassification of budget line item from the Council and Committee category to the Registration category.

Resolution – approve the reallocation of the misclassified budget item

UPON A MOTION duly made by *Victoria Nicholson*, seconded by *Mehrdad Alizadeh-Meghrazi*, the Council agreed to accept the Q4 Dashboard and reallocation of the misclassified budget item originally recorded under the Council and Committee category to the Registration category. **Carried**

14. Election of Officers

Resolution – Approve Registrar to be the chair of the meeting for the elections of officers

*UPON A MOTION duly made by Alyssa King and seconded by Susan Garfat, it was resolved that that the Registrar be appointed as the Elections Officer and assume the chair for this portion of the meeting for this purpose. **Carried.***

Nancy Leris formally introduced the Election of Officers and thanked the Council President, Benjamin Matthie, for his time and contributions to Council. As required by the College By-laws, notice was sent to all Council members in July inviting them to indicate their intent, in writing, to stand for election for the offices of President, Vice-President, and Executive Committee member. The composition of the Executive Committee is outlined in the College's by-laws (By-law 13.01), which stipulates a total of five members: the President, the Vice-President, and three members of Council elected by Council.

Nancy provided a brief overview of the Governance and Nominations Committee's process for considering candidates for President, Vice-President, and the three Council-elected Executive Committee members. These selections were competency-based, informed by expressions of interest received, and reviewed by the Governance and Nominations Committee to support continuity and succession planning.

Nancy continued to announce that Heather Westaway was acclaimed as President of Council, with Victoria Nicholson was acclaimed as Vice-President of Council. For the remaining three positions on the Executive Committee, Teresa Bendo was acclaimed as a Public Council member, while Susan Garfat and Leanne Smith were acclaimed as Professional Member on the Executive Committee.

Resolution – approve the Executive Committee Slate

*UPON A MOTION duly made by Mehrdad Alizadeh-Meghrazi, seconded by Kristin Baker, the Council approved to accept the elected members for the Executive Committee. **Carried***

Resolution – approve the new President to assume the role as Chair for the remainder of the meeting

*UPON A MOTION duly made by Susan Garfat seconded by Alyssa King, the Council agreed to allow the new President to assume the role as Chair for the remainder of the meeting. **Carried***

Heather Westaway assumed the Chair for the remainder of the Council meeting. Thanked Benjamin Matthie for this leadership, mentorship and support, and Council for their confidence.

13. 2025-2026 Committee Slate

Cecilia Li, Senior Communications Officer, provided an overview of the proposed revisions to the Committee slate for the 2025–2026 fiscal year. The slate, included in the meeting package, was developed by the Governance and Nominations Committee in August 2025.

The Chair then opened the floor for questions, suggestions, or recommendations regarding the potential 2025–2026 Committee Slate.

*UPON A MOTION duly made by Susan Garfat seconded by Leanne Smith the Council approved the Committee Slate recommended by the Governance and Nominations Committee. **Carried***

18. Review of Action Items

- Continued work on the data collection for membership data.
- Bring the budget back to Planning and Finance before the December Council meeting.

Termination

*UPON A MOTION duly made by Chad McCleave, seconded by Kristin Baker, the Council meeting of September 16, 2025, was terminated at 2:15 pm. **Carried**.*

Resolution – Approval of Mandatory Report Form for Professional Conduct and the Patient/Client Consent to being Named in a Mandatory Report of Sexual Abuse Document

Whereas the public has the right to file a complaint to the College of Kinesiologists of Ontario (COKO) if they have concerns about a Registered Kinesiologist’s practice or behaviour; and

Whereas Registered Kinesiologists, as well as those who employ or work with them, have obligations to report certain information that may pose a risk of harm to the public through Mandatory Reports submitted to COKO; and

Whereas COKO’s Inquiries, Complaints and Reports Committee (ICRC) is responsible for investigating complaints, reports, and making decisions in the public interest; and

Whereas the ICRC requires certain specific information to substantiate an investigation into a complaint or report; and

Whereas such information includes, but is not limited to, the identity of the patient/client if the patient/client is someone other than the person making the complaint or report, and

Whereas COKO has reviewed its existing reporting pathways and forms used in the intake of complaints and reports, including Mandatory Reports; and

Whereas COKO has prepared new and refined materials to facilitate the Mandatory Report and complaint intake processes, and

Whereas, the ICRC has reviewed the new and revised Mandatory Reporting and the Patient/Client Consent to being Named in a Mandatory Report of Sexual Abuse Document and has recommended them to Council for approval;

Therefore, be it resolved that the Council approves the Mandatory Report Form for Professional Conduct and the Patient/Client Consent to being Named in a Mandatory Report of Sexual Abuse Document.

Moved by:

Seconded by:

Date: December 1, 2025

Committee: Inquiries, Complaints and Reports Committee
Prepared For: Council
Date: December 1 st , 2025

Committee Report

Summary:

The Inquiries, Complaints and Reports Committee (ICRC) panel met on November 19, 2025, to discuss four cases, as well as participate in an annual orientation.

The panel meeting consisted of four cases:

- Two approved undertakings
- One take no action
- One issue advice and recommendations

Currently, there are 13 active complaints and seven active report investigations.

During the annual orientation session, the Committee engaged in a discussion regarding the adoption of a new Right-Touch Regulation approach.

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: December 1, 2025

Panels

The Quality Assurance Committee (QAC) has met twice since the last Council meeting on September 15 – 16, 2025.

October 30, 2025

The QAC met on October 30, 2025 to receive training and orientation regarding their role and mandate. At this meeting, the Quality Assurance Committee also received an update regarding the review of the *Essential Competencies of Practice for Kinesiologists in Ontario* and an overview of the expected QAC workplan for fiscal year 2025 – 2026.

November 17, 2025

The QAC met on November 17, 2025 regarding proposed amendments and revisions to the *Essential Competencies of Practice for Kinesiologists in Ontario*. The QAC reviewed proposed amendments and received information regarding the next stages of the project, including completion of a validation survey and circulation for broader comment and feedback.

Registration Report

Committee: Registration and Examination Appeals
Prepared for: Council
Meeting Date: December 1, 2025

This report covers the period of August 29, to November 6, 2025.

Meetings

The *Panels of the Registration Committee* met twice.

- The meetings held were as follows:
 - September 5, 2025
 - October 23, 2025
- The Panels considered the following referrals:
 - 2 educational equivalency assessments;
 - 3 reinstatements to the general class after being inactive for more than 2 years;
 - 2 exemptions from the one-year period of eligibility for registration - following notification of passing the exam;
 - 1 certificate of registration.

There were no meetings for the Examination Appeals Committee during the reporting period.

Exam Development

The Examination Committee met twice. The meetings were held as follows:

- September 16, 2025
- September 26, 2025

The Committee conducted a key validation of the exam questions selected by the exam provider for further review upon completion of the psychometric analysis of the September 2025 examination and approved the pass mark.

The next meeting is scheduled for November 18 and 19, 2025 to review and approve new exam test forms.

Examination

The Spring 2026 exam is scheduled for April 15, 2026. The application process is ongoing with the anticipated exam registration closing in early March 2026.

Membership Update

As of November 6, 2025,

- Total membership count is 2,879
 - Members registered in the General Class: 2468
 - Members registered in the Inactive Class: 411
 - Members reinstated to the general class after suspension for non-payment of fees: 2

Between August 29, to November 6, 2025, a total of 86 registrants resigned.

Patient Relations Committee Report

Committee: Patient Relations Committee
Prepared for: Council
Date: December 1, 2025

Meetings

The Patient Relations Committee (PRC) has met once, on November 4, 2025, since the last regular Council meeting on September 16, 2025.

Committee Orientation & Communications Strategy Update

During the meeting on November 4, 2025, Cecilia Li and Brian Fehst provided an orientation on the Patient Relations Committee, outlining the Committee's oversight of communications activities and its role in addressing sexual abuse of patients by regulated health professionals. The Committee also received an update on the Communications Strategy and Implementation Plan.

Planning and Finance Committee Report

Committee: Planning and Finance Committee
Prepared for: Council
Date: December 1, 2025

Meetings

The Planning and Finance Committee had two meetings since the last Council meeting on September 16, 2025. These meetings took place on October 28th, 2025, and November 11th, 2025.

Fiscal Year 2024-2025 Financial Audit

On October 28, 2025, the Committee met to consider a proposed letter of engagement and audit plan prepared by our new auditor, Tinkham LLP. Having considered these materials, the Committee concurred with the appointment of Tinkham LLP as auditor for the College of Kinesiologists of Ontario (COKO)'s financial statements for fiscal year 2024-2025.

On November 11th, 2025, the Committee met to review the draft audited financial statements provided by Tinkham LLP. The draft audited financial statements were recommended to Council for review and approval.

Investment Strategies

On November 11, 2025, the Committee conducted a review of the investment strategy presented by CIBC, taking into account the current portfolio composition and current market conditions. The Committee approved the proposed reinvestment to preserve liquidity with a low risk approach.

Revised Risk Management Plan

On November 11th, 2025, the Committee received a quarterly report on the College's risk management plan and framework. Six proposed amendments were recommended to Council for approval.

Draft Whistleblower Policy

On November 11, 2025, the Committee reviewed the Draft Whistle-blowing Policy, initially recommended by the previous auditor at the conclusion of fiscal year 2023-2024. Since 2024, the policy has been under development, incorporating research, review, and environmental scans. The Committee has recommended the Draft Whistle-blowing Policy to Council for approval.

Revised Operational Plan and Budget

During its November 11, 2025 meeting, the Committee received a report on COKO's revised Operational Plan and Budget. Having considered the proposed amendments, the Committee recommended the revised Operational Plan and Budget for fiscal year 2025-2026 to Council for approval.

Financial Report and Dashboard for Q1 fiscal year 2025-2026

During the November 11, 2025 meeting, the Committee reviewed the Financial Report and Dashboard for Q1 of fiscal year 2025-2026. The Committee has recommended the Financial Report and Dashboard to Council for approval.

REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE & EXPENDITURE REPORT FOR QTR 1 FOR THE FISCAL YEAR 2025/2026

Updated Nov. 7, 2025

	1	2 t	4	5
CATEGORY	APPROVED REVENUE FORECAST (Sept 1, 2025 to Aug 31, 2026)	PROJECTIONS QTR 1 SEPT 1 - NOV 30, 2025	REVENUES RECEIVED QTR 1 SEPT 1 - OCT 31, 2025 (INTERIM)	VARIANCE QTR 1
	\$	\$	\$	\$
Revenue:				
Jurisprudence Fee (\$75)	31,343	4,712	4,061	-651
Application Fee (\$150)	79,577	4,500	2,850	-1,650
Examination Fee (\$450)	214,549	118,125	118,125	0
Registration Fees*	2,097,393	495,306	372,858	-122,448
Interest Income	80,000	9,835	7,443	-2,392
TOTAL REVENUE	2,502,862	632,478	505,337	-127,141
*Registration Fees made-up of:	Approved Forecast	Projections Q1 (Sept-Nov)	Interim Actual (Sept-Oct)	Variance Q1
	\$	\$	\$	\$
New Registrants				
- Sept - Nov (\$700)	53,016	5,863	3,908	-1,955
- Dec - Feb (\$525)	39,762			
- Mar - May (\$350)	14,359			
- Jun - Aug (\$175)	10,850			
Renewal (\$700)	1,826,648	51,568	25,784	-25,784
Professional Corporation Renewal	3,267	300	200	-100
Inactive Renewal (\$250)	122,083	5,250	3,500	-1,750
Change in Status (members back to active)	5,846	675	450	-225
Renewal Late Fee (\$150)	15,104	19,500	32,550	13,050
Professional Corporation Late Fee	250	0	0	0
Inactive Renewal Late Fee (\$100)	3,289	4,800	7,400	2,600
Re-instatement Fee (\$350)	2,917	2,100	700	-1,400
Refunds	0	0	-5,725	-5,725
Total	2,097,390	90,056	68,767	-21,289

Notes

Details:

Interest income remains on track to meet Q1 projections, pending receipt of November's payments.

The College has investments which generate interest, there are matured GIC's set to be redeemed at specific dates and others that are cashable within 30 days if necessary.

Registration:

Revenue is projected to meet targets by the end of Q1 once November's deferred revenue is recognized.

EXPENDITURES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST FOR QTR 1 FOR THE FISCAL YEAR 2025/2026					
	1	2	3	4	5
CATEGORY	APPROVED BUDGET Sep. 1, 2025 to Aug. 31, 2026	PROJECTIONS QTR 1 Sep. 1, 2025 to Nov. 30, 2025	ACTUAL EXPENSES Sep. 1, 2025 to Oct. 31, 2025 (INTERIM)	VARIANCE QTR 1	
	\$	\$	\$	\$	
Expenditure:					
Council & Committee	85,300	23,051	25,355	-2,304	
Professional Fees	103,400	53,348	23,437	29,911	
Communications & Media	182,200	48,963	46,299	2,664	
Rent & Facility Costs	151,500	28,660	27,456	1,204	
Office & General	138,100	27,319	12,158	15,161	
Salaries & Wages	1,204,350	224,085	123,255	100,829	
Registration	149,990	129,598	113,838	15,759	
Quality Assurance	49,020	23,728	17,391	6,337	
Professional Conduct	48,500	14,244	34,116	-19,872	
TOTAL EXPENDITURE	2,112,360	572,995	423,306	149,689	

Major Highlights:

Council and Committee

Q1 expenses included Council and the following committees: Finance and Planning, Registration, Item Writing, Exam, Quality Assurance, Governance & Nominations, ICRC (training) and Discipline in Q1.

Note: some FY2024-25 expenses were paid in Q1.

Remainder of Q1 includes QA (annual training and regular business), Registration (annual training, Education Equivalency project and regular business) and possibly Exam Appeals and ICRC.

Council and Committees expenses are over budget due to the rescheduled QA committee meeting to discuss the Essential Competencies project, which was impacted by delays resulting from illness.

Professional Fees

Q1 expenses included general legal fees, professional services rendered for council and staff training on sexual abuse, consulting fees for CEO/Registrar performance review and bookkeeper fees (monthly bookkeeping work and partial audit work).

FY2024-25 expenses incurred in Q1 (general legal fees, legal fees for office relocation and bookkeeping fees) were paid in Q1.

Remainder of expenses in Q1 will include (payment to auditor and bookkeeper for the audit) and general legal fees and monthly bookkeeping fees.

Communications & Media

Q1 expenses included for communications strategy and implementation project (25% of SOW).

Remainder of Q1 is on track with November's expenses expected for regular monthly IT support and payment for the annual report project.

Rent & Facilities

Rent and Facilities expenses are on track, reflecting timing aligned with November rent payments.

Anticipated a slight Q1 overage due to late FY2024-25 boardroom AV invoice processed this year.

Office & General

General Office expenses are expected to be on track. Planned laptop (standard procedure for office equipment) and TV (to support virtual council meetings) replacement purchases, conference expenses and credit card fees are expected in November in addition to regular expenses (bank fees, telephone charges, photocopy/fax/printer rental fees and office supplies)

Salaries & Wages

Salaries and benefits for Q1. Remainder of Q1 include November pay period. Anticipated savings from two temporary vacancies.

Registration Costs

Q1 expenditures included expenses for September 2025 practice-to-entry exam, annual maintenance, licensing and hosting fees for the Jurisprudence platform and annual licensing and hosting fees for iMIS (membership database and public registry).

Registration expenses are on track, with both the Education Equivalency Framework review project and the Membership Database upgrade project underway and vendor invoicing expected to begin in November.

FY2024–25 payment for Jurisprudence Course Update project (completed on Aug. 31,2025) was paid in this quarter.

Quality Assurance

Payment for Peer and Practice

Quality Assurance on track. Projections for Q2 includes the Essential Competencies consulting fees (project is now back on track, vendor invoicing expected in November), annual licensing fees for e-Learning modules, peer circles and PPAs.

Professional Conduct

Professional Conduct is a variable expense area (covers expenditures for investigations, consulting and legal advice). There are currently 20 active cases, of which 5 are new cases (1 complaint and 4 report) and 13 are ongoing investigations. No cases were closed in Sep and Oct.

Q1 expenditures included investigation and legal advice.

FY2024-25 invoice for investigation fees was paid in this quarter.

2025/2026 Q1 Performance Report

(Q1: Sept. 1, 2025 – Nov. 31, 2025)

Overall highlights



Registration Stats
(Oct. 31, 2025)
Registered: **2,862**
Newly Registered: **32**



Practice Inquiries
(Oct. 31, 2025)
24



Professional Conduct
(Oct. 31, 2025)
Active Cases: **20**
Closed Cases: **0**

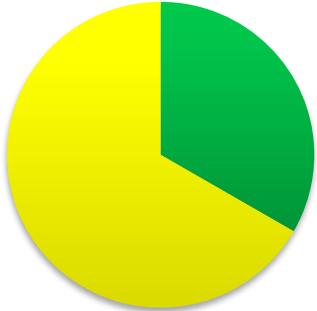


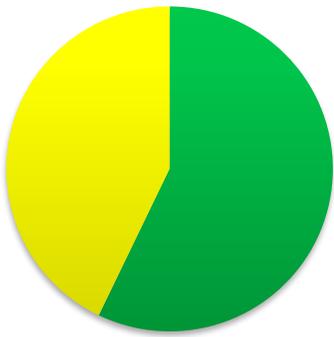
Fall 2025 Exam
Wrote: **258**
Deferred: **36**

Operational highlights

Strategic Theme #1: Governance & Public Trust

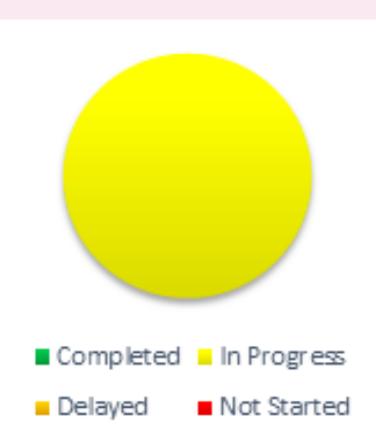
Governance/Corporate

DELIVERABLES	STATUS	COMPLETED	IN-PROGRESS
<ul style="list-style-type: none"> College Performance Measurement Framework preparation and submission 2025-2026 Council Effectiveness Review Framework Competency-based Council and committee eligibility and appointments Council and committee orientation and training Implementation of COKO's Whistleblower Policy 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> 2024-2025 CERF Whistleblower Policy development 	<ul style="list-style-type: none"> CPMF: March 2026 2025-2026 CERF Council & Committee training & orientation Competency-based Council and committee eligibility and appointments

<ul style="list-style-type: none"> • Completion of the 2024/2025 Financial Audit and Annual Report. • Ongoing review portfolios' performance against the KPIs. • Orientation and training opportunities for Council members and Committees. • Ongoing review and development of the action plan from the Internal Control Audit findings • Continuous review and action on risk mitigation strategies. • Implementation of Risk Management - Reporting Tool and Incident Log. • Development of the Finance Improvement Process and End User's manuals. • Development of a new reinvestment strategy and amendments to the investment policy. • Development of a Materiality Policy for the College on decision-making. • Development of Security Strategies, including the implementation of Security Monitoring software and ongoing security awareness training for employees. • Development of AI tool – MS CoPilot adoption. • Implementation of additional security, tracking, and storage measures to improve controls, safety, and logistical operations for the office. 	 <p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none"> • Implementation of additional safety controls for the office <ul style="list-style-type: none"> ○ Finance improvement process, new reinvestment strategy, Materiality policy, actions on IT risk mitigation strategies • Action in risk mitigation strategies • Training Staff for Risk Management reporting 	<ul style="list-style-type: none"> • Internal controls Implementation • Financial Reporting • Annual Report • Draft Audited Financial Statements – 2024/25
Registration			
DELIVERABLES	STATUS	COMPLETED	IN-PROGRESS

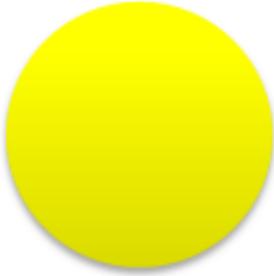
<ul style="list-style-type: none"> • Ongoing development of new entry-to-practice exam content and forms based on the updated Kinesiology Core Competency Profile. • Finalize updates to the Jurisprudence e-Learning Module. • Review and update to the Educational Equivalency framework. • Integrated data-sharing with Provincial Provider Registry (PRR), through Ontario Health. • Develop and incorporate demographic-related questions for the upcoming 2025 annual renewal cycle. • Update database management system, including automation of registration processes. 		<ul style="list-style-type: none"> • Exam development. • Meeting ongoing reporting requirements to the Ministry of Health and the OFC. • Jurisprudence eLearning module update. 	<ul style="list-style-type: none"> • Membership Database System Upgrade. Work has started and is estimated by the vendor to complete by February 2025. <ul style="list-style-type: none"> ○ e-Health Ontario has confirmed it will hold reimbursements for PPR until database management system upgrade is complete. • Education Equivalency Evaluation Framework Review. The draft methodology has been developed to guide the evidence gathering process. A focus group is being recruited to guide the project. The draft framework is planned for February 2026 with a goal to present the final work to the Council at its June 2026 meeting.
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Professional Conduct

DELIVERABLES	STATUS	COMPLETED	IN-PROGRESS
<ul style="list-style-type: none"> • Timely response to complaints • Complainants effectively supported by and informed regarding the progress of complaints • Addressing complaints in a right-touch manner 			<ul style="list-style-type: none"> • Public register updates • Tracking Inquiries, Complaints & Reports (ICR) timelines • Monitoring feedback regarding complaint process and available information and supports • 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. • 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.

Strategic Theme: #2: Engagement & Partnerships

Communications

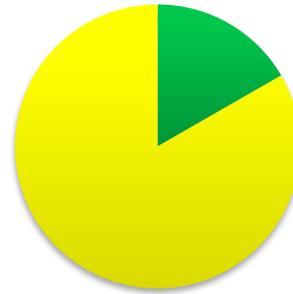
DELIVERABLES	STATUS	COMPLETED	IN-PROGRESS
<ul style="list-style-type: none"> • Communication strategy and implementation plan • System Partner Engagement and meetings • Member engagement and education • Public awareness and perception • Enhanced communication products and channels • Council Elections 	 ■ Completed ■ In Progress ■ Delayed ■ Not Started		<ul style="list-style-type: none"> • Communication strategy and implementation plan • System partner outreach and collaborations • Enhancing and leveraging existing and underutilized communications channels to support system partnerships and public awareness • Development of social media content calendar • Development of Brand Guide • Refining Brand Visual • Polit public awareness initiative • COKO Council Elections • Website Translation • Revising existing communications tools and strategies to focus on audience-specific value proposition(s) for registrants.

Strategic Theme #3: System Collaboration

Professional Practice & Quality Assurance

DELIVERABLES	STATUS	COMPLETED	IN-PROGRESS
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- Revise *Essential Competencies of Practice for Kinesiologists in Ontario* to align with *Kinesiologist Core Competency Profile*
- Establish expectations and supports to promote culture of continuous quality improvement
- Develop/amend processes and policies to explain how we use a risk-based, evidence-informed approach to assessment
- Development of peer and mentoring programs for kinesiologists
- Biennial self-assessment
- Annual eLearning module cycle



■ Completed ■ In Progress
■ Delayed ■ Not Started

- eLearning module cycle 2025

- Essential Competency revision: Item Writing to be complete by December 2025. Phase 3: Validation to begin with Council approval in December 2025.
- PLI Audit
- PPA: ongoing
- Peer Circles
- Member progress towards ILP learning goals.

Decision Note

Issue or Decision: 2024-2025 Council Performance and Effectiveness Review Report
Prepared for: Council
Date: December 1, 2025

Issue:

Consideration of the report of the College of Kinesiologists of Ontario (COKO) 2024-2025 Council Effectiveness Review Framework (CERF) for publication on COKO's website.

Background:

The COKO's Council is committed to annual review of Council and committee performance and effectiveness. Such an evaluation is aligned with the requirements of the *College Performance Measurement Framework* (CPMF). This evaluation process enables Council and its individual members to identify actionable opportunities for continuous improvement.

Analysis:

The results of the 2024-2025 CERF cover the period between September 1, 2024 and August 31, 2025. The College's report on the 2024-2025 CERF has been received and reviewed by the Governance and Nominations Committee (the Committee). The following priorities were identified for Fiscal Year 2024-2025:

- 1) Registrar & CEO Performance Evaluation and Compensation
- 2) Meeting Materials

Strategic Impact

Publicly posting an overview of the results of Council performance and effectiveness assessment and evaluation will support COKO's strategic goals by:

- Promoting **good governance and public trust** by demonstrating COKO's commitment to continuous governance improvement;
- Building and maintaining **engagement and partnerships** by encouraging COKO to explore opportunities to transform organizational practices; and
- Supporting **system collaboration** by demonstrating that COKO is an accountable, responsive and trustworthy system partner.

Public Interest Rationale

Providing an overview of the results of ongoing evaluations of Council performance and effectiveness is in the public interest, as it will:

- Demonstrate the transparency of the Council performance and effectiveness review process; and

- Promote a culture of organizational accountability for continuous improvement.

Risk Considerations

Publicly reporting the results of the 2024-2025 CERF will reduce the risk that COKO's processes are not seen as transparent or aligned with Ministry of Health expectations. Such reporting will therefore mitigate risks associated with governance and compliance with regulatory performance expectations.

Decision for the Council

Council is asked to consider the draft public report for approval to be posted to COKO's website.

2024-2025 Council Effectiveness Review Framework

Report

BACKGROUND

The Council Effectiveness Review Framework (CERF) is used to evaluate the performance and effectiveness of Council, its President and its committees.

PRIORITIES FOR 2025-2026:

The following priorities were identified by Council as opportunities for continuous improvement following the 2024-2025 CERF:

1. Registrar & CEO performance evaluation and compensation

We will:

- *Focus on building and maintaining the strong relationship between Council and the Registrar & CEO*

2. Meeting materials

We will:

- *Provide clear and specific feedback regarding materials' strengths and opportunities for improvement*

Resolution: 2024-2025 Council Effectiveness Review Framework

Whereas Council's commitment to a culture of continuous improvement is demonstrated by regular assessments using the College of Kinesiologists of Ontario's (COKO) Council Effectiveness Review Framework (CERF); and

Whereas COKO has completed the 2024-2025 CERF; and

Whereas The Governance and Nominations Committee has received and reviewed COKO's report regarding the 2024-2025 CERF; and

Whereas Council has considered the recommendations from the Governance and Nominations Committee regarding priorities and opportunities for improvement;

Therefore, be it resolved that the Council approves the report on the 2024-2025 Council Effectiveness Review Framework for publication.

Moved by: _____

Seconded by: _____

Date: December 1, 2025

2025/2026 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	0
		Upgraded to High:	0	
Moderate (3-6)	May require corrective action, planning and budgeting process	Downgraded to Moderate:	0	16
		Upgraded to Moderate:	5	
Low (1-2)	May require consideration in any future changes to the work area or processes, or can be fixed immediately	Downgraded to Low:	1	27
		Upgraded to Low:	0	

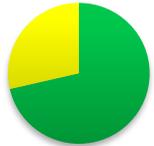
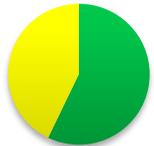
General and Non-Substantive Amendments (apply to multiple risk types, risks and risk mitigation strategies):

- Risk #7, 23, 29 Have received temporary increases due to the extended absence of the Manager of Operations and Financial Services
- Updated all date references where necessary

Details: Q1 2025-2026: September 1, 2025 – November 31, 2025

Legend:

Low	Moderate	High	Extreme
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Risk Type	Risk Priorities	Proposed Amendments			
<i>Financial</i>		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		7. Inefficient project management	Increased risk likelihood from 2 – Unlikely to 3 - Moderate Increased risk priority from 4 – Moderate to 6- Moderate	Temporary operational pressures resulting from the Director of Finance’s extended leave and the onboarding of a new external auditor within a condensed timeline.	Likelihood: 3 - Moderate Impact: 2 - Serious Priority: 6 Moderate
<i>Information Management</i>		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		9. Poor records management	Increased risk likelihood from 2 – Unlikely to 3 - Moderate Increased risk priority from 4 – Moderate to 6 - Moderate	The audit identified opportunities to improve record organization and accessibility, underscoring the need to strengthen filing consistency and records management practices.	Likelihood: 3 - Moderate Impact: 2 – Serious Priority: 6 - Moderate

Risk Type	Risk Priorities	Proposed Amendments			
<i>Loss/Damage of Capital Equipment/Furnishings</i>		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 			
<i>Loss/Compromise of Examination</i>		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 			
<i>Human Resources</i>		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		23. Disruption in work due to unexpected and/or extended absence of employee or employee permanently leaving the organization.	Increased risk likelihood from 1 – Rare to 2 – Unlikely Increased risk priority from 2 – Low to 4 - Moderate	Reflects temporary staffing pressures following the unexpected extended leave of the Manager of Finance, which has required staff to assume additional responsibilities to maintain operations	Likelihood: 2 - Unlikely Impact: 2 – Serious Priority: 4 - Moderate
		29. Lack of capacity during periods of high activity in a portfolio.	Increased risk likelihood from 1 – Rare to 2 - Unlikely Increased risk priority from 2 – Low to 4 - Moderate	Reflects temporary capacity challenges within the organization, as the Manager of Finance position is currently vacant and other staff members have assumed additional responsibilities to maintain operations	Likelihood: 2- Unlikely Impact: 2 - Serious Priority: 4 – Moderate

Risk Type	Risk Priorities	Proposed Amendments			
Loss of Confidence in CKO		Risk Item	Amendment	Rationale	
		33. Public, registrants, government and/or other stakeholders perceive the College as not being transparent and/or fair.	Increased risk likelihood from 1 – Rare to 2 - Unlikely Increased risk priority from 2 – Low to 4 - Moderate	Reflects insights from the recent communications strategy review, which identified opportunities to enhance transparency and stakeholder engagement.	Likelihood: 2 - Unlikely
					Impact: 2 - Serious
					Priority: 4 – Moderate
Governance		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		35 – Council/Committee members and volunteers not adhering to Code of Conduct, Bylaws and other Council policies.	Decreased risk likelihood from 2 – Unlikely to 1 – Rare Decreased risk priority from 4 – Moderate to 2 - Low	Reflects the College’s ongoing efforts to provide governance education and consistent support to Council and Committee members. Regular training and guidance continue to reinforce adherence to the Code of Conduct, Bylaws, and Council policies,	Likelihood: 1 - Rare
					Impact: 2 – Serious
			Priority: 2 – Low		
Compliance		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 			

Resolution – Revised Risk Management Plan – FY2025/26

Whereas, Council is responsible for the oversight of the College of Kinesiologists of Ontario (COKO) and the management of its affairs, and

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

Whereas, Council has reviewed the updated the Risk Management Plan for 2025/2026, 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 COKO's overall risk tolerance,

Therefore, be it resolved that Council approves the revised Risk Management Plan for the fiscal year 2025/2026.

Moved by:

Seconded by:

Date: December 1, 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. <i>Education Equivalency Framework Review</i>	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. <i>Updated database management system</i>	a) Targeted enhancements to IT infrastructure through system upgrades; iMIS upgrade to Engagement Management System (EMS) to allow for a more efficient system for members and staff, and to resolve 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. <i>Provincial Provider Registry Integration</i>	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. <i>Entry-to-Practice Examination Development</i>	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 <i>Kinesiology Core Competency Profile</i> . 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. <i>Enhanced member demographic data collection</i>	a) Develop and incorporate voluntary demographic data collection processes and procedures.	Work ongoing throughout FY 2025-2026.
6. <i>Registration policy review</i>	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. <i>Enhance risk management and right-touch frameworks</i>	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: <ul style="list-style-type: none"> 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 reporting incidents to regulatory authorities and affected individuals. 	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 2025-2026 and beyond as required.

	<ul style="list-style-type: none"> 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. 	
<p>2. <i>Good Governance through continuous improvement</i></p>	<ul style="list-style-type: none"> a) CERF reporting b) Third-party review of Council performance and effectiveness c) Council mentorship and succession planning d) Council orientation and training 	<ul style="list-style-type: none"> 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.
<p>3. <i>Regulatory, governance and corporate compliance</i></p>	<ul style="list-style-type: none"> a) Annual financial audit. b) Annual College Performance Measurement Framework (CPMF) reporting. 	<ul style="list-style-type: none"> 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. <i>Review and development of policies</i>	a) Ongoing policy review in accordance with <i>Policy and Material Development and Review Framework</i> .	a) Throughout FY 2025-2026: Ongoing progress towards policy review goal(s) as presented to Council at the March 2025 meeting.
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Corporate/Governance Key Performance Indicators

<p>Governance:</p> <ul style="list-style-type: none"> ○ 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. <p>Risk Management & Compliance</p> <ul style="list-style-type: none"> ○ 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. <p>Focus on the Importance of Protecting Sensitive Data, Maintaining Regulatory Compliance, and Mitigating Cyber Threats:</p> <ul style="list-style-type: none"> ○ 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.
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- 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. <i>Timely response to complaints</i>	<p>Timely updates to the public register and database regarding professional conduct matters.</p> <p>Ensure that information regarding member conduct is readily available and appropriately monitored.</p>	Ongoing throughout FY 2025-2026 as needed.
2. <i>Complainants effectively supported by and informed with the progress of complaints</i>	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. <i>COKO addressing complaints in a right-touch manner</i>	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. <i>Communications Strategy Implementation</i>	Implementation of communications strategy to support achievement of strategic goals.	Communications strategy developed by early_Q2 of FY 2025-2026. Implementation to begin in Q3 of FY 2025-2026.
2. <i>System Partner engagement and meetings</i>	<p style="color: red;">Identification of new system partner(s) to strengthen health care system integration.</p> <p>a) Outreach to maintain existing system partner collaborations and relationships.</p> <p>b) Leverage existing and underutilized communications channels, technology and resources to support system partnerships and public awareness.</p> <p>b)c) Development of Government Relations Plan</p>	<p>a) To begin Q1 of FY 2025-2026, informed by Communication Strategy and Implementation Plan. Ongoing throughout FY 2025-2026.</p> <p>b) Ongoing throughout FY 2025-2026</p>

		c) Q3 of Ongoing throughout FY 2025-2026, to be informed by Communications Strategy and Implementation Plan.
3. <i>Member engagement and education</i>	<p>a) Review and revise existing communications tools and strategies to focus on audience-specific value proposition(s).</p> <p>b) Use of embedded presentation or event surveys and other analytics to identify opportunities to develop and refine communications activities for the specific audience.</p>	<p>a) Ongoing throughout FY 2025-2026, to be informed by the Communications Strategy and Implementation Plan (expected by Q2 of FY 2025-2026).</p> <p>b) Ongoing throughout FY 2025-2026, informed by Communications Strategy and Implementation Plan (expected by Q1 of FY 2025-2026).</p>
4. <i>Public awareness and perception</i>	<p>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.</p> <p>Development of media relations with health/healthcare reporters with the goal to secure 2-3 positive coverages annually</p> <p>b) Development and implementation of a Social Media Strategy guided by the Communications Strategy</p> <p>b)c) Development of a crisis communications plan</p>	<p>a) Q3/Q4 of FY 2025-2026</p> <p>b) Q3/Q4 of Ongoing throughout FY 2025-2026, informed by Communications Strategy and Implementation Plan (expected by Q1 of FY 2025-2026).</p> <p>c) Development: Q3/Q4, implementation: Q2-4</p>

5. <i>Enhanced communication products and channels</i>	<p>a) Development of a Brand Guide to include key messages, brand voice, and visual identities, etc.</p> <p>b) Continuous improvement of website to incorporate French content and streamline information sharing</p>	<p>a) Q3-4 of FY 2025-2026</p> <p>b) Ongoing throughout FY 2025-2026 Ongoing throughout FY 2025-2026</p>
6. <i>Council Elections</i>	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. <i>Revise Essential Competencies of Practice for Kinesiologists in Ontario to align with the Kinesiologist Core Competency Profile;</i>	<ul style="list-style-type: none"> a) Revision of Essential Competencies for alignment with Core Competency Profile. b) Develop logic model and proposed QA program recommended changes. 	<ul style="list-style-type: none"> a) Project to be completed by February 2026. b) Associated with completion of and final report regarding Essential Competencies review project.
2. <i>Establish expectations and supports to promote culture of continuous quality improvement;</i>	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> a) CPD Directory Policy review, review of CPD Directory format and approach Q1-Q2 FY 2025-2026.

	<p>b) Demonstrate how quality assurance activities engage and support registrants in incorporating Continuous Quality Improvement (CQI) into their practice, and help registrants improve practice as individuals and as part of a team;</p>	<p>b) Projects related to demonstration of QA activities:</p> <ul style="list-style-type: none"> - PLI Audit: December-January 2026. - Annual review of QA program metrics presented to QA Committee. - Portfolio/ILP audit (Q2-Q3 of FY 2025-2026).
<p>3. <i>Develop/amend processes and policies to demonstrate risk-based, evidence-informed approach to programming;</i></p>	<p>a) Develop/amend processes and policies to explain how we use a risk-based, evidence-informed approach for assessment.</p> <p>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.</p> <p>c) Timely review of existing regulatory supports, requirements and expectations in response to evolving, new and emerging elements of professional practice.</p>	<p>a) QA Policy reviews ongoing throughout FY 2025-2026.</p> <ul style="list-style-type: none"> - Integration of Public Risk Management Framework into QA policies. <p>b) PPAs ongoing through FY 2025/2026</p> <ul style="list-style-type: none"> - Cycle #1: Fall/Winter - Cycle #2: Spring/Summer <p>c) Review of:</p> <ul style="list-style-type: none"> - Self-Assessment and eLearning module portal. To be completed prior to June 2026.

		<p style="text-align: center;">- Current College Practice Advice resources.</p>
<p>4. <i>Development of peer and mentoring programs for kinesiologists.</i></p>	<p>a) Support registrants in applying relevant practice standards and guidelines to their practice and obtain feedback on value/efficacy of supports.</p> <p>b) Articles and other resources developed for registrants and the public to enhance understanding of Practice Standards and reduce risk of harm.</p>	<p>a) Peer Circle cycle anticipated to begin by Q2 of FY 2025-2026.</p> <p>b) Practice Standard/Practice Guideline webinar/module series to begin Q1 2025-2026.</p>
Professional Practice/Quality Assurance Key Performance Indicators		
<p>c) Quality Assurance KPIs:</p> <p style="margin-left: 20px;">a) Internal QA Program Evaluation Metrics</p> <p style="margin-left: 20px;">b) Peer Circles:</p> <ul style="list-style-type: none"> • # of Peer Circles • # of members participating • Peer Circle Attendance • Feedback survey aggregate responses <p style="margin-left: 20px;">c) College Performance Measurement Framework:</p> <ul style="list-style-type: none"> • 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 <p>d) Professional Practice KPIs:</p> <p style="margin-left: 20px;">a) Number of Practice Inquiries</p> <p style="margin-left: 20px;">b) Practice Inquiries by topic/subject matter</p> <p style="margin-left: 20px;">c) Practice inquiry response rate vs Client Service Policy standard</p>		

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 - Revised Revenue Projections & Operating Expenditure- 2025/2026 - 2029/2030						
	Approved Revenue Forecast	Revised Revenue Forecast	Future Forecasts - (for information only)			
	2025/26	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030
Revenues	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
Jurisprudence Fee	31,343	31,343	31,969	32,609	33,261	33,926
Application Fee	79,577	79,577	81,168	82,792	84,448	86,137
Examination Fee	214,549	214,549	218,840	223,217	227,681	232,235
Registration Fees	2,097,393	2,097,393	2,128,853	2,160,786	2,193,198	2,226,096
Interest At Bank	80,000	80,000	80,000	80,000	80,000	80,000
Other Income						
Total Revenue Projections	2,502,862	2,502,862	2,540,830	2,579,404	2,618,588	2,658,394
Operating Expenses	Approved Budget	Revised Budget	2026/2027	2027/2028	2028/2029	2029/2030
Council and Committees	85,300	85,300	141,708	85,300	141,708	85,300
Professional Services	103,400	103,400	91,000	92,660	94,353	96,000
Communications/Media	182,200	182,200	185,844	189,560	189,560	189,560
Rent and Facilities Costs	151,500	151,500	154,530	157,620	160,773	163,988
Office and General	138,100	138,100	140,862	143,679	146,553	149,484
Staff Salaries/Benefits & Stat Remittances	1,204,350	1,204,350	1,264,567	1,327,796	1,394,186	1,463,895
Registration Costs	347,422	395,249	246,120	251,043	256,064	261,186
Quality Assurance Costs	49,020	63,520	50,000	51,000	52,020	53,060
Professional Conduct	48,500	48,500	50,000	50,000	50,000	50,000
TOTAL OPERATING COSTS	2,309,792	2,372,119	2,324,631	2,348,658	2,485,217	2,512,473
SURPLUS (DEFICIT)	193,070	130,743	216,199	230,746	133,371	145,921
Reserve Fund Contribution						
Notes:						
Registration Costs:						
Development of two new test forms in 2026						
Additional hosting fee of the exam platform						
Development of new test forms in 2026 by Exam Committee						
Quality Assurance Costs:						
Additional allocation for revisions to Essential Competencies						

Decision Note

Decision: Revision approval for Public Comment and Validation of the <i>Essential Competencies of Practice for Kinesiologists in Ontario</i>
Prepared for: Council
Date: December 1, 2025

Background

The Objects of the College of Kinesiologists of Ontario (COKO) are set out in s.3(1) of the *Health Professions Procedural Code* (“the Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*. These Objects include:

- 3) To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
- 4) To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

COKO pursues these objectives by establishing its Practice Standards and administering its Quality Assurance Program (QAP), the latter of which is established under O.Reg. 29/13 of the *Kinesiology Act, 2007*.

The *Essential Competencies of Practice for Kinesiologists in Ontario* (“the Essential Competencies”) is a key COKO document that informs all regulatory functions. The Essential Competencies build and expand on the *Kinesiologist Core Competency Profile*. The Essential Competencies define the knowledge, skill, judgement and attitude of kinesiologists practicing beyond entry-level expectations in Ontario. The Essential Competencies are used to:

- communicate the minimum expectations and standards of practice for kinesiologists to members, employers, government officials and the public.
- recognize the vital role kinesiologists play in a broad range of practice settings and in non-clinical positions, such as health and safety advisor, researcher and educator.
- measure the competence of kinesiologists.
- hold kinesiologists accountable to the stated minimum expectations.

Having reviewed and updated the *Kinesiologist Core Competency Profile* in 2024, COKO undertook a review and a revision of the Essential Competencies.

Timeline

Milestone	Date	Status
Gap analysis focus groups with members of the profession.	June 2025	Completed
Environmental scan to support and reinforce gap analysis and trend identification.	August 2025	Completed
Competency writing sessions.	Sept. – Oct., 2025	Completed
QAC Review and Recommendations to Council.	Nov. 17, 2025	Completed

Council approval for external consultation (public comment) and practitioner validation survey (60-day consultation as per RHPA).	Dec. 2025 – Feb. 2026	In development
Public comment and validation survey analysis.	Feb. 2026	Incomplete
QAC final review and recommendation to Council	Feb. 2026	Incomplete
Council approval of the final competency document for implementation.	March 2026	Incomplete
Phase II - Implement communication plan and revise QAP tools.	March 2026 – Feb. 2027	Incomplete
Full implementation	March 2027	Incomplete

Gap Analysis and Environmental Scan

The environmental scan offered a comprehensive overview of the kinesiology profession’s scope of practice and competency frameworks across various jurisdictions, including Canada, the United States, Australia, the United Kingdom, Europe, and Asia.

The focus group gap analysis sessions included input from 29 participants in both clinical and non-clinical practice. Attendees represented a diverse array of practice areas, including rehabilitation, return-to-work programs, community and public health, academia, research, sports and fitness, and program administration.

The most prominent themes emerging from the environmental scan and focus group discussions were:

- The expanding role of kinesiologists and their ability to impact health and wellness outcomes across all stages of life.
- The integration of mental well-being and social-psychological approaches into kinesiology treatment, care and services.
- Digital literacy and ethical technology use.
- Recognizing and addressing systemic barriers to care and fostering environments where diverse individuals feel safe and valued.
- The importance of program evaluation, research, leadership, and advocacy.
- The need to balance regulatory oversight with professional autonomy.

Summary of Revisions

The draft revised Essential Competencies is intended as a comprehensive modernization of the profession’s standards. It introduces new competencies while expanding and detailing existing areas to reflect current terminology and regulatory expectations. These changes aim to more accurately reflect the public's expectations for safe, ethical, and effective treatment and services in an evolving healthcare landscape.

A summary of the significant changes to the Essential Competencies and the corresponding rationale is presented below:

- **Broader Scope:** The draft revised version significantly expands the scope and depth of competencies, introducing new units and competencies that reflect recent trends, research, and professional practice needs.
- **New Units and Topics:** The updated version introduces new units such as Program Development, Leadership, and Education & Research.
- **Integration of Contemporary Issues:** Increased emphasis on digital health, artificial intelligence, mental health, biopsychosocial factors, and culturally responsive care.
- **Terminology updated** throughout to be more inclusive.

Additional details regarding substantive changes to the content and structure of the Essential Competencies are described below, on a “Unit-by-Unit” basis:

Unit 1: Foundational Knowledge

- **Biomechanical Principles:** Added competencies on optimizing movement and performance, using biomechanical findings for assessment and intervention recommendations, and analyzing injury mechanisms for prognosis and treatment.
- **Motor Learning and Control:** Expanded focus on cortical and subcortical dysfunction, and the influence of wellness, disease, injury, and aging on motor learning.
- **Pathology and Physiology:** More detailed consideration of fatigue, pain theories, and the impact of environmental factors. Explicit inclusion of pharmacology, pharmacokinetics, and complementary/alternative therapies.
- **Nutrition and Mental Health:** Added competencies relating to dietary behaviours, evidence-based supplement recommendations, and the correlation between mental well-being and comorbidities, movement and wellness.
- **Technology:** New requirements to use and assess evidence-based technology, including AI and remote monitoring, with attention to data validity and reliability.

Unit 2: Professionalism and Ethics

- **Informed Consent:** More explicit and detailed performance indicators for obtaining consent, including challenges, substitute decision-makers, and the need for ongoing consent.
- **Professional Boundaries and Record-Keeping:** Greater emphasis on systematic documentation, infection control, ethical billing, and managing dual practice.
- **Diversity, Equity, and Inclusion (DEI):** Expanded requirements for culturally safe practice, recognition of biases and power differentials, and accessible service strategies.

Unit 3: Professional Service Delivery

- **Assessment and Data Analysis:** Enhanced competencies for conducting physical assessments (gait, neurological exam, etc.), identifying contraindications, and prioritizing resources.
- **Treatment Planning:** New focus on co-creating accommodation plans, integrating cognitive and environmental supports, and selecting interventions based on socio-economic disparities.
- **Manual Therapy:** Introduction of competencies for manual therapy within the kinesiology scope, including ethical and evidence-informed techniques.
- **Monitoring and Evaluation:** Expanded requirements for reassessment, supervision, adherence factors, and transition/discharge planning.

Unit 4: Program Development

- Needs Assessment: New competencies for conducting needs assessments for wellness and health promotion programs, including determinants of health, literature review, and stakeholder collaboration.
- Program Design and Implementation: Emphasis on evidence-informed, tailored approaches that incorporate behavioural change theories and community collaboration.
- Program Evaluation: Expanded requirements for evaluation plans, data analysis, recommendations for change, and presenting findings.

Unit 5: Leadership

- Leadership Skills: Introduction of self-awareness, inclusive leadership, and management of team roles and responsibilities.
- Quality and Safety: New competencies for setting targets, tracking quality trends, root cause analysis, and recommending improvements.
- Financial Stewardship: More detailed performance indicators for financial management and ethical practices.

Unit 6: Education and Research

- Research Participation: Expanded focus on identifying knowledge gaps, research methodology, ethical principles, and data analysis.
- Knowledge Translation: New competencies for promoting health literacy and evidence-based practice through education and knowledge translation activities.
- Educational Material Development: More emphasis on inclusive, evidence-based, and learner-centred education materials and evaluation of teaching effectiveness.

Unit 7: Communication, Collaboration, and Advocacy

- Communication Needs and Barriers: Enhanced competencies for assessing communication needs, adapting messages, and verifying accuracy.
- Interprofessional Collaboration: New focus on co-creating integrated care pathways and evaluating team approaches for efficiency and appropriateness.
- Technology in Practice: Additional competencies for secure electronic communication, privacy, cybersecurity, and digital consent.
- Advocacy: Expanded advocacy roles for patients, self, and the profession, including navigation of resources and systems.
- Counselling and Coaching: More explicit requirements for coaching, counselling strategies, readiness assessment, and referral processes.
- Ethical Marketing: Strengthened standards for truthful, balanced, and accurate advertising and marketing activities.

Unit 8: Professional Development

- Reflective Practice: Expanded competencies for self-awareness, feedback incorporation, and evaluation of professional impact.
- Continuous Learning: More detailed requirements for learning plans, engagement in professional development, and sharing of new knowledge.

Next Steps

With Council's approval, the draft revised Essential Competencies will be circulated to the membership and other system partners, including the public. This circulation will include a validation survey designed to obtain quantitative data to inform required changes and to validate that the revised competence reflects current practice expectations. COKO will gather data on all aspects of the draft revised Essential Competencies.

Strategic Impact

Review and update of the Essential Competencies is aligned with COKO's current Strategic Plan as follows:

- **Governance & Public Trust:** ensuring that COKO practice expectations are consistent with a risk-based approach to right-touch regulation.
- **Engagement & Partnerships:** help build public awareness of COKO's expectations.
- **System Collaboration:** inviting feedback from a range of system partners and interested parties/individuals.

Public Interest Rationale

It is in the public interest that the foundational document for the COKO standards of practice and QAP is up to date and consistent with the broader practice environment and its evolution since the initial development and approval of the Essential Competencies.

Risk Considerations

The revised Essential Competencies will:

- Mitigate risks associated with the perception that COKO standards and expectations may be outdated.
- Maintain optimal alignment between COKO's entry-to-practice expectations, and the level of knowledge, skill and judgement expected of more experienced practitioners.

Recommendation

The Quality Assurance Committee has reviewed the proposed revisions and recommends that Council approve the draft revised *Essential Competencies of Practice for Kinesiologists in Ontario* for circulation for public comment and validation.

Decision for Council:

1. Approve the draft revised *Essential Competencies of Practice for Kinesiologists in Ontario* for public circulation, including a validation survey circulated to members.
2. Approve the draft revised *Essential Competencies of Practice for Kinesiologists in Ontario* with specific amendments.
3. Refer the draft revised *Essential Competencies of Practice for Kinesiologists in Ontario* for further consideration and review with specific questions and/or recommendations.

Appendix:

- Appendix A: the draft revised *Essential Competencies of Practice for Kinesiologists in Ontario*

Appendix A: Draft Amendments to the Essential Competencies of Practice for Kinesiologists in Ontario

Preamble:

This Appendix to the Issue/Decision Note is intended to show the proposed amendments to the *Essential Competencies of Practice for Kinesiologists in Ontario* (“the Essential Competencies”). The draft revised version will be circulated for further consultation and feedback, including a validation survey.

To facilitate your review:

- Proposed new competencies, performance indicators and Units are highlighted in yellow
- Use of “/” indicates that multiple competencies or performance indicators have been merged.
- In this document, the original numbering of all competencies and performance indicators has been used, even where, for example, a performance indicator has been moved from one Unit to another, or one competency to another.
- The final structure, sequence and numbering (nomenclature) of the revised Essential Competencies (Units, competencies and performance indicators and potentially the title of the document itself) will emerge once feedback from the circulation and validation survey has been received and analyzed. Further amendments may be recommended or proposed based on this qualitative and quantitative data.
- Please refer to the accompanying Decision Brief for more specifics regarding the impetus, rationales and justifications for proposed changes and amendments.

Unit 1: Foundational Knowledge

1.1 Apply biomechanical principles to human body movement in the provision of treatment and services to individuals, groups and populations.

1.1.1 Uses biomechanical principles to identify normal and abnormal movement patterns.
(New) Uses biomechanical principles to optimize movement and performance.
1.1.3 Explain the interaction between the human and the environment to understand the complex interplay between internal and external factors.
(New) Use biomechanical findings to inform recommendations that improve assessment and efficacy of interventions.
(New) Analyze the mechanism of injury and disease to inform prognosis and treatment recommendations.
1.1.6 Identify multiple factors that influence biomechanical function in health, disease and injury.

(1.5 / 1.8 merged) Apply knowledge of anatomy and physiology to human movement, performance, and rehabilitation.

1.2.1 Explain the impact of individual anatomical and physiological characteristics on human movement, function, and abilities.

1.5.2 Consider the human life cycle and the impact on the body structure and function.
1.5.3 Recognize variances in anatomy and physiology and the presence of pathology to inform assessment.
(New) Apply knowledge of human system pathology and its implications for human functional and performance implications.
1.8.2 Consider the reaction of the body to injury (e.g. cellular adaptation/tissue responses, neoplasia/anaplasia, cellular degeneration/necrosis, infective agents) and disease.
1.8.6 Consider the impact of fatigue on physiological changes.
1.8.7 Apply pain theories, pain referral patterns, pain management, and ratings of perceived exertion.
1.5.6 Analyze the impact of environmental factors on physiology.

1.2 Apply principles of motor learning and control across the lifespan.

(New) Analyze how motor learning and control are influenced by wellness, disease, injury, and aging
1.3.1 Summarize the process of skill and movement acquisition at significant developmental milestones.
1.3.2 Analyze the effect of individual presentation, diagnosis, dysfunction, condition or disease on motor learning and control.
1.3.4 Apply knowledge of the principles of motor learning to skill and re-acquisition of skills to fit the individual variables and the environment
(New) Recognizes patterns of cortical and subcortical motor dysfunction
(New) Describe how impairments in cortical and subcortical motor systems can affect movement, posture, coordination, and motor learning.

1.4 Apply knowledge of dysfunction, disease, or condition as it relates to the performance, rehabilitation, management and enhancement of human movement.

1.4.1 Consider the pathology and progression on functional capacity.
1.4.3 Analyze the impact of exercise, lifestyle, behaviour and the environment on management.
1.4.4 Determine key factors that influence the prevention and treatment.
1.4.5 Consider the impact of epidemiology and natural history on diseases and injury.
1.8.3 Consider the pathophysiological process of inflammation and repair, and the impact of the disease state on human movement and performance.
1.5.4 Consider the impact of disease state and injury on the body system and function (e.g. energy, healing, impact on physical activity and rest).

1.5 Apply knowledge of exercise and work physiology in health, disease, injury and recovery.

1.6.1 Evaluate the body's response and adaptation to exercise and occupational work.
1.6.2 Evaluate the pathological adaptations and responses to exercise and work inherent in chronic diseases and other pathologies.
1.6.4 Consider how body systems respond and function in different environmental stressors and with the introduction of stimuli
(new) Apply behavioural strategies considering the needs and preferences of the client/patient and their progress towards achieving realistic goals

1.7 Apply health promotion and prevention principles across the life cycle.

1.7.1 Compare the impact of the determinants of health on wellness (e.g. physical, intellectual, cognitive, behavioural, psychological, social, spiritual, environmental, occupational, and lifestyle).
1.7.3 Explain the benefits of exercise on a population and individual level.
1.7.3 Determine factors that influence exercise adherence and motivation.
1.7.4 Apply knowledge of epidemiology related to wellness and disease prevention.
(New) Apply behavioural strategies considering the needs and preferences of the patient/client to facilitate their progress towards achieving realistic goals

1.8 Apply ergonomic principles related to human movement and performance.

1.9.1 Consider ergonomic risk factors in injury prevention and recovery.
1.9.2 Recognize adaptation of the individual, group or population to the environment and occupation.
1.9.3 Analyze the environment to inform alterations and accommodations.
(New) Identify the need to conduct a cognitive demand analysis and mental health assessments.
(New) Recognize when job demands exceed functional capacity and recommend appropriate ergonomic or workload modifications.

1.10 Apply food and nutrition science to human movement, performance, and rehabilitation.

1.10.2 Calculate nutrition requirements based on human movement and performance.
1.10.3 Analyze the influence of nutrition, supplements, and hydration on human movement, performance and wellness.
(New) Recognize signs of dietary behaviours and energy concerns that adversely affect human movement, performance, and overall wellness.
(New) Evaluate the evidence for the efficacy of supplements and ergogenic aids.
(New) Make evidence-based nutrition recommendations to support performance, healing and recovery within the kinesiology role.

(New) Consider the impact of biopsychosocial factors on human performance and rehabilitation

(New) Analyze the benefits of physical activity on mental health and well-being.
(New) Recognize the correlation between mental well-being and comorbidities.
(New) Identify and address the psychological factors that influence recovery and athletic performance.
(New) Identify sociocultural and historical factors that influence attitudes and emotions toward physical activity.

(New) Apply fundamental knowledge of pharmacology and pharmacokinetics to inform decisions.

(New) Apply knowledge of how drugs interact with biological systems to produce a therapeutic effect.
(New) Recognize drug classes and their indications, benefits, risks and contraindications.

(New) Consider the impact of movement and performance on pharmacokinetics and the overall physiological response to exercise.

(New) Apply an understanding of complementary and alternative therapy to inform decision-making and client education.

(New) Recommend complementary and alternative therapies within the scope of practice of kinesiology.

(New) Evaluate evidence-based literature to inform decisions related to complementary and alternative therapy.

(New) Identify indications, benefits, risks and contraindications of complementary and alternative therapy.

(New) Use evidence-based technology to monitor, promote and improve physical activity, rehabilitation and function (e.g., Artificial Intelligence, tele-rehabilitation, wearable monitoring, remote monitoring)

(New) Determine the suitability of digital health tools or other technologies, considering the situation and need, the environment, and organizational policies.

(New) Confirm the data's validity and reliability before making a judgement and determine triggers for manual review or in-person care.

(New) Interpret data trends to modify plans and to identify the need for additional evaluation.

(New) Assess the reliability of AI-generated information by verifying cited sources, comparing claims with guidelines and research, and determining the limitations of the information before use.

Unit 2: Professionalism and Ethics

2.2 Obtain informed consent before and throughout service provision.

2.2.1 Obtain informed consent before initiating an assessment, treatment or services or when there is a change in the plan.
2.2.2 Identify situations where there are challenges to obtaining informed consent and take steps to rectify issues.
2.2.3 Seek informed consent from the substitute decision-maker when the patient/client's capacity to understand information is problematic.

2.9 Demonstrate professional responsibilities and accountabilities when performing assessments and treatments and providing services.

2.9.3 Obtain the required knowledge, skill and judgement before performing an assessment and procedures.
2.9.8 Inform referral source and relevant others when an activity is beyond personal competence or professional scope of practice.
2.9.1 Identify activities that are a controlled act and prohibited to be performed by kinesiologists without delegation.
2.9.4 Ensure delegation authorizing mechanisms are in place before accepting delegation of a controlled act.
2.9.5 Demonstrate required competence to perform the delegated activity and to manage potential adverse outcomes.
2.9.10 Seek consultation and referral when services are beyond personal competence or the scope of practice.

3.1 Adheres to the Code of Ethics and Practice Standards for the profession.

3.1.4 Report unsafe, unethical and incompetent practice or behaviours.
3.1.5 Recognize and manage potential and perceived conflicts of interest.
3.1.6 Manage conflicts with professional obligations and organizational policies.
3.7.4 Take action to ensure organizational policies align with professional obligations, regulations and legislation.
3.1.8 Maintain ethical and transparent fees and billing practices according to regulations and standards.
3.1.10 Manage dual practice by clearly separating both practices according to the standards.
3.3 Adhere to confidentiality and privacy legislation, and related practice standards and organizational policies when collecting, maintaining, disclosing and destroying patient/client personal information or personal health information.
3.4 Maintain professional boundaries, adhering to the practice standards and organizational policies.
(New) Implement infection prevention and control measures to mitigate risks to patients/clients, self, colleagues and others.

(New) Use a systematic approach to record-keeping consistent with the practice standards.

(New) Document all patient/client interactions and service provisions in a timely and accurate manner.

3.2 Align practice with the principles of equity, diversity and inclusion.

3.2.2 Contribute to a culturally safe environment.

3.2.3 Recognize the limits of one's own knowledge, skills, and abilities in managing diversity and equity issues, and consult when necessary.

3.2.4 Acknowledge individual experiences, culture, beliefs and personal expression in service delivery.

(New) Recognize biases, assumptions, and the power differential in the provider-patient relationship.

3.2.5 Assess the need for, develop, and implement accessible service and delivery strategies, adhering to relevant legislation and regulations.

3.1.2 Practice in a manner that respects diversity and avoids prejudicial treatment of individuals, groups and populations.

Unit 3: Professional Service Delivery

2.1 Responds to professional service requests through analysis and synthesis of information.

2.1.1 Confirm reason and scope of referral by reviewing, evaluating, and interpreting available patient/client records and referral documents.
2.1.2 Clarify and confirm reasons for services with the patient/client and others involved in their care.
2.1.4 Identify the knowledge, skill and judgement required to provide the services.
2.1.5 Determines that the services required are within the legislated scope of practice of a kinesiologist and personal competence.

2.3 Perform an assessment to inform clinical decision-making.

2.3.9 Adhere to guidelines, protocols, and policies when performing assessments.
2.3.1 Collect patient/client history using interviewing skills, observation, and by reviewing clinical records and available data to inform the assessment process.
2.3.2 Collect information about the patient's /client's prior function, abilities, physical performance, vocational and avocational activities, and their environment.
2.3.8. Collect both subjective and objective data and evaluate the accuracy and relevance of the information.
2.3.3 Confirm the patient's/client's vocational and avocational needs and health history.
2.3.4 Determine the patient/client baseline to compare to their current function, movement and abilities before treatment.
2.3.5 Measure the patient's/client's physical characteristics and their responses to activities and environments, with reference to health, safety, symptoms, and performance.
2.3.6 Examine the physiological function of the patient/client at rest and during prolonged or maximal exercise, and with environmental stress (heat, cold, altitude, hyperbaric).
2.3.7 Assess the environment, product or system design to inform the treatment plan.
(New) Conduct a physical assessment, including gait, neurological exam, palpation, range of motion, joint integrity and tissue quality assessments.
(New) Identify relative and absolute contraindications that may impact the assessment, treatment plan, care or service and take required action.
(New) Evaluate available supports and prioritize resources to meet patient/client needs.

2.4.1 Select assessment methods and tools considering the reason for the assessment, patient/client and environmental factors.

1.11.1 Determine the validity and reliability of the measure or test, considering measurement concepts and methodologies.
2.5.10 Apply evidence-informed test protocols to inform clinical reasoning.

2.4.2 Identify contraindications in the assessment method and tools and take action to mitigate risks.

2.4.3 Consider the normative reference or benchmark when selecting the assessment method and when evaluating the data.

2.5 Analyze and synthesize assessment data to inform an impression.

1.11.2 Interpret data in the context of standardized measurement or population pool.

2.5.1 Determine or confirm the currency, accuracy and relevance of the assessment data collected.

2.5.2 Recognize limitations in assessment data, or invalid results, and make recommendations for re-assessment if necessary.

2.5.8 Identify patient/client goals, level of desired participation, and strengths and limitations.

2.5.6 Identify the impact of the availability and limitations of environmental supports and resources on the patient/client's well-being, recovery and participation in treatment.

2.5.3 Identify the patient/client's capabilities, current health status and risks based on the assessment.

2.5.5 Identify the impact of vocational and avocational needs on patient/client well-being, recovery and participation in treatment.

2.5.7 Identify normal and abnormal test and diagnostic results (e.g. x-ray, ultrasound, blood work, imaging) and quantitative assessment data.

(New) Identify the patient/client's functional abilities to match task demands to their abilities safely.

(New) Analyze patient/client barriers and system-level limitations, and identify solutions to address them.

2.6 Develop patient/client-centred recommendations and treatment plan, including exercise prescription and other interventions based on assessment data and patient/client goals.

2.6.1 Communicate assessment results in a manner that the intended recipient understands.

2.6.8 Co-create realistic, relevant, measurable, sustainable, and evidence-informed recommendations and/or goals.

2.6.7 Select interventions that are evidence-informed and consistent with patient/client goals, health status, determinants of health, functional needs and assessment findings.

1.8.5 Consider the contraindication(s) of therapeutic treatments.

2.6.9 Make recommendations for accommodation based on the assessment data and environmental factors.

(New) Apply evidence-based principles of exercise prescription to design an individualized, patient/client-centred treatment plan.

2.7.9 Establish and consider patient/client expectations to inform the treatment plan.

2.6.4 / 2.6.6 Consider patient/client socio-economic factors and disparities (health, availability, finances, access to services) when developing the plan of care.

(New) Select and integrate manual therapy to address pain, improve joint mobility, and maintain or restore optimal movement and function.

2.6.13 Prioritize recommendations and/or goals and expected outcomes, based on assessment findings and evidence-informed practice, in collaboration with the patient/client and others.

2.8.10 Implement treatment plan in collaboration with the patient/client, inter-professional team and other stakeholders.

(New) Recognizes how sociocultural, personal, and historical factors influence a person's attitudes and emotions towards, and participation in their care.

(New) Co-create accommodation plans that integrate physical, cognitive, and environmental supports.

(New) Identify the required accommodation based on the patient/client's needs and their situation.

(New) Co-create and recommend accommodations (e.g. adjusted workload, flexible scheduling, assistive technologies)

(New) Analyze the effectiveness of the accommodation and make recommendations to adjust or discontinue the accommodation plan.

2.7 Performs treatments in a competent, safe and ethical manner.

2.7.6 Perform procedures that are authorized and within the personal competence, or obtain the required knowledge, skill and authorization before proceeding.

2.7.1 Schedule services and allocate resources in a reasonable timeframe.

2.7.2 Respect the patient/client's time, financial resources, privacy and involvement of significant others or substitute decision-makers.

2.7.5 Assess the patient/client's ability to perform the exercise competently and safely and modify when required.

2.7.7 Implement support tools to facilitate the patient/client to complete the treatment (e.g. activity log, instruction sheets, diagrams).

2.7.8 Applies therapeutic modalities and uses aids, equipment, engineering, and administrative and personal controls relevant to the needs of the patient/client, the situation and the environment.

(New) Apply manual therapy interventions using proper technique in an ethical, patient/client-centred, and evidence-informed manner

2.8 Monitor and evaluate the efficacy and safety of treatment plans and the exercise prescription.

2.8.2 Assess the patient's/client's ability to recreate the intervention and confirm their understanding of instructions.

2.8.3 Measure goals and track outcomes against established benchmarks to ensure desired goals are met.

2.8.4 Re-assess the patient's/client's progress and status to determine the effectiveness of the intervention and/or exercise prescription.

2.8.6 Determine the level of supervision required during the intervention and the modification needed for treatment.

2.8.7 Identify and address risk factors associated with patient/client adherence to the treatment plan

(2.10/2.10.4 merged) Develop a follow-up, transitional or discharge plan of care in collaboration with the patient/client and others involved in their care

2.10.1 Conduct an assessment to guide discharge planning and to determine if patient/client goals are met.

2.10.3 Determine the need to refer to other health professionals and services.

2.10.6 Review with the patient/client the maintenance plan and ongoing need for self-management.

2.10.7 Educate patient/client on the availability of services to support transition of services.

2.10.8 Discontinue services in accordance with professional obligations.

New Unit 4: Program Development

2.12 Conduct a needs assessment to develop and implement wellness, exercise and health promotion programs for individuals, groups and populations.

2.12.1 Identify determinants of health and other target audience characteristics to inform benefits and limitation of participation.
2.12.2 Critically review literature and research to identify evidence-based trends,
2.12.4 Determine the level of support, resource implications, opportunities and risks.
(New) Identify the short-term and long-term goals of the target audience to inform the program goals
2.12.8 Identifies individual, public/private organizations, and government roles and responsibilities within the systems.

2.13 Design and implement wellness, exercise and health promotions programs to meet the needs of the group or population.

2.12.6 Synthesize assessment data to determine and prioritize program goals and objectives.
1.12.2 Consider patient/client demographics, lifestyle, risk factors, biopsychosocial and socio-economic factors and ecological issues.
2.12.7 Design programs based on needs assessment and evidence-informed literature.
2.13.1 Prioritize goals and objectives based on the level of importance and changeability of the health problem.
2.13.2 Apply community and population-based models and theories in the development of the programs.
2.13.3 Apply wellness theories and strategies that contribute to long-term health in planning and delivery of programs.
(New) Create a tailored approach to promote movement and self-regulation of behaviours and actions and lifestyle changes.
2.13.8 Utilize behavioural change theories, behaviour economics and communication strategies in the delivery of programs.
2.13.6 Collaborate with community partners and organizations to design and implement programs.

2.14 Conduct a program evaluation to assess the effectiveness of the wellness, exercise and health program and required modifications.

2.14.1 Develop an evaluation plan and indicators using program evaluation models.
2.14.4 Analyze evaluation data to draw inferences and reach conclusions.

2.14.5 Develop recommendations for change based on evaluation.

2.7.10 Present data and assessment findings to inform future program design solutions.

New Unit 5: Leadership

3.6 Demonstrate and apply leadership skills.

3.6.2 Engage in active discussions with others to establish common goals and a shared understanding of different opinions
3.6.7 Manage inter-and intra-professional differences to promote positive outcomes
(New) Demonstrate self-awareness, self-management, social awareness and relationship management to navigate situations and build relationships
(New) Demonstrate inclusive leadership to foster innovation and to enhance collaboration and co-creation of goals and objectives.

3.7 Contributes to a safe practice and work environment.

2.8.9 Confirm the accuracy, precision and safety of the equipment before use and report unsafe and potential risk situations.
3.7.3 Identify risk and safety issues and take action to manage or mitigate risk and safety issues.
(New) Assign responsibilities to team members based on role and competence.

3.7.2 Lead and participate in quality management activities.

(New) Set and monitor clear targets aligned with common objectives and goals
(New) Collect and use data to track and report quality trends, identify patterns and provide evidence-based insight
(New) Determine potential root causes of quality issues and recommend quality improvement and risk reduction measures to achieve improved outcomes

3.8 Apply financial stewardship and management principles.

3.8.1 Consider the financial implications when making decisions or recommendations.
3.8.2 Prioritize goals to manage time and workload effectively.
3.8.3 Employ principles of productivity to optimize efficient resource utilization.
3.8.4 Maintain professional and ethical financial practices.

3.5 Applies critical thinking and decision-making in practice.

3.5.1 Demonstrate effective problem-solving and professional judgement.
3.5.2 Interpret and integrate evidence-informed practice, research and literature in decision making.
3.5.3 Recognize situations where services should be adjusted, limited, modified or discontinued.
3.5.4 Demonstrate effective, appropriate, and timely consultation with experts and others.

3.5.6 Reflect and evaluate using critical thinking when faced with problems, issues and challenges.

3.5.7 Demonstrate insight into personal expertise and limitations.

3.5.8 Consider alternative methods and justify selected option(s).

3.5.9 Analyze and synthesize information and identify new information, patterns and findings.

3.5.10 Integrate relevant information with previous learning, experience, professional knowledge and current practice models.

3.5.11 Identify and implement a plan to address the problem, issue or challenge.

3.5.12 Evaluate the effectiveness of the plan to address the problem, issue or challenge and identify opportunities for continuous quality improvement.

New Unit 6: Education and Research

2.15 Participate in and lead research initiatives, following ethical principles and research methodology to advance kinesiology practice.

(New) Identify knowledge gaps that may lead to novel research or further exploration .
2.15.1 Determine a suitable research methodology to address the research questions.
2.15.2 Demonstrate critical analysis in selecting and developing validity and reliability research instruments and tools.
2.15.3 Conduct research following ethical principles and established policies.
(New) Collect data using a variety of valid and reliable methods and technologies
(New) Analyze research using appropriate data analysis techniques
(New) Engage in knowledge translation activities to promote health literacy and further the profession and evidence-based practice

4.6 Develop educational materials and deliver education to meet the needs of the learner.

4.6.1 Apply education and learning theories and principles in practice.
4.6.2 Assess learning needs and required accommodations to inform instruction, personalize learning and improve outcomes
4.6.6 Critique and select evidence-based literature and practice-based references to support the development of educational resources.
4.6.8 Develop a variety of learning activities based on the learner's needs and evidence-based information.
4.6.10 Use a variety of inclusive education materials.
4.6.7 Implement the learning plan to promote, maintain and enhance health, wellness, function and movement.
4.6.11 Evaluates learning to confirm the effectiveness of teaching and the learner's competence.

Unit 7: Communication, Collaboration and Advocacy

4.1 Communicate in a timely, accurate and effective manner with patients/clients and stakeholders.

4.1.1 Assess the communication needs of the target audience.
4.1.2 Identify barriers to effective communication.
4.1.3 Adapt messages and modes of delivery to meet the needs of the audience.
4.1.4 Observe non-verbal cues and respond appropriately.
4.1.5 Evaluate the effectiveness of the communication.
4.1.6 Foster open and honest communications.
4.1.7 Verify accuracy of verbal communications and written information.
4.1.8 Communicate clearly, concisely, comprehensively, and accurately.

4.2 Collaborate with inter and intra-professional teams to achieve common goals and to optimize services.

4.2.3 Identify opportunities for shared benefit and vision.
4.2.5 Engage in inter-professional collaboration when making decisions, problem-solving, and engaging in conflict resolution.
4.2.6 Identify and encourage team members to work within their full scope of practice and personal sphere of competence.
(New) Collaborate with interprofessional teams by sharing, analyzing, and developing common goals and initiatives
(New) Evaluate interprofessional approaches for efficiency and appropriateness
(New) Co-create integrated care pathways that streamline navigation across providers

4.3 Manages assignment of service to support personnel and students.

4.3.1 Consider the role and approved responsibilities of support personnel and students.
4.3.5 Obtain informed consent from the patient/client for the direct involvement of support personnel and students.
4.3.2 Assign tasks according to competence, individual scope of practice and the organizational policies.
4.3.3 Anticipate and take responsibility for managing potential adverse outcomes.
4.3.4 Provide feedback to improve practice and to ensure positive patient/client outcomes.

4.4 Use technology to enable and enhance secure communication and collaboration.

4.4.1 Obtain patient/client informed consent to the use of technology to support transcription and documentation, communicate electronically and to provide virtual services.
4.4.2 Demonstrate professional behaviours and professional boundaries when using social media.
4.4.3 Adhere to privacy legislation and practice standards when using technology, including when providing virtual services or using technology to support transcription and documentation.

4.4.5 Apply privacy and cybersecurity best practices when using technology and digital systems and monitor security and data protection according to privacy legislation and regulations

4.4.6 Take required action in response to unauthorized access, use and disclosure of information according to legislation and practice standards.

4.5 Advocates for the patient/client, self and the profession.

4.5.1 Advocate for the professional involvement of kinesiology services.

4.5.2 Advocate for patient/client access to services, resources and programs.

4.5.3 Educate patient/client to self-advocate.

4.5.4 Advocate for, and participate in activities that support advancement of the profession.

4.5.5 Educate employers and the public on the role of kinesiologists and the benefits of receiving care from kinesiologists.

4.5.6 Advocate for the development and implementation of programs and resources that support health, wellness, function and movement.

(New) Navigate resources and systems to obtain desired outcomes

4.7 Uses effective counselling and coaching skills and strategies in practice.

4.7.1 Apply coaching and counselling theories and strategies to support and empower patients/clients

4.7.2 Assess patient/client readiness to change to inform counselling techniques and care plan.

4.7.3 Co-create realistic counselling and coaching goals.

4.7.4 Identify and address barriers to achieving counselling and coaching goals.

4.7.5 Refers to other professionals when patient/client counselling needs are beyond either or both of the professional scope of practice and personal sphere of competence.

4.8 Engage in ethical marketing and advertising activities.

4.8.1 Adhere to advertising legislation, regulations and professional obligations.

4.8.2 Ensure advertising and marketing information is truthful, balanced, accurate, not misleading and is in the public interest.

Unit 8: Professional Development

5.1 Apply reflective practice.

5.1.1 Engage in continuous self-awareness by critically evaluating one's own knowledge, skill and judgement, patient/client outcomes and feedback from others.

5.1.2 Analyze the impact of your professional behaviours and actions on others.

5.1.3 Analyze consequences of actions before, during and after action is taken.

5.1.4 Obtain feedback and demonstrate a willingness to consider the opinions of others.

5.1.5 Consider and incorporate experiences and learning in practice.

5.1.6 Calibrate self-assessment based on experiential learning and feedback from patients/clients and others.

5.1.7 Provide constructive feedback to others.

5.2 Engage in continuous learning and professional development.

5.2.1 Develop a plan to address learning needs, including measurable goals and anticipated outcomes.

5.2.2 Engage in learning activities relevant to identified needs.

5.2.3 Keep abreast of current evidence-informed practice, research, practice standards, changes in the practice environment and technology to inform practice.

5.2.4 Critically evaluate literature and other resources to inform practice.

5.2.5 Evaluate the effectiveness of learning on practice.

5.2.7 Share new knowledge and experiences with others.

Resolution: Approval of revised Budget and Operational Plan for fiscal year 2025-2026

Whereas Council and the Planning and Finance Committee have reviewed the revised Budget and the revised Operational Plan presented by the College of Kinesiologists of Ontario (COKO) and considered whether provision has been made to meet COKO's requirements during the fiscal year – September 1, 2025, to August 31, 2026; and

Whereas the Planning and Finance Committee has recommended the revised Budget and the revised Operational Plan to Council for approval; and

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

Whereas Council members have been provided an opportunity to raise questions and gain a full understanding of the risks faced by COKO, the financial outlook for COKO, and detailed proposed expenditures; and

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

Therefore, be it resolved that Council approves the revised Budget and the Revised Operational Plan for the fiscal year 2025-2026, effective December 1, 2025.

Moved by:

Seconded by:

Date: December 1, 2025

Resolution – *Essential Competencies of Practice for Kinesiologists in Ontario*

Whereas the College of Kinesiologists of Ontario (COKO) has a legislative obligation under the *Regulated Health Professions Act, 1991* to define standards of practice and communicate the standards to the public; and

Whereas the *Essential Competencies of Practice for Kinesiologists in Ontario* defines the knowledge, skill, judgment and attitude requirements of kinesiologists across the province for both clinical and non-clinical practitioners; and

Whereas the *Essential Competencies of Practice for Kinesiologists in Ontario* provide the foundation for COKO's Quality Assurance Program and other programs; and

Whereas, COKO has undertaken to review the *Essential Competencies of Practice* to ensure they are consistent with the *Kinesiologist Core Competency Profile*; and

Whereas, COKO has also reviewed the *Essential Competencies of Practice* to ensure that they include competencies and performance indicators that accurately reflect the full range of knowledge, skill and judgment that kinesiologists would be expected to demonstrate in clinical and non-clinical roles; and

Whereas the review process involved a literature review and global environmental scan, review of the existing competency framework, and competency and performance indicator writing sessions;

Whereas the Quality Assurance Committee has recommended that proposed amendments to the *Essential Competencies of Practice for Kinesiologists in Ontario* be circulated for validation and feedback;

Resolution

Therefore, be it resolved that the Council approves circulation of the revised *Essential Competencies of Practice for Kinesiologists in Ontario* for validation and feedback.

Moved by:

Seconded by:

Date: December 1, 2025

Financial Statements of

COLLEGE OF KINESIOLOGISTS OF ONTARIO

August 31, 2025

COUNCIL DRAFT

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INDEPENDENT AUDITOR'S REPORT

To the Council of
College of Kinesiologists of Ontario

Opinion

We have audited the financial statements of the College of Kinesiologists of Ontario ("the College") which comprise the statement of financial position as at August 31, 2025, and the statements of operations, changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion the accompanying financial statements present fairly, in all material respects, the financial position of the College as at August 31, 2025, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide basis for our opinion.

Other Matter

The financial statements for the year ended August 31, 2024 were audited by another firm of Chartered Professional Accountants who expressed an unqualified opinion on those financial statements on December 19, 2024.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

TORONTO, Ontario
December 1, 2025

Licensed Public Accountants

College of Kinesiologists of Ontario
Statement of Financial Position

As at August 31	2025	2024
		(note 12)
Assets		
Current		
Cash	\$ 3,254,214	\$ 2,995,391
Prepaid expenses	63,383	57,568
Investments (note 3)	139,676	222,467
	3,457,273	3,275,426
Investments (note 3)	422,650	331,619
Capital assets (note 4)	35,743	31,453
	\$ 3,915,666	\$ 3,638,498
Liabilities		
Current		
Accounts payable and accrued liabilities (note 5)	\$ 322,956	\$ 256,197
Deferred revenue	1,739,125	1,815,300
	2,062,081	2,071,497
Net Assets		
Invested in capital assets	35,743	31,453
Internally restricted net assets (note 8)	290,000	290,000
Unrestricted	1,527,842	1,245,548
	1,853,585	1,567,001
	\$ 3,915,666	\$ 3,638,498

Commitments (note 9)

On behalf of the Board:

_____ Director

_____ Director

College of Kinesiologists of Ontario
Statement of Operations

Year ended August 31	2025	2024
		(note 12)
Revenue		
Registration fees	\$ 1,927,270	\$ 1,789,893
Examination fees	242,705	209,830
Application fees	82,880	85,050
Jurisprudence fees	39,812	41,421
Interest income	100,362	119,751
Other	7,825	-
	2,400,854	2,245,945
Expenses		
Salaries and benefits (note 7)	1,054,866	1,017,091
Examination	185,868	104,989
Professional fees	161,809	186,920
Communications and media	157,899	129,834
Rent	146,726	184,256
Professional conduct	101,912	83,706
Office and general	81,416	84,560
Registration	80,291	125,822
Council and committees	61,168	49,316
Merchant banking fees	45,379	47,223
Quality assurance	23,653	33,401
Amortization of capital assets	10,718	41,688
	2,111,705	2,088,806
Excess of revenue over expenses before office relocation	289,149	157,139
Office relocation	2,565	71,552
Excess of revenue over expenses for the year	\$ 286,584	\$ 85,587

See accompanying notes to the financial statements.

College of Kinesiologists of Ontario
Statement of Changes in Net Assets

Year ended August 31	2025				2024
Net assets	Invested in capital assets	Internally restricted	Unrestricted	Total	Total (note 12)
Balance, beginning of year	\$ 31,453	\$ 290,000	\$ 1,245,548	\$ 1,567,001	\$ 1,481,414
Excess of revenues over expenses for the year	-	-	286,584	286,584	85,587
Purchase of capital assets	15,008	-	(15,008)	-	-
Amortization of capital assets	(10,718)	-	10,718	-	-
Balance, end of year	\$ 35,743	\$ 290,000	\$ 1,527,842	\$ 1,853,585	\$ 1,567,001

COUNCIL DRAFT

College of Kinesiologists of Ontario
Statement of Cash Flows

Year ended August 31	2025	2024
		(note 12)
Cash provided (used) by operating activities		
Excess of revenue over expenses for the year	\$ 286,584	\$ 85,587
Items not affecting cash		
Amortization of capital assets	10,718	41,688
Amortization of deferred lease incentives	-	(16,616)
Loss on disposal of capital assets	-	5,213
	297,302	115,872
Changes in non-cash working capital items		
Prepaid expenses	(5,814)	25,844
Accounts payable and accrued liabilities	66,760	8,793
Deferred revenue	(76,174)	182,600
Net cash provided by operating activities	282,074	333,109
Cash provided (used) by investing activities		
Purchase of capital assets	(15,008)	(27,797)
Purchase of investments	(227,491)	(236,619)
Proceeds on maturity of investments	220,120	226,000
Interest accrued on investments	(872)	(1,883)
Net cash used by investing activities	(23,251)	(40,299)
Cash used in financing activities		
Repayment of loan payable (note 6)	-	(40,000)
Increase in cash	258,823	252,810
Cash, beginning of year	2,995,391	2,742,581
Cash, end of year	\$ 3,254,214	\$ 2,995,391

College of Kinesiologists of Ontario

Notes to Financial Statements

August 31, 2025

1 Organization

The College of Kinesiologists of Ontario (the "College") was incorporated without share capital as a not-for-profit organization under the laws of Ontario on June 4, 2007. Its authority under provincial law is set out in the Regulated Health Professions Act, 1991 ("RHPA").

As the regulator and governing body of the kinesiology profession in Ontario, the major function of the College is to administer the Kinesiology Act, 2007 in the public interest.

The College is a not-for-profit organization, as described in paragraph 149(1)(l) of the Income Tax Act, and therefore not subject to income tax.

2 Significant accounting policies

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred revenue.

Examination fees are recognized as revenue when the examinations are held. Examination fees received in advance of an exam being held are recorded as deferred revenue.

Application fees are recognized as revenue upon assessment of the application.

Jurisprudence fees are recognized as revenue when the services have been provided.

Interest income comprises interest from cash and investments and is recognized on an accrual basis.

(b) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are recorded at cost and are amortized over their estimated useful lives using the following annual rates and methods:

Furniture and fixtures	5 years straight-line
Computer equipment	3 years straight-line
Computer software	3 years straight-line

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

College of Kinesiologists of Ontario

Notes to Financial Statements

August 31, 2025

2 Significant accounting policies (continued)

(c) Contributed services

The work of the College is dependent on the voluntary service of many individuals. Since these services are not normally purchased by the College and because of the difficulty of determining their fair value, contributed services are not recognized in the financial statements.

(d) Financial instruments

(i) Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument. The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

Financial assets measured at amortized cost include cash and investments. Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

(ii) Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- The present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- The amount that could be realized by selling the financial asset at the statement of financial position date

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(e) Management estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the reporting date and the reported amounts of revenues and expenses for the reporting period. Actual results could differ from these estimates. These estimates are reviewed periodically and adjustments are made, as appropriate, in the statement of operations in the year they become known.

College of Kinesiologists of Ontario

Notes to Financial Statements

August 31, 2025

2 Significant accounting policies (continued)

(f) Cloud computing

At the inception of a cloud computing arrangement with a supplier, the College allocates the consideration of the arrangement to all of the significant separable elements based on their specific sales price. Expenditures on capital assets and rights to use an intangible asset are recognized according to the accounting policies applicable to these elements. To account for expenditures in cloud computing arrangements that fall within the scope of AcG-20, *Customer's Accounting for Cloud Computing Arrangements*, the College elected to apply the simplification approach.

These expenses are therefore treated as the supply of services and recognized as expenses when the College receives the services in question. The College recognizes prepayment as an asset when payments for goods or services are made in advance. Expenditures related to implementation activities are expensed as incurred.

3 Investments

As at August 31	2025		2024	
High interest savings account	\$	2,558	\$	-
Fixed income securities		316,930		312,120
Redeemable guaranteed investment certificates		231,619		231,619
Accrued interest		11,219		10,347
		562,326		554,086
Less: current investments		139,676		222,467
		422,650	\$	331,619
Long term investments	\$	422,650	\$	331,619
Total investments, fair value	\$	549,817	\$	544,347

Investments consist of guaranteed investment certificates, high interest savings, and fixed income securities with effective interest rates ranging from 1.60% to 6.00% (2024 - 2.24% to 5.50%), and maturity dates ranging from February 2025 to June 2035 (2024 - February 2025 to September 2028).

4 Capital assets

As at August 31	2025				2024			
	Cost		Accumulated Amortization		Cost		Accumulated Amortization	
Furniture and fixtures	\$	174,857	\$	(145,912)	\$	164,983	\$	(138,164)
Computer equipment		75,493		(68,695)		70,360		(65,726)
Computer software		121,863		(121,863)		121,863		(121,863)
	\$	372,213	\$	(336,470)	\$	357,206	\$	(325,753)
Net book value	\$	35,743	\$	31,453	\$	31,453	\$	31,453

College of Kinesiologists of Ontario

Notes to Financial Statements

August 31, 2025

5 Accounts payable

As at August 31	2025	2024
Trade payables and accrued liabilities	\$ 265,955	\$ 198,097
Accrued liabilities - professional conduct	57,000	58,100
	\$ 322,955	\$ 256,197

6 Canada Emergency Business Account (CEBA) Loan

The College received a \$60,000 loan in prior years under the federal government's Canada Emergency Business Account (CEBA) program which provides assistance to small businesses in paying non-deferrable operating expenses. The CEBA program is designed to assist organizations dealing with the economic impact of the COVID-19 pandemic.

The loan is interest free and no payments are required until January 18, 2024. Any portion of the loan can be repaid at any time without penalty. Provided \$40,000 of the CEBA loan is repaid on or before January 18, 2024, the remaining \$20,000 will be forgiven.

The College has recognized the forgivable portion as government assistance in the amount of \$10,000 in each of fiscal 2020 and 2021. The \$40,000 non forgivable portion of the CEBA loan was repaid by the College on December 11, 2023.

7 Employee benefits

The College maintains a group registered retirement savings plan which, upon eligibility, is mandatory for all employees. The College contributes 7% of employee earnings which amounts to \$56,968 (2024 - \$50,797) and is charged to salaries and benefits in the statement of operations.

8 Internally restricted net assets

The College has internally restricted net assets to provide support to victims of sexual abuse, increases in investigation costs and hearings, and future property and technology requirements.

In the current year, expenses in the amount of \$nil (2024 - \$2,800) were incurred in connection with abuse therapy. The Council approved a transfer of \$nil (2024 - \$2,800) from unrestricted net assets to net assets internally restricted for abuse therapy.

The internally restricted net assets are subject to the direction of the Council upon the recommendation of the Executive Committee, and have been allocated as follows:

As at August 31	2025	2024
Abuse therapy	\$ 30,000	\$ 30,000
Investigations and hearings	170,000	170,000
Property and technology	90,000	90,000
	\$ 290,000	\$ 290,000

College of Kinesiologists of Ontario

Notes to Financial Statements

August 31, 2025

9 Commitments

(a) Lease agreement

The College has entered into a lease agreement for office space that expires on August 31, 2034.

The future annual minimum lease payments, including an estimate of common area expenses and inclusive of HST, are as follows:

2026	\$	158,943
2027		165,271
2028		165,271
2029		171,599
Thereafter		895,963
<hr/>		
Total	\$	1,557,047
<hr/>		

(b) Psychometric services

The College has an agreement with a third party to receive psychometric services related to the College's Entry-to-Practice Examination. The agreement commenced on May 1, 2024 and will continue for a period of three years.

The approximate annual commitments are as follows:

2026	\$	56,310
2027		19,067
<hr/>		
Total	\$	75,377
<hr/>		

10 Cloud computing

The College has incurred expenditures relating to software services provided through cloud computing arrangements in the amount of \$179,757 (2024 - \$178,962). These costs have been expensed in the statement of operations. The policy followed to account for expenditures that are attributable to implementing cloud computing service is described in note 2(f).

11 Financial instruments

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the risk exposures and concentrations.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk through its cash balances with banks and investments.

Credit risk associated with cash is minimized through ensuring that these assets are held on deposits in a major financial institution. Cash is held at one financial institution and funds on deposit exceed the maximum amount insured. The credit risk with investments is minimized through an investment policy which restricts the types of eligible investments.

College of Kinesiologists of Ontario

Notes to Financial Statements

August 31, 2025

11 Financial instruments (continued)

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due. The College meets its liquidity requirements and mitigates this risk by monitoring cash activities and expected outflows and holding assets that can be readily converted into cash, so as to meet all cash outflow obligations as they come due.

The College has available to it a banking facility which provides for a maximum operating line of credit of \$125,000. Borrowing under the line of credit bear interest at prime plus 0.5% per annum, and are secured by a general security agreement and assignment of fire and other perils insurance on the College's leased premises. The line of credit remains unused as at August 31, 2025.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

The College is not exposed to currency risk or other price risk.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is subject to interest rate risk on guaranteed investment certificates and other fixed income investments.

Fixed interest rate instruments subject the College to a fair value risk, since fair value fluctuates inversely to changes in market interest rates. The College manages its exposure to interest rate risk related to its fixed interest rate investments by maximizing the interest income earned on excess funds while maintaining the liquidity necessary to conduct operations on a day-to-day basis.

Changes in risk

There have been no significant changes in the College's risk exposures from the prior year.

12 Comparative figures

The 2024 comparative figures were audited by another firm of Chartered Professional Accountants.

Resolution: Approval of Audited Financial Statements for Fiscal Year 2024/2025

Whereas Council requires that its operations undergo a financial audit annually;

Whereas the firm, Tinkham LLP, was appointed to carry out this audit and did so during October and November 2025; and

Whereas the Planning and Finance Committee has reviewed the draft financial statements and recommended it to Council for approval; and

Whereas the auditor has now presented Council with the draft financial statements as well as the auditor's opinion.

Therefore, be it resolved that Council approves the audited financial statements for the fiscal year 2024/2025 for circulation, and submission to the Ministry of Health.

Moved by:

Seconded by:

Date: December 1, 2025



2024/2025 ANNUAL REPORT

REGULATING MOVEMENT, BUILDING MOMENTUM

Our Strategic Approach to Kinesiology Regulation



LAND ACKNOWLEDGEMENT

We acknowledge that the office of the College of Kinesiologists of Ontario (COKO) is located in Toronto on land that is the traditional territory of the Haudenosaunee, and, most recently, the territory of the Mississaugas of the New Credit First Nation.



2024/2025 Annual Report

For the period from September 1, 2024 to
August 31, 2025

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ABOUT COKO

The College of Kinesiologists of Ontario (COKO) is the regulator for the practice of Kinesiology in Ontario. [The Regulated Health Professions Act, 1991 \(RHPA\)](#) grants Registered Kinesiologists in Ontario the privilege of profession-led regulation, which is carried out by COKO. COKO's legislated mandate is to protect the public.

COKO regulates Registered Kinesiologists and protects the public by:



Establishing [Entry-to-Practice requirements](#) to ensure only individuals who meet all requirements can practise Kinesiology.



Maintaining the public register ([Find a Registered Kinesiologist](#)), which lists all individuals who can practise Kinesiology in Ontario.



Developing professional [standards and guidelines for Registered Kinesiologists' practice and conduct](#), including a code of ethics.



Requiring Registered Kinesiologists to keep their knowledge and skills up to date.



Investing and resolving [complaints](#) related to Registered Kinesiologists.

MISSION

To protect the public through governance that ensures excellent professional practice of Registered Kinesiologists in Ontario.

VISION

Trusted Registered Kinesiologists providing optimal movement for Ontarians of all ages.

VALUES

COKO is guided by its values of:

- Dignity & Respect,
- Accountability,
- Transparency,
- Excellence & Innovation, and
- Equity, Diversity, Inclusion & Belonging.

PRESIDENT'S MESSAGE



The past year marked an exciting chapter of strengthening our foundations that will support our continued growth and success in the years ahead. Through ongoing professional development and continued enhancement of our governance to reflect best practices in the public interest, Council provided strong leadership and oversight, guiding COKO's efforts to fulfill its public protection mandate.

I had the privilege of attending the 2024 Canadian Network of Agencies for Regulation (CNAR) Conference alongside the Council Vice-President, Registrar, and COKO staff. It was a valuable opportunity to connect with regulatory colleagues across Canada and build new relationships that will support our work. These national conversations continue to inspire innovation and reinforce

our shared commitment to high standards in professional regulation.

As part of our commitment to continuous improvement, Council completed the 2024/2025 Annual Evaluation of Council Performance and Effectiveness using the Council Effectiveness Review Framework (CERF). This process ensures that Council continues to operate effectively, transparently, and in alignment with its public protection mandate.

This year, Council also adopted a competency-based appointment and selection process, ensuring the right skills, knowledge, and perspectives are present on Council and across all Committees. To further support effective participation and leadership development, a new *Council Engagement, Mentorship, and Succession Planning Guideline* was introduced, promoting continuity and long-term effectiveness. Council members also continued to participate in ongoing training to strengthen their understanding of governance best practices in the public interest.

Council and COKO have begun implementing our progressive, forward-thinking 2025–2030 Strategic Plan. Looking ahead, we are focused on achieving

goals aligned with our strategic themes: governance and public trust, engagement and partnerships, and system collaboration. By meaningfully engaging with system partners and advancing strategic communications, we are contributing to a more modern, integrated, and resilient healthcare system.

Lastly, as I conclude my final year as Council President, I want to express my deepest gratitude to the staff at COKO and to my fellow Council members for their dedication, support, and tireless commitment to public protection. It has been an honour to serve in this role. I am confident that Council is in good hands and that our next leader will be well-supported in guiding the Council and COKO forward.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Benjamin Matthie'. The signature is fluid and cursive, with a long horizontal line extending to the right.

Benjamin Matthie, R.Kin
COKO Council President

REGISTRAR'S MESSAGE

This past year was marked by meaningful progress and deeper connections, reinforcing the foundations needed to build momentum for COKO's future. Every initiative we undertook was rooted in our public protection mandate and driven by our commitment to transparency, accountability, and collaboration.

A key milestone was the development of the 2025–2030 Strategic Plan, which sets a clear direction for the next five years. The plan guides our efforts to effectively regulate Registered Kinesiologists and advance our governance and statutory responsibilities through a risk-assessed Right-Touch regulatory approach. We remain committed to meaningfully engaging the public, the profession, and other stakeholders to foster a deeper understanding of the Registered Kinesiologist's role and obligations within the regulated healthcare environment. In addition, we will continue to build strategic collaborations that contribute to a robust healthcare system.

To support this vision, we began developing a five-year Communications Strategy and Implementation Plan to strengthen engagement with the public, Registered Kinesiologists, and system partners. We also deepened relationships with key partners—working with universities to improve applicants' readiness for the Entry-to-Practice Exam, collaborating with regulators to foster interprofessional collaboration,

and engaging with professional associations and other organizations to raise awareness of the Registered Kinesiologist's role. A new partnership was established to improve access to Kinesiology care by enabling direct billing to third-party payors. To further support access to regulatory information, we launched a refreshed website with streamlined navigation.

Supporting safe, high quality care remained a key priority this year. A new *Practice Guideline for Patient/Client-Centred Care* was released, emphasizing respectful, collaborative, and individualized treatment. We also updated our *Jurisprudence e-Learning Module* to make it easier for applicants to access essential information.

To ensure our frameworks reflect current expectations, we launched a review of the *Essential Competencies of Practice for Kinesiologists in Ontario*. We also began a comprehensive review of the *Educational Equivalency Framework* to ensure applicants from outside Ontario, or internationally are assessed fairly, consistently, and meet the standards to practise safely.

Internally, we focused on strengthening succession planning for both the staff and Council. A new Deputy Registrar role was established through a by-law



change, supporting organizational continuity and leadership development. Additionally, the *Council Engagement, Mentorship and Succession Planning Guideline* was developed to nurture future leadership development and ensure long-term continuity on Council.

Looking ahead, we remain committed to ensuring Ontarians can confidently access Kinesiology care—and that Registered Kinesiologists are well-equipped to deliver safe, competent, and ethical care.

I would like to thank our Council, the COKO staff team, Registered Kinesiologists, system partners, and other interest holders for their continued collaboration and dedication to public protection.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nancy Leris'. The signature is fluid and cursive.

Nancy Leris
Registrar & CEO

YEAR IN REVIEW (September 2024 to August 2025)

CORPORATE

2025–2030 STRATEGIC PLAN

COKO has developed a new five-year Strategic Plan—a forward-looking roadmap that reinforces our commitment to protecting the public through effective regulation of Registered Kinesiologists in Ontario. The plan was built around three strategic priorities:

1. Governance and Public Trust

Effectively regulate the profession of Kinesiology and advance its governance and statutory work through a risk-based approach to Right-Touch Regulation.

2. Engagement and Partnerships

Meaningfully engage and partner with the public, the profession and others to support an understanding of Registered Kinesiologists' role and mandate within the regulated healthcare environment.

3. System Collaboration

Develop strategic collaborations to contribute to a robust healthcare system.

Each of these themes reflects COKO's ongoing efforts to uphold public trust, support high standards in professional practice, and respond to the evolving needs of the healthcare system.

ADOPTION OF PRIVACY CODE

COKO formally adopted a [Privacy Code](#) following a comprehensive legal review and environmental scan of regulatory best practices. The Code ensures full alignment with the [Regulated Health Professions Act, 1991](#), the [Personal Health Information Protection Act, 2004](#), and other relevant legislation. This initiative strengthens COKO's commitment to privacy,

accountability, and regulatory excellence—further protecting the public and ensuring the ethical handling of personal health information.

SUPPORTING PUBLIC ACCESS TO REGISTERED KINESIOLOGISTS

COKO has initiated a partnership with TELUS Health that would help improve patients and clients access to Registered Kinesiologists. As a trusted healthcare platform, TELUS Health makes it easier for patients and clients to connect with Registered Kinesiologists. This partnership also enhances transparency and accountability, reinforcing COKO's commitment to ensuring public protection.

POLICY AND BY-LAW UPDATES

Policy:

- Required Documents Policy
- Professional Liability Insurance Policy
- Investment Strategy Policy
- Reserve Funds Policy

By-Law:

- Bylaw 8: Registrar
- Bylaw 19: Fees

COMMUNICATIONS

WEBSITE RELAUNCH

COKO launched a redesigned website—a key milestone in improving accessibility, transparency, and user experience. The site offers clearer navigation, mobile responsiveness, and easier access to regulatory information. We demonstrated our commitment to cybersecurity and data protection by implementing enhanced IT security measures to protect users and maintain public trust.

YEAR IN REVIEW (September 2024 to August 2025) (continued)

DEVELOPMENT OF A FIVE-YEAR COMMUNICATIONS STRATEGY AND IMPLEMENTATION PLAN

To help implement the 2025–2030 Strategic Plan, COKO has begun developing a five-year Communications Strategy and Implementation Plan. This strategy will guide COKO’s efforts to strengthen its communications, increase public awareness, and ensure that the public, Registered Kinesiologists and other system partners are well informed about COKO’s role in public protection and professional regulation.

REGISTRATION

JURISPRUDENCE E-LEARNING MODULE

COKO’s Jurisprudence e-Learning Module helps applicants and registrants understand their legal and ethical responsibilities. To improve accessibility and the overall learning experience, COKO updated its Jurisprudence e-Learning Module with refreshed content and a more user-friendly design. These enhancements will make it easier for applicants to acquire the information they need to deliver safe and ethical care.

EDUCATIONAL EQUIVALENCY FRAMEWORK REVIEW

COKO has initiated a review of its Educational Equivalency Framework, which is used to evaluate whether an applicant’s education is substantially equivalent to a four-year Bachelor’s Degree in Kinesiology from an Ontario university. The goal is to ensure a fair and transparent process that upholds Entry-to-Practice standards and protects the public by confirming that only eligible applicants can proceed through the registration process and write the Entry-to-Practice Exam.

QUALITY ASSURANCE

PRACTICE GUIDELINE: PATIENT/CLIENT-CENTRED CARE

COKO released a new [Practice Guideline: Patient/Client-Centred Care](#), emphasizing the importance of meaningfully involving patients and clients in decisions about their care. This approach ensures that treatment aligns with individual’s goals, needs, and values. This guideline highlights the critical role of collaborative, respectful, and individualized care in Kinesiology practice. By doing so, it reflects both COKO’s and Registered Kinesiologists’ commitment to safe, ethical and person-focused care across all practice settings, while providing a valuable resource to support Registered Kinesiologist’s Continuing Professional Development.

ESSENTIAL COMPETENCIES OF PRACTICE FOR KINESIOLOGISTS IN ONTARIO REVIEW

The [Essential Competencies of Practice for Kinesiologists in Ontario](#) serve as a cornerstone of COKO’s [Quality Assurance program](#). This year, COKO began a comprehensive review and update of the document to reflect the evolving nature and practice of Kinesiology. The revised competencies will reflect modern practice and ensure that Registered Kinesiologists understand and demonstrate the knowledge, skill, and judgment required to provide competent and safe treatment, care and services.

GOVERNANCE

STRENGTHENING GOVERNANCE: COUNCIL ENGAGEMENT

Council Engagement, Mentorship and Succession Planning guideline was developed to strengthen Council participation, support leadership development, and ensure continuity in governance. This resource is designed to promote meaningful engagement, foster mentorship among Council members, and prepare future leaders to uphold COKO’s public protection mandate.

COKO STRATEGIC PLAN

2025-2030

COKO's Council and senior leadership team embarked on a comprehensive strategic planning process to shape the organization's vision and direction for the next five years. As part of this work, a broad and diverse group of interest holders were engaged to better understand their experiences with COKO. These insights played a key role in shaping a Strategic Plan that reflects the needs of the public, registrants, and system partners, while strengthening COKO's role as an accountable, transparent, and effective regulator.

Grounded in a deep understanding of the provincial regulatory landscape for health professionals, the 2025–2030 Strategic Plan sets out a clear, forward-looking roadmap to guide COKO's decisions and priorities. The Strategic Plan was approved by COKO Council in December 2024 and will serve as the foundation for COKO's work moving forward.



Strategic Themes



1 Governance & Public Trust

Effectively regulate the profession of Kinesiology and advance its governance and statutory work through a risk-based approach to Right-Touch Regulation

- Assess the pathway to licensure
- Enhance risk management & Right-Touch frameworks
- Build good governance practices through continuous improvement



2 Engagement & Partnerships

Meaningfully engage and partner with the public, the profession and others to support an understanding of Registered Kinesiologists' role and mandate within the regulated healthcare environment

- Transform organizational practices
- Increase public awareness
- Enhance communication channels
- Strengthen integration



3 System Collaboration

Develop strategic collaborations to contribute to a robust healthcare system

- Foster interdisciplinary partnerships
- Influence collaborative policies in the public interest

BY THE NUMBERS

All data is collected from September 1, 2024 to August 31, 2025. The data related to employment is collected from Registered Kinesiologists (R.Kins) practising in Ontario during the renewal period and only focuses on their primary practice profile.



REGISTRANT STATISTICS

TOTAL REGISTRANTS

3,000

Active: **2,546**

Inactive: **454**

NEW REGISTRANTS

246

AGE RANGE

20-29 **29%**

30-39 **38%**

40-49 **19%**

50-59 **11%**

60+ **3%**

GENDER

Male
36%

Female
64%



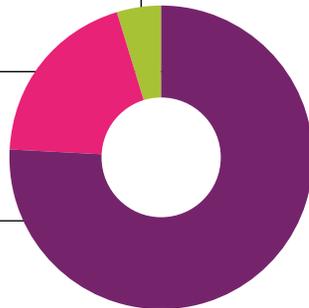
EMPLOYMENT

STATUS

Employed casually
4%

Employed part-time
20%

Employed full-time
76%



AGE OF CLIENTS

45% of R.Kins work with people of all ages

45% work with adults

7% work with seniors

3% work with children (under 18)

TOP 3 PRACTICE ROLES

Service Provider **49%**

Owner/Operator **12%**

Consultant **11%**

NATURE OF PRACTICE

Clinical practice **46%**

Non-clinical practice **28%**

Mixed practice **26%**

BY THE NUMBERS

(continued)

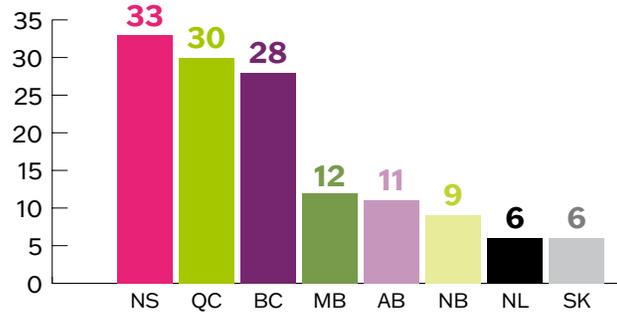
EDUCATION

PLACE OF EDUCATION

Canadian educated **98%**

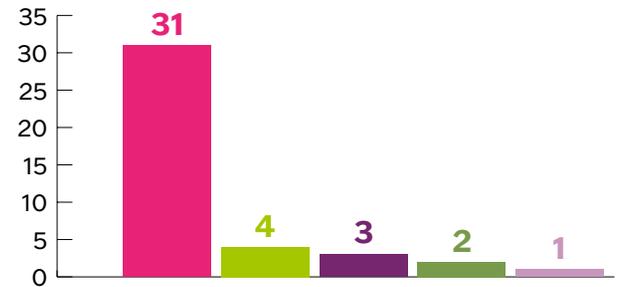
Ontario educated **94%**

TOP SOURCE PROVINCES - R.KINS EDUCATED OUTSIDE ONTARIO



TOP SOURCE COUNTRIES - R.KINS EDUCATED INTERNATIONALLY

- USA
- Iran
- India, Austria
- UK, Poland, China, South Africa, Ukraine
- South Korea, Romania, Chile, Ireland, Cuba, Uzbekistan, Estonia, Philippines



EXAMINATIONS

319 applicants registered to write the Entry-to-Practice Exam in September 2024.

289 applicants wrote the Entry-to-Practice Exam in September 2024.

178 passed the Exam

203 applicants registered to write the Entry-to-Practice Exam in April 2025.

184 applicants wrote the Entry-to-Practice Exam in April 2025.

121 passed the Exam

COKO is grateful for the support of those who assisted with the preparation, development and administration of the Exam. Their contributions are invaluable.

PRACTICE ADVICE OVERVIEW

COKO provides confidential practice advice to Registered Kinesiologists, patients, clients, employers, and other health system partners.

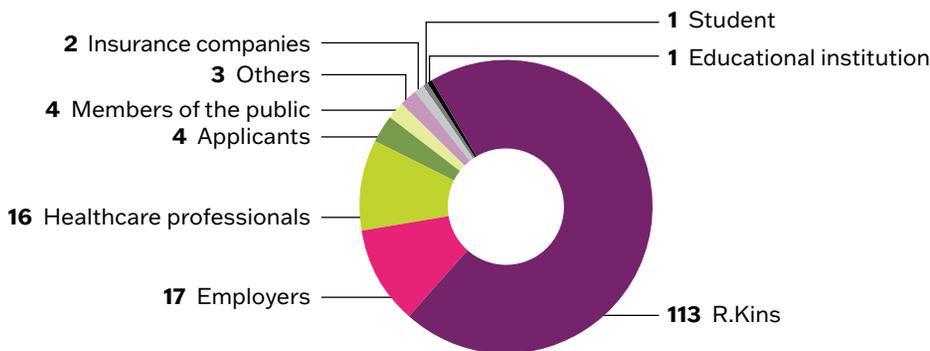
The purpose of providing practice advice is to support Registered Kinesiologists in delivering safe, ethical, and competent care, and to help the public and others understand their rights when receiving Kinesiology services and what to expect from a Registered Kinesiologist.

From September 1, 2024 to August 31, 2025, COKO received a total of 161 inquiries, with more than 70% coming from Registered Kinesiologists.

The three most common inquiry topics were:

- 1. Scope of Practice – including Controlled Acts and Delegation**
- 2. Practice-related inquiries – including virtual treatment, care, and services**
- 3. Fees and Billing**

PEOPLE WHO CONTACTED US



2024-2025 PRACTICE ADVICE INQUIRIES

PRACTICE ADVICE (TOPIC)	TOTAL	PHONE	EMAIL
Scope of Practice, Controlled Acts, Delegation	36	15	21
Other	29	7	22
Recordkeeping	19	9	10
Fees and Billing	18	8	10
Clinical Practice	15	8	7
Conflicts of Interest; Code of Ethics	9	0	9
Insurance Issues	8	4	4
Supervision; Students; Support Personnel	6	2	4
Titles and Designations	6	3	3
Employment Issues	5	2	3
Advertising; Social Media	3	0	3
Discharging a Client	2	0	2
Privacy and Confidentiality	2	0	2
Education and Supervision	1	0	1
Consent and Capacity	1	0	1
Dual Practice	1	0	1
Total	161	58	103

PATIENT RELATIONS COMMITTEE



DID YOU KNOW?

COKO's Patient Relations Committee holds an expanded mandate to educate the public about the role of COKO and Registered Kinesiologists, as well as what safe, competent, and ethical Kinesiology care looks like.

The Patient Relations Committee plays a key role in protecting the public by overseeing the Patient Relations Program, which is designed to promote safe, respectful, and professional relationships between Registered Kinesiologists and their patients and clients. A core component of this program is the prevention of sexual abuse, as well as the provision of support for individuals who have experienced sexual abuse.

At COKO, the Patient Relations Committee also holds an expanded mandate. In addition to its traditional responsibilities, the Committee is tasked with overseeing COKO's public awareness plan to educate the public about the role of COKO and Registered Kinesiologists, as well as what safe, competent, and ethical Kinesiology care looks like. This includes:

- Increasing understanding of COKO's role as a health regulator and its commitment to the public interest;
- Educating the public and Registered Kinesiologists about competent, patient/client-centred care in Kinesiology
- Enhancing COKO's communication to help improve transparency, clarity, and public confidence in its regulatory mandate.

COMMITTEE ACTIVITY

From September 1, 2024 to August 31, 2025, the Patient Relations Committee met once to participate in its annual orientation, aimed at strengthening members' understanding of the Committee's role in promoting safe, respectful, and professional relationships between Registered Kinesiologists and their patients and clients.



REGISTRATION COMMITTEE

The Registration Committee is responsible for developing and implementing transparent, objective and fair registration practices. The Committee's work protects the public by ensuring that only qualified individuals can be registered to practise Kinesiology.

The Committee considers applications for registration that have been referred by the Registrar in situations where the Registrar:

- Has doubts about whether an applicant has met the registration requirements;
- Believes that terms, conditions or limitations should be imposed on a Certificate of Registration; or
- Proposes to refuse the application.

From September 1, 2024 to August 31, 2025, the Registration Committee reviewed and decided on the following:

TYPE OF CASE	NUMBER OF CASES	DECISION
Non-exemptible education	47	<ul style="list-style-type: none"> • 22 applications were approved • 23 decisions were postponed pending further information or additional training prior to approval • 2 applications were refused
Reinstatement to the General Class after two years in the Inactive Class	11	<ul style="list-style-type: none"> • 1 application was approved • 9 applications were approved with conditions • 1 application was denied
Exemption from one-year period for registration following notification of eligibility	4	<ul style="list-style-type: none"> • 3 applications were approved • 1 application was rejected
Exemption request from challenging Entry-to-Practice Exam after Resignation and Re-Registration	1	<ul style="list-style-type: none"> • 1 application was approved
Proposal for upgrading/ remediation	12	<ul style="list-style-type: none"> • 12 remediation plans were approved
Review decision of the Health Professions Appeal and Review Board (HPARB)	0	N/A

REGISTRATION COMMITTEE *(continued)*

EXAMINATION COMMITTEE

The Examination Committee is comprised of Registered Kinesiologists and Faculty Members from Kinesiology Programs at universities across Ontario. The Committee approves test forms, sets the pass mark for each Exam and ensures that the Exam reflects the entry-level competencies. The Committee met five times between September 1, 2024 and August 31, 2025.

ITEM WRITING COMMITTEE

The Item Writing Committee is comprised of Registered Kinesiologists and Faculty Members from Kinesiology Programs at universities across Ontario. Panels of the Committee develop Exam questions that correspond to the [Examination Blueprint](#). From September 1, 2024 to August 31, 2025, the Item Writing Committee met twice to write and review newly developed Exam questions.

EXAMINATION APPEALS COMMITTEE

The Examination Appeals Committee is responsible for hearing appeals from applicants who were unsuccessful on the Entry-to-Practice Exam and who meet the criteria to file an appeal. Between September 1, 2024 and August 31, 2025, the Committee met three times and reviewed 12 Exam Appeal requests, six of which were granted.



QUALITY ASSURANCE COMMITTEE



DID YOU KNOW?

The most frequently reported Continuing Professional Development goals from the last Self-Assessment were related to: Biomechanics, Anatomy, and Critical Thinking.

To ensure Registered Kinesiologists maintain the knowledge and skills to provide competent Kinesiology care and services, COKO has implemented a [Quality Assurance \(QA\) Program](#). This program is educational and supportive, designed to promote continuous learning and self-improvement for Registered Kinesiologists.

All Registered Kinesiologists in the General Class must participate in the QA Program and demonstrate commitment to continuous improvement and ongoing learning. This ensures the public receives competent, ethical and high quality care and services.

From September 1, 2024 to August 31, 2025, the QA Committee's activities include:

- Publishing the [Practice Guideline: Patient/Client-Centred Care](#)
- Appointing three New Peer Assessors.

PEER AND PRACTICE ASSESSMENT

The Peer and Practice Assessment (PPA) is an educational and supportive component of the Quality Assurance (QA) Program. It is designed to evaluate a Registered Kinesiologist's knowledge, skills, and

judgment, while also helping them identify areas of strength and opportunities for improvement in their practice. Assessments are conducted by trained Peer Assessors, who are also Registered Kinesiologists.

The assessment process is tailored to the individual's scope and area of practice, ensuring relevance and meaningful feedback. The ultimate goal is to enhance the overall quality of care while supporting professional growth.



QUALITY ASSURANCE COMMITTEE *(continued)*

PPAs CONDUCTED (SEPTEMBER 1, 2024 – AUGUST 31, 2025)

34 PPAs CONDUCTED:

- 22 random selections
- 4 non-compliant with other QA Program requirements
- 2 selected due to insufficient currency
- 4 selected due to previous deferral
- 2 volunteered

FINAL PPA DECISIONS BY THE QA COMMITTEE (SEPTEMBER 1, 2024 – AUGUST 31, 2025)

DECISION	PPAs
No Further Action	8
Competency Enhancement – Demonstrated Change Report	0
Competency Enhancement – Mentorship Program	0
Total	8

Some PPAs require review and some decisions require follow-up and further review at upcoming Quality Assurance Committee meetings.

TOP AREAS FOR IMPROVEMENT IDENTIFIED THROUGH PPA

Consent, including the collection, use, storage and disclosure of personal health information, and record keeping emerged as the most commonly identified areas for improvement. These are critical responsibilities for Registered Kinesiologists and other regulated health professionals, particularly in multidisciplinary settings where clinical file management is shared.

COKO will continue to emphasize these standards and competencies through self-assessments and peer circles, while also providing resources to help address associated risks.



COMPLAINTS AND DISCIPLINE COMMITTEES

When Ontarians have concerns about a Registered Kinesiologist's practice or behaviour, they can file a Complaint about the Registered Kinesiologist to COKO.

COKO is responsible for ensuring Registered Kinesiologists provide ethical, safe and high-quality care that's within the practice scope and adheres to the [Practice Standards](#). Our Professional Conduct department works with the Inquiries, Complaints and Reports Committee (ICRC) to review, investigate Complaints and Reports, and make decisions in the public interest.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

The Inquiries, Complaints and Reports Committee (ICRC)'s primary role is to protect the public by reviewing concerns related to a Registered Kinesiologist's professional misconduct, incompetence, and incapacity.

These concerns may come to COKO through:

- Formal Complaints from patients/clients,
- Mandatory Reports from employers or other regulated health professionals, and/or
- Other information provided to the Registrar.

The ICRC conducts a thorough investigation to evaluate the level of risk to the public and determines the most appropriate course of action.

Following its review, the ICRC may:

- Refer specific allegations of professional misconduct or incompetence to the Discipline Committee for a hearing;
- Investigate concerns about the Registered Kinesiologist's capacity and/or refer the matter to the Fitness to Practise Committee;

- Require the Registered Kinesiologist to appear before a panel of the ICRC to be cautioned;
- Require the Registered Kinesiologist to complete a continuing education or remediation program;
- Ask the Registered Kinesiologist to voluntarily restrict their practice, or participate in a mentoring or monitoring program;
- Provide the Registered Kinesiologist with advice and/or recommendations to support practice improvement; or
- Take no action if no risks or concerns are identified.

However, if ICRC determines that a Registered Kinesiologist's conduct poses a significant risk of harm to their patients and clients, it may take urgent action to restrict or suspend the Registered Kinesiologist's Certificate of Registration, if necessary.

COMMITTEE ACTIVITY

From September 1, 2024, to August 31, 2025, panels of the ICRC met six times to:

- consider four Registrar's Reports,
- review nine Complaints,
- review 15 active cases,
- make 10 decisions, and
- close two Complaints administratively.

Note: 11 Complaints and four Registrar's Reports remain under investigation as of August 31, 2025.

COMPLAINTS AND DISCIPLINE COMMITTEES *(continued)*

Dispositions

Panels of the ICRC issued decisions with the following dispositions:

Withdrawal	0
No action (including cases where the matter was found to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process)	2
Advice/recommendations	3
Undertaking	3
Caution in person	2
Specified Continuing Education and Remediation Program (SCERP)	0
Referral of specified allegations to the Discipline Committee	0

Appeals

Certain decisions of the ICRC in complaints matters can be appealed to the [Health Professions Appeal and Review Board \(HPARB\)](#) by the complainant or the Registered Kinesiologist. HPARB conducts a review of the matter to determine whether ICRC's investigation was adequate, and its decision was reasonable.

One matter was appealed to HPARB from September 1, 2024, to August 31, 2025. HPARB's decisions are pending.

DISCIPLINE COMMITTEE

When necessary, ICRC will refer cases to the Discipline Committee to conduct formal hearings to review allegations of a Registered Kinesiologist's professional misconduct or incompetence. The Discipline Committee determines appropriate actions that are proven to protect the public from future risk of harm.

COMMITTEE ACTIVITY

The Discipline Committee met once to issue an Order requiring a registrant to appear before the Panel for a formal reprimand. The reprimand has since been delivered in accordance with the Committee's Order.

FITNESS TO PRACTISE COMMITTEE

Sometimes, a Registered Kinesiologist's physical or mental condition could have a negative impact on their ability to practise safely, which could potentially cause a risk of harm to the public. The Fitness to Practise Committee reviews these cases and determines the best action to protect the public.

COMMITTEE ACTIVITY

The Fitness to Practise Committee did not meet from September 1, 2024 to August 31, 2025.

COKO COUNCIL

COKO is governed by a Council comprised of elected professional members, who are Registered Kinesiologists, and public appointees.

Much like a board of directors, Council provides strategic leadership and oversight, ensuring COKO fulfills its legislated mandate. Council is responsible for setting COKO's strategic and policy direction and making decisions that uphold and advance the public interest.

PROFESSIONAL MEMBERS (September 1, 2024 – August 31, 2025)



Benjamin Matthie, *Council President*



Corby Anderson



Kristin Baker



Matthew Daher
(term ended
June 2025)



Jane Gage



Susan Garfat



Oluwashindara Isaac-Oloye



Alyssa King



Leanne Smith



Heather Westaway

PUBLIC APPOINTEES (September 1, 2024 – August 31, 2025)



Victoria Nicholson,
Vice-President



Teresa Bendo



Sara Gottlieb



Frank Jasek
(appointed in
May 2025)



Chad McCleave



Jana Smith



Jotvinder Sodhi



Jennifer Yee

COKO COMMITTEE MEMBERS AND STAFF

MEMBERS-AT-LARGE

Each year, Council appoints Registered Kinesiologists to sit on Committees as non-Council Committee members, also known as Members-At-Large.

As of August 31, 2025, Members-At-Large are as follows:

Shanice Adair-Samuel	Catarina Martins
Mehrdad Alizadeh-Meghrazi	Erin McHattie
Laura Banks	Emily McLaughlin
Delissa Burke	Katelyn Methot
Alex Burnaru	Mohammadhadi Mostofinejad
Joseph Cicchillo	Nancy Munn
Daniel Crete	Paul Murata
Natalie Cuda	Meridith Nodwell
Miriam Fong	Sherry Parent
Mandy Fournier	Stefano Rullli
William Gittings	Daniel Sibley
Brooke Hamilton	Kathryn Sinden
Daniel Henke	Gina Snider
Michael Herbert	Anushka Soni
Kristen Hoving	Dena Spencer
Adam Jongsma	Logan Strasser
Kimberly Klockars	Rene Vandenboom
Evelyn Lock	Mike Walker
Alyssa Manalo	Kelvin Yu

EXTERNAL COMMITTEE MEMBERS

External Committee members are individuals who are neither Registered Kinesiologists nor Council members, but who serve on Committee(s).

We would like to acknowledge the contributions of the following external Committee members:

Nancy Harris
Melanie Jones-Drost

COKO TEAM

Nancy Leris, *Registrar and CEO*

REGISTRATION

Lily Oeur, *Director of Registration* (from April 2025)
Fiona Teape, *Director of Registration* (until April 2025)
Magda Reder, *Manager of Examinations and Registration*
Colleen Foster, *Program Coordinator*
Lisa Groten, *Program Assistant – Registration*

QUALITY ASSURANCE

Brian Fehst, *Manager of Professional Practice*
Samuel Hanna, *Practice Coordinator* (from May 2025)

PROFESSIONAL CONDUCT

Ethan Foerster, *Professional Conduct Coordinator*

COMMUNICATIONS

Cecilia Li, *Senior Communications Officer* (returned from leave in May 2025)
Samuel Hanna, *Communications Officer* (until May 2025)

FINANCE AND OPERATIONS

Wendy Fung, *Manager of Finance and Operations*
(from September 2024, started leave April 2025)

INDEPENDENT AUDITOR'S REPORT

COLLEGE OF KINESIOLOGISTS OF ONTARIO
Statement of Financial Position



College of Kinesiologists of Ontario
Suite 200 - 1881 Yonge St.,
Toronto, ON M4S 3C4

T (416) 961-7000
F (416) 961-7009
info@coko.ca



Resolution – Approval of the 2024-2025 Annual Report

Whereas the College of Kinesiologists of Ontario (COKO) is required to prepare and submit an annual report to the Ministry of Health and post the report to COKO's website; and

Whereas Council was provided with a draft annual report for the fiscal year 2024-2025; and

Whereas the presented annual report fairly represents COKO's activities and achievements from September 1, 2024 to August 31, 2025;

Therefore, be it resolved that Council accepts and approves the draft 2024-2025 Annual Report for submission to the Ministry of Health and posting to COKO's website.

Moved by:

Seconded by:

Date: December 1, 2025

Decision Note

Issue/Decision: Collection and Analysis of Demographic and Race-Based Data
Prepared for: Council
Date of Meeting: December 1, 2025

Background

The College of Kinesiologists of Ontario (COKO) is considering collecting demographic and race-based data from registrants to support fair registration practices. The goal is to understand potential barriers to inform policy development and education, and promote safe and culturally competent care. This initiative also seeks to ensure that registration processes remain transparent, objective, impartial, and fair, in line with Section 22.2 of the [Health Professions Procedural Code](#), which is Schedule 2 to the *Regulated Health Professions Act (RHPA)*, 1991.

As per Ontario's [Anti-Racism Act, 2017](#), certain Public Sector Organizations (PSOs) are legally required to collect race-based data. Across the regulatory landscape, established frameworks such as the Ontario's [Anti-Racism Data Standards](#) and the Statistics Canada's [National Occupational Classification \(NOC\)](#) system provide clear guidance for the ethical and effective collection and analysis of demographic data.

Additionally, several health and non-health regulatory colleges have successfully implemented similar initiatives. Many have integrated data collection into membership renewal cycles while protecting registrants' privacy and maintaining an approach grounded firmly in public protection. Finally, implementing such an initiative aligns with COKO's broader strategic objectives in governance, public trust, and evidence-based decision-making and its mandate to protect the public.

Analysis

Environmental Scan and Qualitative Insights

Of the 33 health and non-health regulatory colleges reviewed, 10 have implemented similar initiatives. Many of these regulatory bodies have integrated data collection into membership renewal cycles while protecting registrants' privacy and maintaining an approach grounded firmly in public protection.

Some organizations have been able to utilize the data collected in its Annual Report, contributing to transparency and accountability while others have linked the findings to their organization's strategic goals. For one health profession, the initiative was informed by research indicating patients had experienced some form of prejudice from care providers.

Strategic Alignment

This initiative supports COKO's broader strategic objectives to enhance governance and public trust through strengthening transparency, accountability, and public protection.

Strategic Theme	How This Initiative Supports It
Governance & Public Trust	Provides evidence to enhance risk-based regulation, identify barriers in registration pathways, and strengthen transparency and continuous improvement.
Engagement & Partnerships	Clear communication and engagement with registrants and interest holders strengthen trust and understanding of COKO's role.
System Collaboration	Data contributes to broader insights on workforce diversity and equitable access across the healthcare system.

Operational Considerations

- **Scope:** Race/ethnicity, Indigenous identity, gender/sexual orientation, disability, and languages spoken. To mitigate any perception of advocacy, socio-economic data will not be collected.
- **Privacy & Governance:** Data will be anonymized, securely stored, and analyzed by external consultants to prevent bias. Only aggregate results will be reported and shared.
- **Participation:** Embedding collection within the membership renewal process and sending reminders will support higher participation rates (e.g., 65% achieved by one health regulatory College).
- **Resources:** An estimated cost of \$15,000 for engaging a consulting firm, while internal systems and CRM updates will be covered within operational budget in the first year.

Risk Mitigation

1. Alignment with Standards

Demographic and race-based data collection will follow established frameworks to ensure consistency, ethics, and privacy. The National Occupational Classification (NOC) provides standardized data structure, while Ontario's Anti-Racism Data Standards and guidance from the [Office of the Fairness Commissioner \(OFC\)](#) support fair, evidence-based registration practices.

2. Communications Strategy

A focused communications plan, including webinars, regular updates, and an online FAQ, will promote transparency, reinforce COKO's commitment to protecting registrant data, and provide assurance that collected information will not affect registration outcomes. The plan will also share the objectives of the initiative.

To build trust with the registrants, COKO will provide clear assurances that demonstrate a strong commitment to privacy, safety, and public-protection boundaries. These assurances include:

1. **The data will never be used for investigations, discipline, or registration decisions.**
 - COKO will explicitly state that demographic data **cannot** and **will not** be connected to an individual's file or used in any decision about their license, conduct, or practice.

2. **All data will be de-identified and aggregated.**
 - Registrants will be informed that **their identity is removed** before the analysis.
 - Only collective trends—not individual responses—will be reviewed or reported.
3. **Participation is voluntary, with the right to skip any question.**
 - Registrants can decline to answer without consequence.
 - This reduces fear of negative impact or pressure to disclose.
4. **The purpose is limited strictly to public protection.**
 - Registrants will be assured that the data is collected only to support:
 - cultural safety
 - identification of systemic risks
 - improved public protection
 - development of training and policy
 - It will **not** be used for workforce planning, advocacy, or policy lobbying.
5. **Information will not be shared outside COKO without explicit Council authority and strong privacy safeguards.**
 - No sharing with employers, insurers, government bodies, or other parties unless legally required and only in anonymized form.

To ensure registrant data is never used in a harmful or inappropriate way, COKO will continue to mitigate risks through strong privacy and governance measures. This includes completing a full Privacy Impact Assessment, ensuring secure data storage with restricted access, and maintaining a complete separation between demographic information, registration, and professional conduct systems. Data collection will be done through secure third-party tools, and only aggregated information will be used internally. A defined retention and destruction policy will be established, supported by transparent communication to registrants about the purpose, benefits, protections, opt-out options, and privacy measures in place.

These actions ensure that the demographic information cannot influence investigations, registration decisions, or any assessment of an individual registrant. By aligning with proven standards and communicating clearly, COKO reinforces compliance, fairness, and public trust in equitable regulation.

Public Interest Rationale

At the heart of this initiative lies a clear commitment to fairness, transparency, and public trust. The proposed approach ensures that registration pathways are not only accessible and effectively designed to uphold the same rigorous standards for all applicants, regardless of background or circumstance. By embedding mechanisms to gather and analyze meaningful evidence, COKO positions itself to identify and address systemic barriers with precision and integrity, while upholding the neutrality and accountability expected of a regulatory body.

Equally, this work reinforces the public's confidence in COKO's role as an impartial and accountable regulator of the profession. Through transparent processes and responsible data stewardship, COKO can illuminate how decisions are made and outcomes achieved—offering visibility into the system without compromising the privacy or dignity of individual registrants.

Recommendation

Council is asked to approve the initiative to collect and analyze demographic and race-based data from COKO's registrants, ensuring that all activities uphold privacy, regulatory compliance, and alignment with strategic priorities.

Proposed Next Steps

1. Develop a detailed 12-month implementation plan covering data governance and communications strategies.
2. Pilot the initiative during the 2027 membership renewal cycle, pending approval.
3. Communicate clearly with registrants about project objectives, voluntary participation, data use, and protections.
4. Engage external consultants for unbiased analysis of aggregate data and with IT to set up data collection process to take place during the upcoming membership renewal cycle.
5. Report findings to the Council annually, focusing on trends and insights to inform fair registration practices.

Resolution – Approval of Collection and Analysis of Members’ Demographic, Ethnographic and Race-Based Data

Whereas the College of Kinesiologists of Ontario (COKO) recognizes the importance of advancing equity, diversity, and inclusion within the profession and in the delivery of safe and culturally competent care;

Whereas the collection and analysis of registrants’ demographic and race-based data will enable COKO to identify potential barriers in registration, inform policy and educational initiatives, and promote fair and transparent registration practices;

Whereas this initiative will also support COKO’s strategic priorities related to enhancing the application of right-touch regulation;

Whereas all data collection, storage, and analysis activities will be compliant with applicable privacy legislation, ethical standards, and recognized data management frameworks; and

Whereas this initiative will be communicated transparently to the public, registrants and relevant interest holders.

Therefore, be it resolved that Council approves the proposed plan to collect members’ demographic, ethnographic and race-based data, with implementation to commence in 2027.

Moved by:

Seconded by:

Date of Approval: December 1st, 2025

Issue / Decision Note

Issue or Decision: Whistle-blowing Policy
Prepared for: Council
Date: December 1, 2025

Background:

To fulfil its mandate to protect the public by effectively regulating the practice of kinesiology in Ontario, the College of Kinesiologists of Ontario (“COKO”) must have a robust and effective system of internal controls. Part of this internal control framework is a mechanism by which complaints or reports of misconduct or wrongdoing may be raised and acted upon. The act of making such complaints or reports is referred to as “Whistle-blowing”, and those making the complaint or report are likewise referred to as “Whistle-blowers”.

Following a formal audit of COKO’s internal control environment, a recommendation was made that COKO adopt a policy-level approach to internal Whistle-blowing.

Issue for Consideration:

Review of a draft operational Whistle-blowing Policy (the draft Policy).

Analysis:

Development of the draft Policy began with an environmental scan. Three specific policies were received following review of other regulators’ websites, other health profession regulators’ CPMF submissions, and direct outreach for information. Direct outreach inquiries included all other health profession regulators in Ontario, certain non-health regulators and other organizations identified as having a robust Whistle-blowing framework. This research was used to inform development of the draft Policy and review of COKO’s HR manual.

To further mitigate potential risks and ensure a robust and defensible draft Policy, COKO also sought and received legal advice, with revisions to the draft Policy made based on that legal advice.

Following legal review, COKO presented a draft Policy to the Planning & Finance Committee for review in early 2025. The Planning & Finance Committee’s recommendation regarding the Policy was:

- That the draft Policy clearly articulates a pathway for addressing Whistle-blowing reports that pertain to the Registrar & CEO.

Having duly and carefully considered feedback and recommendations from the Planning & Finance Committee, and having conducted additional research, development and refinement of the draft Policy:

- The draft Policy has been revised to clarify the proposed Whistle-blowing reporting framework; and
- Specifically, that Whistle-blowing complaints or reports may be made to the Registrar & CEO or to the Executive Committee in circumstances where the complaint or report pertains to the Registrar & CEO.

Planning & Finance Recommendation

Following review on November 11, 2025, the Planning & Finance Committee has recommended the draft Policy to Council for approval.

Strategic Impact

The draft Policy, if approved by Council, will support COKO's 2025-2030 Strategic Plan as follows:

- Building and maintaining **governance and public trust** by enhancing COKO's risk management framework by providing opportunities and clear mechanisms to raise and address complaints of wrongdoing.
- Supporting accountability in all **engagement and partnerships** by providing clear direction to Council members, committee members, staff, and agents and vendors.
- Supporting **system collaboration** by demonstrating that COKO is an accountable, responsive and trustworthy system partner with clear and transparent mechanisms for receiving, investigating and addressing complaints or reports of wrongdoing.

Public Interest Rationale:

The draft Policy will serve the public interest by:

- Helping to ensure that COKO has a clear and documented process by which internal complaints or reports of wrongdoing can be made and addressed; and
- Ensuring that COKO complies with best practices and requirements that relate to Whistle-blowing, including non-reprisal for Whistle-blowing complaints and reports and maintaining anonymity and confidentiality to the fullest extent possible.

Risk Mitigation:

The draft Policy is intended to:

- Help mitigate risks associated with various forms of misconduct or other wrongdoing such as theft, fraud or misuse of COKO property or resources;
- Build and maintain a robust internal controls system and process, including detection and reporting of wrongdoing and other forms of misconduct;
- Mitigate risks associated with lack or loss of member and system partner confidence and engagement with COKO; and
- Mitigate and minimize risks that COKO's processes for detection and reporting of wrongdoing or other misconduct could be perceived as not clear, not transparent or unfair.

Decision for Council:

Council is therefore asked to consider the draft Policy and may:

- 1) Accept the recommendation of the Planning & Finance Committee and approve the draft Policy as presented; or
- 2) Approve the draft Policy with specified amendments; or
- 3) Refer the draft Policy for further consideration with specific questions.

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POLICY: FN. 9 – Whistle-blowing Policy	
DATE OF APPROVAL:	POLICY REVISION DATES:

POLICY STATEMENT:

The College of Kinesiologists of Ontario (“COKO”) is committed to the highest standards of integrity, ethics, transparency and accountability. COKO aims to encourage the reporting of any serious concerns about suspected or known Wrongdoing by protecting individuals who report suspected or known Wrongdoing from retaliation and reprisal, and safeguarding anonymity and confidentiality.

Definitions

“Council Member” means a person who has been elected to COKO’s Council from among the members of COKO or a person who has been appointed to Council by the Lieutenant Governor in Council.

“Committee Member” means a person who is not a Council Member who has been appointed or selected to serve on one or more of COKO’s committees.

“College Staff” means a person who is employed by COKO.

“Agent or Vendor” means anyone who is not a Council Member, Committee Member or College Staff and who has been engaged by COKO or provide a specified duty, role or service.

“By-laws” means the COKO By-laws and includes all Schedules to the By-laws and Attachments to the Schedules to the By-laws.

“Policies” means approved COKO policies including but not limited to those pertinent to Human Resources, Finance and Governance.

“Procedures” means COKO operational procedures including but not limited to those pertinent to Human Resources, Finance and Governance.

“Respondent” means any Council Member, Committee Member, College Staff, Agent or Vendor who are the subject(s) of Whistle-blowing.

“Whistle-blowing” means the act of making a complaint or report regarding Wrongdoing.

“Whistle-blower” means any person engaged in Whistle-blowing.

“Wrongdoing” means illegal, dishonest, unethical or improper conduct or behaviours, including, but not limited to:

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- i. Contravention of any applicable laws, legislation or regulation(s);
- ii. Contravention of COKO’s By-laws, Policies and Procedures; or
- iii. Any other conduct or behaviour that presents a risk to COKO and its mandate.

Purpose

- 1) The purpose of this Policy is to encourage Whistle-blowing by:
 - a. Protecting Whistle-blowers from retaliation and reprisal;
 - b. Maintaining Whistle-blower anonymity where requested; and
 - c. Preserving the confidentiality of the details of any complaint or report and the details of any related investigation following a complaint or report.

Policy Scope

- 2) This Policy applies to:
 - a. Council Members, Committee Members, College Staff, Agents or Vendors.
 - b. Any known or suspected Wrongdoing on the part of any Council Members, Committee Members, College Staff, Agents or Vendors, be it planned, ongoing, or in the past.

Reporting

- 3) Whistle-blowing will be reported to the Registrar & CEO, except where the Registrar & CEO is a Respondent, in which case the report will be brought to the attention of the Executive Committee.
- 4) The Whistle-blower will provide the Registrar & CEO or the Executive Committee with:
 - a. Information regarding the nature of the Wrongdoing;
 - b. Any relevant background information pertaining to the Wrongdoing such as individuals involved and relevant dates; and
 - c. The reason why the Whistleblower believes this to be an instance of Wrongdoing.
- 5) All Whistle-blowing will be acknowledged in writing.

Investigation

- 6) Whistle-blowing may not be investigated when:
 - a. The report does not provide sufficient information to permit an investigation;
 - b. The complaint or report does not deal with a Wrongdoing;
 - c. The Wrongdoing is more appropriately addressed by another Policy or Procedure;
 - d. The complaint or report is frivolous, vexatious, or has not been made in good faith;

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- e. The complaint or report is deemed to be beyond the scope of this Policy; or
 - f. Where there is another valid reason for not investigating.
- 7) Any Respondent, regardless of their position within COKO, will be excluded from managing the investigation and resolution process (save and except for their involvement as a Respondent).
 - 8) Any investigation will be conducted in accordance with any applicable legislation, By-laws, Policies and Procedures.
 - 9) The Registrar & CEO or the Executive Committee may appoint an external investigator to conduct and/or facilitate any investigation.
 - 10) The Registrar & CEO or the Executive Committee will take necessary steps to ensure that the Whistle-blowing is investigated in a timely, fair and neutral manner.
 - 11) Where necessary the Registrar & CEO or the Executive Committee will apply any appropriate legislation and invoke the applicable By-laws, Policies, Procedures and may refer the matter to the appropriate authority(ies) when required.

Anonymity and Confidentiality

- 12) When requested, Whistle-blower anonymity will be maintained to the fullest extent possible; however, disclosure may be required to conduct a thorough investigation or for other purposes, such as compliance with any applicable legislation or regulations.
- 13) The details of any Whistle-blowing, investigations, and investigation outcomes will be kept confidential to the fullest extent possible.

Protection Against Reprisal

- 14) No person shall retaliate or take any reprisal against a Whistle-blower acting in good faith or any individual who cooperates with an investigation.

Accountability and Oversight

- 15) The Registrar & CEO will ensure that all individuals to whom this Policy applies are familiar with all applicable By-laws, Policies and Procedures.
- 16) All individuals to whom this Policy applies are responsible for understanding the By-laws, Policies and Procedures, including considering all options to address an issue of concern.
- 17) All individuals to whom this Policy applies are required to make timely complaints and reports regarding any known or suspected Wrongdoing.

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- 18) All individuals to whom this Policy applies are expected to participate fully and honestly with any investigation, and to act in good faith.
- 19) The identity of a Whistle-blower, or details of a Whistle-blowing complaint or report, or the details of any investigation into Wrongdoing will not be disclosed, without the express authorization of the Registrar & CEO or the Executive Committee.
- 20) Upon completion of any investigation, the Registrar & CEO or the Executive Committee are responsible for taking any action that may be required by the investigation's findings, including implementing any recommendations for resolutions, preventative measures or restitution.
- 21) The Registrar & CEO will make an annual report to the Planning & Finance Committee regarding the frequency of Whistle-blowing.
- 22) Frivolous, vexatious, knowingly false or otherwise bad faith reporting of Wrongdoing is not permitted.

Disciplinary Action

- 23) Any individual to whom this Policy applies will be subject to disciplinary action, up to and including termination, where applicable, if they:
 - a. Disclose of the identity of a Whistle-blower or details of a Whistle-blowing complaint or report or the details of any investigation into Wrongdoing without the express authorization of the Registrar & CEO or the Executive Committee;
 - b. Retaliate or take any reprisal against a Whistle-blower acting in good faith or an individual cooperating with an investigation;
 - c. Knowingly make, have made a false or misleading statement, or otherwise act in bad faith; or
 - d. Fail to cooperate with an investigation.
 - e. Have had allegations of Wrongdoing against them substantiated with findings made from the investigation processes undertaken through application of this Policy.

Resolution: Whistle-blowing Policy

Whereas, the College of Kinesiologists of Ontario (COKO) is committed to demonstrating good governance, stewardship and a proactive approach to risk management; and

Whereas, in keeping with this commitment, COKO commissioned an external internal controls audit; and

Whereas, the results of that internal controls audit included the recommendation that COKO develop a specific policy to establish a clear framework for Whistle-blowing; and

Whereas, the Planning & Finance Committee has reviewed a draft Whistle-blowing policy; and

Whereas, the Planning & Finance Committee has recommended the draft Whistle-blowing policy to Council for approval;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the draft Whistle-blowing Policy.

Moved by: _____

Seconded by: _____

Date: December 1, 2025

Issue / Decision Note

Issue or Decision: Council Engagement, Mentorship and Succession Planning Guideline
Prepared for: Council
Date: December 1, 2025

Background:

The College of Kinesiologists of Ontario (“COKO”) is committed to its Mission to protect the public through governance that ensures excellent professional practice of Kinesiologists in Ontario. Governance competencies and understanding of the organization’s governance framework can be acquired and maintained through formal and self-directed study. However, it is also important, as seen in the Standards, Measures and Evidence under Domain 1 of the Ministry of Health’s *College Performance Measurement Framework* (“CPMF”) that organizations implement a governance framework that requires orientation, assessment/evaluation and ongoing learning and development.

One broadly-accepted principle of good governance that decision-makers exercise their ability to participate in matters for discussion. In fact, such participation and engagement can be thought of as part of Council members’ fiduciary duty of diligence. Participation and engagement are critical to ensuring that all reasonable perspectives are articulated and heard before a decision is made.

Given the importance of participation and engagement, it is critical that decision-makers possess and maintain the necessary competencies to participate effectively. Decision-makers, whether at a Council or committee level, must understand the relevant roles, responsibilities, rules, processes and procedures that are the foundation of the organization’s governance framework. This is reflected in the COKO *Council and Committee Competency Profile*.

The COKO continuous governance improvement framework also includes a specific *Succession Planning and Mentorship Policy*. The stated goal of this policy is to ensure that newer Council members have access to a mentor who could serve as a resource regarding processes, procedures and protocols. In summary, connection with a mentor can help newer Council members participate effectively and confidently in discussions and decision-making.

Effective succession planning, including for governance roles, is critical to an organization’s ongoing success and sustainability. It is important that specific and general institutional knowledge and other valuable skills and competencies are shared and carried forward. This is particularly important as experienced Council members, including those in leadership roles, approach the service limits set out in COKO’s by-laws.

Issue for Consideration:

As part of its commitment to continuous governance and organizational improvement, and in keeping with the principles of good governance and regulatory excellence described in the CPMF, COKO has developed an operational Guideline to promote Council engagement and support the existing Succession Planning and Mentorship Policy.

Analysis:

The concept for draft Council Engagement, Succession Planning and Mentorship Guide (“the Guide”) emerged from discussion of approaches to enhance Council engagement. Such discussions took place at the Executive Committee and Governance & Nominations Committee in early 2025. It was determined that the Guide should include:

- Measures to enhance and maintain Council engagement; and
- Specific implementation guidance to support the *Succession Planning and Mentorship Policy*.

Council Engagement

Following careful consideration, the following 6 broad strategies were identified:

1. Leadership & Participation
2. Effective Meeting Management
3. Building Engagement and Trust
4. Developing a Strong Council Culture
5. Applying the “Science” of Chairing
6. Enhancing Council Engagement

These strategies, and more specific associated tactics, were incorporated into the draft Guide.

Mentorship

The *Mentorship and Succession Planning Policy* to ensure that the draft Guide would be complementary to and compatible with that policy. Regarding mentorship, the draft Guide was created to provide more specific information regarding:

- Identification of Mentors;
- Identification of Mentees;
- The process for matching Mentors and Mentees; and
- General guidance for mentorship, including meeting/interaction “Do’s” and “Don’ts”

Succession Planning

The draft Guide includes an overall succession planning pathway, which consists of 5 distinct phases:

- Phase 1: Volunteer Level (succession planning for specific volunteer roles such as Peer Assessors)
- Phase 2: Committee Level succession planning
- Phase 3: Council election succession planning
- Phase 4: Committee leadership succession planning (Chairs and Vice-Chairs)
- Phase 5: Officers and Executive Committee succession planning

Each of these phases include guidance regarding competency-based identification of potential candidates/nominees, and an overview of the role of the Governance & Nominations Committee. To further support succession planning, an Appendix was also included in the draft guideline. This appendix provides some additional guidance for:

- Self-nominations;
- Nominating another individual; and
- Accepting a nomination.

Strategic Impact

COKO's current Strategic Plan for 2025-2030 is focused on 3 key strategic themes. The Council Engagement, Mentorship and Succession Planning Guideline presented will help achieve strategic objectives by:

- Providing Council with a resource to support participation and engagement. This will build good **governance and public trust** by ensuring that Council members have the tools and supports to help them build and maintain key governance competencies and effectively discharge their fiduciary duties.
- Demonstrate COKO's commitment to **governance and public trust** by meeting and exceeding the expectations set out in the CPMF, including the expectation that Council and committee members will meet pre-defined competency and suitability criteria for various governance and leadership roles.

Public Interest Rationale:

Enhancing Council engagement serves the public interest by:

- Ensuring informed and collaborative discussions and decision-making to arrive at the best possible solutions and decisions; and
- Increasing decision-making transparency and accountability.

Risk Considerations:

The draft Guide is part of COKO's strategy to enhance Council engagement. Doing so supports COKO's approach to risk management by mitigating risks associated with:

- Loss of confidence in COKO;
- Governance; and
- Regulatory compliance

Governance and Nominations Committee

The Governance and Nominations Committee has reviewed the draft Guide.

Recommendation to Council

It is recommended that Council approve the draft Council Engagement, Succession Planning and Mentorship Guide as presented.

College of Kinesiologists of Ontario

Council Engagement, Mentorship and Succession Planning Guide

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1. Council Engagement

- a. The importance of Council Member engagement emerges from one of the principles of good governance as adopted by the College of Kinesiologists of Ontario (“COKO”): “Legitimacy and Voice”. This means that all participants should have a say about matters presented at a meeting. All contributions are valued and can be helpful in arriving at the best possible decision.
- b. COKO’s work to build and maintain Council engagement emerges from the following 6 core strategies:
 - i. Engagement Strategy 1: Leadership & Participation
 - ii. Engagement Strategy 2: Effective Meeting Management
 - iii. Engagement Strategy 3: Building Engagement & Trust
 - iv. Engagement Strategy 4: A Strong Council Culture
 - v. Engagement Strategy 5: The “Science” of Chairing
 - vi. Engagement Strategy 6: Preparation & Follow-Up
- c. Each of these core strategies are supported more specific tactics, which are described under each of the respective Engagement Strategies

2. Engagement Strategy 1: Leadership & Participation

a. Council members understand their roles & responsibilities

- i. New Council members are required to attend an Initial Orientation provided by the President, Registrar and COKO Staff.
- ii. Newly-appointed Chairs and Vice-Chairs will receive specific training and resources regarding the roles and responsibilities of a committee Chair.
- iii. Council members will be supported by ongoing informal and formal conversations and mentorship engagement with the President and mentorship in the manner prescribed by the Succession Planning and Mentorship Program Policy (attached as Appendix B to this Guideline)
- iv. Reference resources and guidance available for Council members seeking to engage in self-directed learning regarding:
 1. Legislation & Regulations;
 2. COKO’s By-laws;
 3. COKO’s Code of Conduct;
 4. COKO’s Rules of Order; and
 5. The Principles of Good Governance
- v. Council members receive information and training describing COKO’s expectations regarding attendance and participation. Such expectations are set out in Schedule 2 to the By-laws: the Rules of Order of the Council.
- vi. Council members have a fiduciary duty to participate and engage during meetings. Council members may be reminded periodically (whether in formal training sessions or informally) of the importance, expectation and requirement for preparation and engagement.

b. Encourage open communication

- i. The Chair may ask individual Council members for their perspectives during meetings, in a manner that is appropriate and mindful of individual Council members’ preferences and circumstances.
- ii. Both the Council Annual Evaluation Survey and Meeting Evaluation Survey, which are components of the Council Effectiveness Review Framework (CERF), include questions regarding communication effectiveness, barriers to communication and opportunities to improve.

- iii. CERF surveys are reviewed on a quarterly and annual basis by the Governance & Nominations Committee (G&N). G&N therefore has a line-of-sight and historical perspective, with the ability to make recommendations based on trends or progress made towards continuous improvement commitments.

c. Provide Regular Updates

- i. Committee Chairs (or Vice-Chairs as required and depending on the circumstances) provide, at each Council meeting, brief reports/updates from their Committee(s).
- ii. Council members receive a report from the Registrar at each Council meeting. This report provides an overview of COKO activities since the previous Council meeting.
- iii. Council also receives periodic email updates from the Registrar regarding new/emerging issues. Such updates/emails are an opportunity for ad hoc consideration and discussion of the issue(s) at hand.

d. Measures to Foster Personal Connections

- i. 1:1 communication between Council members and President. Communication may be done via email, telephone, videoconference or in-person as circumstances may require or permit. Such communications are designed and intended to:
 - 1. Build connections/relationships
 - 2. Identify and address concerns that may arise
 - 3. Allow the President to show empathy and express support for Council members experiencing personal/professional challenges
- ii. Such 1:1 communication should be conducted mindful of the following:
 - 1. The need to refrain from influence or discussions regarding decisions before or made by Council.
 - 2. The need to exercise tact, discretion and emotional intelligence, particularly in conversations regarding personal matters, or other issues that may be of a sensitive nature.

e. Encourage Leadership Development

- i. 1:1 communication/discussions/mentorship between individual Council and Committee members and:
 - 1. Their assigned Mentor as per COKO's approach to Mentorship and Succession Planning
 - 2. Committee Chair(s); and/or
 - 3. Council President
- ii. Conversations of this nature should be conducted in accordance with this guideline (see: "Council Succession Planning"). Some caution and discretion should be used given:
 - 1. The need for transparency and integrity in succession planning. More specifically: conversations regarding interest in leadership roles may be appropriate.
 - 2. Some general level of support/encouragement also may be appropriate, depending on circumstances (for example, helping a hesitant Council member understand how they could make a contribution, or how they could acquire or develop competencies).

3. Specific advocacy regarding succession planning (“I think you should...”) or comparisons between Council members/comparisons with incumbents may not be appropriate.

3. Engagement Strategy 2: Effective Meeting Management

a. Focused Agendas

- i. Meeting Agendas are developed in collaboration with the President.
- ii. Meeting Agendas should include the following general information:
- iii. Standard Agenda items:
 1. Call to Order
 2. Approval of Agenda
- iv. Conflict of Interest Declarations
 1. Approval of Minutes of Previous Meeting
 2. Meeting Evaluation Survey (MES)
- v. Standing Agenda items (all Council meetings):
 1. The President’s Report to Council (President)
 2. The Registrar’s Report to Council (Registrar)
 3. Committee Reports to Council (Committee Chairs)
 4. A quarterly update regarding COKO’s Operational Plan (“Dashboard”)
 5. A quarterly update regarding COKO’s Risk Management Plan

b. Meeting-Specific Agenda items (specified meetings):

- i. September (2-day meeting)
 1. Council Training (Day 1 of 2-day meeting)
 2. Annual In-Camera CERF report
 3. Elections of Officers
 4. Committee appointments
- ii. December
 1. Audited Financial Statements
 2. Annual Report
 3. Registration Report
 4. Annual Public CERF report
- iii. March
 1. College Performance Measurement Framework (CPMF) report
 2. Committee appointments: Governance & Nominations Committee
- iv. June
 1. Operational Plan & Budget

c. Agenda Management

- i. President supports COKO’s work by playing a role in the development of the Agenda prior to its being finalized. The President may:
- ii. Propose items that could be added to the Agenda
- iii. Make suggestions regarding order/sequence and timing
- iv. Support prioritization of agenda items where this may be required or of benefit.

d. Use of Interactive Elements

- i. Due to the public nature of most elements of Council meetings, small-group breakout or brainstorming sessions may not always be appropriate or indicated, particularly where decisions will be required.
- ii. However, breakout rooms or small-group in-person discussions can be used for:
 1. Learning/development activities or exercises.
 2. Brainstorming activities during “retreat”-style planning sessions.
- iii. Also, Council may use facilitated brainstorming activities such as “wordclouds” or similar to facilitate discussions following educational or informational items on

the Agenda. For example, information could be presented and Council members could be asked to share a summary of their key learning or new insight gained. Council members could also be asked to share 1-2 possible options or actions in response to the information and insights provided.

- e. Educational Topics
 - i. Council training and education typically follows a general curriculum with some items that must be reviewed each year for refresher purposes. This helps ensure that new Council members are duly trained and informed.
 - ii. Additional education and information sessions will be added to Council meetings (or potentially provided in other ways) based on:
 - 1. Results of the Council Annual Evaluation Survey, MESs and Council Member Self-Reflections (which is an optional component of the CERF).
 - 2. Requests such as may be received over the course of the year.
 - 3. New and emerging trends or issues such as may arise over the course of time.
 - iii. To the fullest extent possible, the President and the Registrar & CEO will work together to ensure that Council receives periodic updates regarding:
 - 1. Legislative and/or Regulatory changes that may impact COKO
 - 2. Significant emerging trends and issues in the field of Kinesiology
 - 3. Significant emerging trends and issues in professional regulation/health profession regulation
- f. Updates and information may be provided as part of:
 - i. Registrar's Reports to Council
 - ii. President's Reports
 - iii. Information presentations to Council
 - iv. Email updates, which could take the form of brief COKO Council newsletters/digests
- g. Managing Meeting Time & Tone
 - i. President/Chair is responsible for ensuring that the rules of order are followed. This may include:
 - 1. Starting meetings with reminders regarding meeting rules and procedures, for example:
 - a. Reminding all attendees regarding the Code of Conduct and Rules of Order.
 - b. Advising all Council members regarding general meeting procedures (for example: virtual attendees should keep their cameras on, should remain "muted" unless speaking, should refrain from speaking out of turn or "over" another Council member, ensuring that phones/other devices are not used during the meeting except as necessary for meeting business, reminding Council members to refrain from sidebar or similar conversations during or outside the meeting, reminding Council members that meetings are public).
 - c. Reminding guests/observers of specific rules that pertain to their attendance.
 - 2. Monitoring, where necessary, the amount of time spent discussing a given agenda item.
 - 3. Monitoring, where necessary, the number of times a Council member speaks to a given agenda item.
 - 4. Paraphrasing/summarizing key discussion points, including suggesting any consensus that may be emerging from discussions.

5. Moving discussions forward by:
 - a. Calling for a motion; or
 - b. Suggesting, where no consensus has been reached, that the item may need to be addressed at a future meeting.
- ii. To manage meeting tone, the President/Chair may:
 1. Set a positive tone by thanking Council/Committee members in advance/at the beginning and end of meetings, for their thoughtful and respectful questions and discussion.
 2. Suggest, whether directly or by paraphrasing, alternative wording of questions or responses (example: "What I am hearing is a question regarding [X]" or "Thank you [member], as I understand it you are seeking/asking about [clarity regarding X]"). Such an approach would provide additional time for reflection and also a potential buffer between the question and the respondent.
 3. Summarizing discussions and questions to:
 - a. Facilitate meeting progress and flow where discussions seem to be moving towards a "back-and-forth".
 - b. Facilitate documentation of questions and responses for later follow-up or action, if required.
- iii. As part of the Council new member orientation, and during other training/information sessions, Council members will receive information regarding:
 1. COKO's rules of order
 2. Behaviours associated with effective Council meetings
 3. Behaviours associated with individual Council member effectiveness.
- iv. The Governance and Nominations Committee will also review, on an ongoing basis, MES results and will identify any themes or issues deserving of attention. This could include opportunities for improvement, but also strengths.
- v. Strengths can be shared with Council as examples of effective practices and behaviours that should be adopted more broadly.
- vi. General governance opportunities for improvement can be:
 1. Discussed by the Governance and Nominations Committee for advice, perspectives and recommendations regarding how these opportunities should or may be addressed.
 2. Shared more broadly with Council following consideration by and recommendations from the Governance & Nominations Committee
 3. Used to inform future Council and Committee training sessions and events.
- vii. More specific or individual opportunities for improvement can be:
 1. Discussed with individuals as needed on a case-by-case basis.
 2. Used to inform annual Council Member Self-Reflections (should the Council member(s) choose to complete this voluntary element of the Council Effectiveness Review Framework.
 3. Discussed with the Governance and Nominations Committee in a duly and appropriately tactful and sensitive manner, to seek perspectives and recommendations.
 4. Used to inform future Council and Committee training sessions and events.
- h. Constructive Conflict Resolution

- i. COKO of Kinesiologists of Ontario and its Council are committed to inviting and considering diverse perspectives. COKO maintains a safe space for thoughtful and comprehensive discussion by:
 1. Ensuring Council members receive training on COKO's Code of Conduct and Rules of Order.
 2. Ensuring that the President, Vice-President and Committee Chairs receive training in identifying and managing disagreements.
 3. Ensuring that Council members are able to express concerns regarding their level of comfort in discussions. Depending on the nature of such concerns, they may best be raised with Council as a whole during in camera sessions, or directly with the President
- ii. All Council and Committee members should:
 1. Review meeting materials in advance, developing and sharing strategies for identifying and highlighting key issues.
 2. Feel comfortable asking any questions that occur to them, particularly where they may not or feel they may not clearly understand a topic or decision at hand.
 3. Focus on participatory decision-making by consensus and agreement to the fullest extent possible.
 4. Be prepared to compromise and to engage in problem-solving by proposing, considering and accepting alternatives and amendments.
 5. Bring real, potential or perceived barriers to the attention of the President as soon as reasonably possible.
- iii. Conflict resolution may be supported by:
 1. Application of active listening techniques, including training in the use of such techniques.
 2. Considering an open-ended, inquiry-based approach, such as "what alternatives were considered?" or "please clarify the process by which the proposed approach emerged" rather than "I believe that [X] is the correct approach?" or "Why didn't you consider [X] instead of the proposed approach?"
 3. Writing a personal summary, which may include:
 - a. Personal understanding of the issue at hand;
 - b. Understanding of the proposed approach to address the issue;
 - c. Understanding of the process by which the proposed approach was developed;
 - d. Possible alternatives that were considered or that may warrant consideration;
 - e. Potential risks and benefits (or "pros" and "cons") of the proposed approach/decision.
 4. Writing down questions in advance of meetings, and reviewing questions prior to the meeting.
 5. Mentorship discussions whether with an assigned mentor or with the President. Such discussions should focus on conflict resolution in a general sense, rather than used to address specific instances of conflict, for example:
 - a. How have disagreements been addressed in the past?
 - b. What strategies are effective in addressing and managing disagreements?
 - c. How can individual Council members ask questions and remain engaged without being inappropriately challenging?

6. Mentorship conversations/discussions regarding conflict resolution should be considered separate from discussions about a specific conflict:
7. Mentorship discussions are broad and general, avoiding specific situations except as scenarios/hypotheticals.
8. Mentorship discussions focus on those present for that discussion. Discussion of third-parties should be avoided (for example, refraining from holding individuals as exemplars, whether positive or negative).
9. Mentorship context: problem-solving support, suggestions and general guidance rather than direction.
10. Mentorship should help inform a Council member's decision-making and conclusions but should not identify a preferred course of action (beyond providing advice regarding general options/parameters for decision-making).
11. Specific conflict resolution discussions may involve a decision being made or conclusions being reached as a result of the conversations/discussions.

4. Engagement Strategy 3: Building Engagement & Trust

a. Recognition & Motivation

- i. Committee Chairs provide Committee updates to Council. This is an opportunity to recognize leadership of the Committee Chairs and highlight the work of each Committee.
- ii. President may conclude individual Committee updates by thanking Committee Chairs and Committee members, including potentially highlighting one specific task/effort/project as exemplary or linking that work directly to COKO's Strategic Plan or to public protection more broadly.
- iii. The President could also ask (with advance notice given) Committee Chairs to note any general successes, strengths and potential opportunities on the horizon for their committee.
- iv. Committee updates could be an opportunity to recognize Committee members, particularly non-Council volunteers, by name.

b. Transparency & Accountability

- i. A critical component of transparency and accountability can be found in COKO's Council Effectiveness Review Framework (CERF), which includes:
 1. MESs administered at the end of each Council and Committee meeting (including some Panels)
 2. The Council Annual Evaluation Survey
 3. An optional Council Member Self-Reflection Survey
- ii. MES results are shared with:
 1. The Registrar & CEO and relevant staff as directed by the Registrar & CEO;
 2. The Chair of each Committee;
 3. The Governance & Nominations Committee (on a quarterly basis);
 4. The President of Council; and
 5. Council as a whole, on a quarterly basis, as part of the Governance & Nomination Committee update.
- iii. Council also receives, once per year, an in-camera report from the Governance & Nominations Committee regarding the results of the previous year's CERF cycle. This report allows Council to identify opportunities for improvement, areas of strength and potential actions to address opportunities for improvement and make the best use of strengths.

- iv. President's Report and Registrar's Report are opportunities to provide high-level transparency, for example:
 1. Providing an overview of activities in the previous quarter. Examples may include meetings/conversations ongoing between the Registrar and the President.
- v. The President would deliver the Executive Committee report to Council. Where the Executive did not meet since the previous Council meeting, this could be briefly reported.
- vi. Transparency and accountability are also maintained via:
 1. Quarterly Dashboards, where COKO reports its progress on operational activities.
 2. Quarterly financial reports
 3. COKO's Annual Report (typically reviewed by Council at the December Council meeting)
 4. COKO's annual College Performance Measurement Framework (CPMF) report, typically reviewed by Council at the March Council meeting.
- c. Lead by Example
 - i. President/Chairs can set the tone for meetings by:
 - ii. Arriving prior to the start of the meeting.
 - iii. Welcoming Council members to the meeting.
 - iv. Being present "in-person" to the fullest extent possible, particularly for Council meetings.
 - v. Being dressed appropriately for the setting and circumstances (for example, some measure of business casual attire/formality, particularly for public Council meetings).
 - vi. Balancing gravitas and formality with a welcoming and inclusive tone.
 - vii. Using inclusive language as much as possible (examples: neutral pronouns or preferred pronouns, identification and use of preferred names/modes of address during meetings and in conversation).
 - viii. Ensuring correct pronunciation of names, proper use of honorifics/titles.
 - ix. President/Chairs can also be role models by:
 1. Proactively and openly declaring any real, perceived or potential conflicts of interest, and seeking, receiving and acting on advice to mitigate risks associated with such conflicts, including recusal as may be required.
 2. Sharing insights, opportunities and suggestions for continuous improvement (for example, learning that they have undertaken) as part of the President's Report.
 3. Demonstrating their commitment to taking timely and appropriate action in response to feedback.
- 5. Engagement Strategy 4: A Strong Council Culture
 - a. Foster Emotional Intelligence
 - i. A working definition used in the "Council and Committee Competency Profile" is:
 1. "The capacity to be aware of, control and express emotions, and to handle interpersonal relationships judiciously and empathetically."
 - ii. Examples of how the President/Chair and other Council and Committee members may demonstrate emotional intelligence include:
 1. Being willing to share time with Council and Committee members who may be experiencing distress or challenging circumstances.
 - a. The President/Chair can offer some measure of support and help with problem solving, mindful of any limitations associated with

their knowledge, skill and judgement and refraining from offering unsolicited, inappropriate or unwarranted advice, guidance or counselling.

2. Tactfully intervening to manage challenging behaviour.
 - a. Relying on knowledge of the Code of Conduct and Rules of Order to uphold and maintain Council culture and behavioural norms in a neutral, objective and non-judgemental fashion.
 - b. Paraphrasing. Essentially, the President, Chair or other Council members could, depending on the circumstances, express understanding of a concept or concern while using more neutral or empathetic language.
 - c. Tactfully addressing disruptive, challenging or inappropriate behaviours, whether independently or with consultation/advice from the Registrar & CEO, in the appropriate forum and context.
 - d. Refraining from “calling out” behaviours publicly unless not doing so may expose Council or COKO to significant risk.
 - e. Asking that questions or discussions that may have been or could be perceived as disruptive, unproductive or questionably appropriate be rephrased.
 - f. Some disruptive behaviour (for example, perseverating on a specific issue or point) could also be addressed by:
 - i. Thanking the Council member(s) for their questions/perspectives, paraphrasing/summarizing the response and inviting others who have not yet had an opportunity to speak to do so.
- b. Support Mentorship & Education
 - i. More experienced Council members are expected to participate in COKO’s approach to Council and Committee mentorship and succession planning.
 - ii. More specifics regarding such participation can be found in this Guideline under “Council Mentorship”.
 - iii. In general, mentors may share advice regarding procedures and provide suggestions regarding how to enhance and maintain participation and engagement. Mentors are expected to refrain from attempts or perceived attempts to influence newer Council member’s consideration process.
- c. Promote High Ethical Standards
 - i. Council members, particularly those with more experience and in leadership roles, can be seen as role models and guides. They should therefore strive to embody COKO’s Code of Conduct and Code of Ethics.
 - ii. One key example is proactive declarations of real, perceived or potential conflicts of interest. Such declarations should be accompanied by tangible efforts to address such conflicts or, where this may not be possible, to recuse themselves from discussion and voting on that issue/those issues.
 1. Council members are required and encouraged to review the relevant by-laws (By-law 16) and Policy.
 2. Council members may seek guidance from the President and/or the Registrar & CEO as may be necessary regarding conflicts of interest.
- d. Evaluate and Improve
 - i. The President and Chair(s) should:
 1. Actively participate in the feedback process, including carefully considering results of MESs and the Council Annual Evaluation Survey regarding their performance.

2. Consider recommendations from the Governance & Nominations Committee and advice from the Registrar & CEO regarding measures to continually refine their approach to leadership.
3. Encourage participation in the Council Member Self-Reflection. While this may be a voluntary survey, it can be of particular value for:
 - a. Newer Council members; and
 - b. More experienced Council members who may be interested in participating in Council and Committee succession planning. The Self-Reflection may assist such Council members in assessing the current state of their competencies and establishing continuous improvement goals.

6. Engagement Strategy 5: Applying the “Science” of Chairing

a. Strategic Decision-Making

- i. Council members should reflect on and may ask explicit questions regarding:
 1. Linkages/connections between items for discussion and COKO’s current Strategic Plan;
 2. Risk implications of an issue for discussion or decision; and
 3. The Public Interest rationale for a proposed decision or course of action.
- ii. The President and/or Chair(s) should also maintain an awareness of options during discussions, including:
 1. Identifying when to call for a motion or vote. This may be done when
 - a. There are no further questions or discussions;
 - b. When lines of questioning have resulted in crystallized options/resolutions;
 - c. When a clear consensus has emerged;
 - d. When the President or Chair identifies a need for options to be paraphrased for clarity; and/or
 - e. Where discussions have become circular and are not leading to a clear consensus

b. Promote Collaborative Decision-Making

- i. Decision-making options (in order of preference):
 1. Decision by unanimous consensus. All members agree on a decision or course of action. No significant dissent or issues noted.
 2. Decision by unanimous vote. All members agree, by vote (with the exception of any who may have abstained due to conflicts of interest or for other acceptable reasons for abstention).
 3. Referral for additional study/consideration. This is a beneficial approach where no consensus has been reached, and where the issue or decision does not require urgent action such that additional time can be used to conduct additional research or refine the proposed approach.
 4. Decision by majority vote. Non-unanimous, however the motion is carried. This may be considered where there is no clear consensus but a decision may be required or beneficial. May also be appropriate in circumstances where there is some additional review/consideration time integrated into the process (for example, where the decision is approval for circulation in a public consultation, with the public consultation providing additional time for reflection, research and review).
- ii. To promote collaborative decision-making, the President/Chair should seek a wide range of perspectives. This may be accomplished by:

1. Asking individual Council/Committee members for their input or perspectives. This may prompt or encourage preparation and engagement but should also be approached with some sensitivity and emotional intelligence, noting that not all Council/Committee members may be equally well-versed on all items for discussion.
 2. Monitoring any input or perspectives shared via “Chat” feature during virtual or hybrid meetings.
 3. Giving Council/Committee members opportunities to express agreement or perspectives via non-verbal methods. One example would be the “high-five” approach (where # of fingers raised indicates extent of agreement/comfort with information or perspectives presented).
- iii. The President/Chair may also monitor and reflect on Council/Committee participation, including by reviewing participation trends such as who has been engaged and whose participation could be increased or encouraged. Such encouragement could take the form of direct 1:1 mentorship or other communication.
 - iv. The President/Chair could issue a general reminder to Council/Committee members during the meeting (or at other times) to feel welcome to check in with the President and/or their Mentor if they feel hesitant to participate during meetings, or if they have questions regarding different approaches to participation.
 - v. The President/Chair(s) should also maintain an awareness of MES results, including any evidence that engagement or participation may be less than what would be expected or desired.
- c. Facilitate Productive Dialogue
- i. To facilitate discussions and prompt engagement, the President and/or Chair may
 1. ask Council or the Committee for perspectives regarding questions or proposals (for example, to indicate whether they agree or disagree with a position that may have been advanced by one Council member).
 2. Council members/Committee members may also be asked to provide some relatively informal sense of their overall comfort with the information provided and recommendations or proposals, prior to proceeding to call for a motion or vote.
 3. Depending on the circumstances (for example, where no clear consensus has emerged or where an issue may be contentious), the President or Chair may call for a motion and vote with the understanding that the motion may be carried but not unanimously or may be defeated.
 4. Inquire whether any Council or Committee members would like to propose an amended motion based on discussions; and/or
 5. Inquire whether or propose that the topic for discussion be moved forward to a future Agenda to allow for further study/consideration of questions raised by Council.

7. Engagement Strategy 6: Preparation & Follow-up

- a. The President and/or Chair may work with the Registrar to ensure materials are prepared and presented in a timely fashion.
- b. Council and Committee members may use MESs as a tool to provide general or specific feedback regarding meeting materials and to suggest options to facilitate material review and thereby enhance the quality of discussions during meetings. Feedback may also be provided directly to the Registrar or the President.

- c. Meeting material considerations include but are not limited to:
 - i. Timeliness
 - ii. Clarity
 - iii. Ease of use/review
- d. President and Chairs are also expected to support follow-up actions, which may depend on the situation (Council or Committee) include:
 - i. Reviewing draft minutes after circulation (this is a responsibility of all Council or Committee members);
 - ii. Reviewing materials intended for publication/issuance (such as Decisions & Reasons documents);
 - iii. Receiving MES results to inform identification of opportunities for continuous governance improvement, but also identification of strengths that could be shared broadly to Council and Committees.
 - iv. Ensuring that accountabilities and plans are in place regarding action items, and that decisions are duly implemented.

8. Council Engagement KPIs

- a. MES completion rates.
 - i. Goal: >95% completion for all Council and Committee/Panel meetings
- b. Meeting attendance.
 - i. >90% attendance for all Council meetings
 - ii. Council members' Committee meeting attendance (Average # of meetings/Panels attended)
 - iii. All meetings properly constituted with quorum
- c. Participation
 - i. 100% participation in Council Annual Evaluation Survey
- d. Leadership
 - i. # of Council members serving as Chairs/Vice-Chairs
 - ii. MES survey results regarding Chair performance
 - iii. Council Annual Evaluation Survey results regarding President/Chair performance
- e. Succession Planning
 - i. # of Council members participating in Mentorship program
 - ii. # of Expressions of Interest (EOIs) to serve as Chairs/Vice-Chairs
 - iii. # of EOIs for Officer positions (President, Vice-President, Executive-At-Large)

9. Council Mentorship Program

- a. The following information is intended to clarify the process that is set out at a high level in COKO's Succession Planning and Mentorship Program Policy.
- b. Identification of Mentors
 - i. At least 3 years experience on Council.
 - ii. Served on at least 2 Committees (in addition to Discipline & FTP).
 - iii. Strong leadership and other relevant competencies. Practical examples:
 - 1. Service as Chair of one or more Committee(s)
 - 2. Service on Executive Committee (typically excluding Pres, VP unless needed).
- c. Identification of Mentees
 - i. Categories:
 - 1. Newly elected Council members (0 years' experience on Council).
 - 2. Council members who have served 1 year.
- d. Matching Mentors and Mentees
 - i. Process:

1. June Council: CERF.
 - a. Council members with <3 years experience encouraged to review competency framework and complete Council Member Self-Reflection.
 - b. Opportunity: setting goals for the next year.
 - c. Reminder to all Council members re: importance and responsibility to mentor new Council members (President's Report?)
2. July (post-election): call for EOIs to serve as Mentors
3. August: review of Mentor EOIs, compare with pool of Mentees.
4. August/September: G&N meeting
 - a. Present Mentorship "slate" to G&N for recommendations.
- ii. Considerations to support Mentor-Mentee matching:
 1. Competencies: strengths, opportunities for growth and how Mentor competencies/strengths align with Mentee needs.
 2. Committee service/EOIs: alignment between Mentors and Mentees.
 - a. Depending on circumstances, may not be ideal for Mentors and Mentees to serve on the same Committees, as this newer Committee members should look to the Chair for guidance regarding Committee work.
- iii. Individual Mentee goals.
- iv. Previous Mentor/Mentee experiences (for Mentees who have served 1 year on Council)
- v. Balance between continuity vs need for exposure to diverse perspectives and experiences.

10. Mentor/Mentee meetings – General Guidance:

- a. Mentorship for newly elected Council members may focus on:
 - i. Sharing experiences ("How do I[...]?" questions, focused on general processes and procedures).
 - ii. Good habits (for example meeting prep, meeting discussions, participation)
 - iii. Reinforce: responsibilities, fiduciary duties, code of conduct, rules of order, channels of communication
 - iv. Building rapport and morale
- b. Mentorship for Council members who have served for at least 1 year may focus on:
 - i. Celebrating successes and acknowledge growth and learning ("What happened? What did we learn? What could change? What worked well?")
 - ii. "Next steps": how to build towards leadership opportunities. Learn more about Chairing and leadership.
 - iii. Competency development: identifying opportunities, goal-setting, identifying resources and action plans.
- c. General Mentorship Meeting "Do's":
 - i. Facilitate general discussion and understanding of competencies, procedures, accountabilities and lines of communication
 - ii. Discuss learning and development opportunities including self-reflection and goal-setting, how to leverage existing competency strengths and how to build towards or prepare for leadership roles
 - iii. Discuss why assuming leadership roles is important (newer members working towards becoming a Chair, Chairs working towards Executive, etc).
 - iv. Build a culture of reciprocal mentorship ("pay it forward")
 - v. Build rapport and morale and encourage further engagement and discussion

- vi. Maintaining clear and appropriate personal boundaries and taking action to restore boundaries where they may have been blurred or crossed.
- vii. Use Active Listening techniques including:
 1. Open-ended questions. This may involve a progression from open-ended questions to start conversations, moving to more focused or probing questions as needed.
 2. Paraphrasing & Acknowledgement.
 3. Awareness and use of non-verbal communication.
 4. Confirming understanding before responding or as part of a response.
- viii. Mutual respect for time and preferences, including:
 1. When communication takes place
 2. How communication takes place
 3. Frequency of communication
 4. Courteous and respectful tone
 5. Appropriate content of communication
 6. Openness to new and different experiences, ideas and perspectives
- d. General Mentorship Meeting “Don’ts”:
 - i. Discussing specific Agenda items
 - ii. Discussing or re-visiting/re-litigating past decisions
 - iii. Discussing confidential information that should not be shared with the other party (for example, inappropriately sharing in camera discussions or Committee deliberations)
 - iv. Attempts at persuasion or sharing individual perspectives that may skew or influence opinions
 - v. Inappropriate comparisons between the Mentor or Mentee and other officeholder(s), particularly where such comparisons may be seen as having an adverse impact on culture/morale, contributing to bias and/or conflicts of interest or being seen as benefitting individuals or a particular agenda at the expense of others.
- e. Mutual respect:
 - i. Refrain from discussion of sensitive/charged topics (politics, controversial sociocultural debates);
 - ii. Refrain from unduly or inappropriately personal questions/discussions;
 - iii. Avoid/refrain from unsolicited and/or overly-prescriptive advice;
 - iv. Refrain from judgement (“safe space” concept)

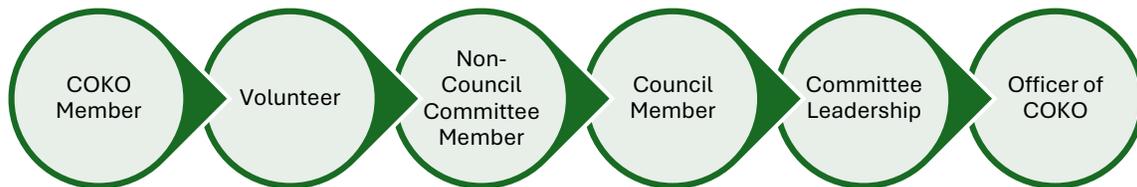
11. Mentor/Mentee meetings – Potential workplans/themes

- a. Note: the following is intended as a potential framework for Mentor/Mentee conversations/meetings/communication at certain times of the year. This is intended as a potential guideline rather than a strict requirement.
- b. Following/during/prior to September Council Meeting
 - i. “Welcome to Council”
 - ii. Introductions/icebreakers
 - iii. Open exchange:
 1. Why serve? Mentor and Mentee perspectives on how Council can be a mutually beneficial and rewarding experience.
 2. General Questions: Helpful tips and strategies (i.e., material review and preparation)
 - iv. Goals for the year (learning goals? Continuous improvement goals)? Any suggestions regarding resources to support achievement of goals?
 - v. Reflections: Good Governance & Fiduciary duties

- c. Prior to December Council Meeting
 - i. Quick check-in: How are things going? (“Highs and Lows”? “What has worked/what has been a challenge?”)
 - ii. Goal check-in: progress? Barriers to progress? Changing goals?
 - iii. Reflections: Risk and the Public Interest? How can these things impact Council decision-making and strategic directions?
- d. Prior to March Council Meeting
 - i. Quick check-in How are things going? (“Highs and Lows”? “What has worked/what has been a challenge?”)
 - ii. Goal check-in
 - iii. Reflections: Competencies in action – examples of competencies being used in Council/Committees. How to build competencies?
- e. Prior to June Council Meeting
 - i. Quick check-in How are things going? (“Highs and Lows”? “What has worked/what has been a challenge?”)
 - ii. Goal check-in
 - iii. Reflections: Council & Stewardship
 - iv. Next steps? Future goals?

12. Council Succession Planning

- a. The Council Succession Planning Pathway:



- b. This succession planning pathway is intended to support competency-based identification, selection, appointment and eligibility assessment. The Succession Planning Pathway can provide additional context to support competency-based assessment and evaluation, particularly for election to Council, Committee Leadership and election of Officers of COKO.
- c. In some circumstances (for example, where there is evidence of noteworthy competencies/leadership ability), it may be possible for the succession planning pathway to be modified, or for other factors in addition to previous/prior experience for or with COKO to be taken as evidence that the applicant or nominee has the required competencies to assume or stand for election for a given role.
- d. This Guideline divides succession planning into distinct Phases.
 - i. Phase 1: Volunteer Level
 - ii. Phase 2: Committee Level
 - iii. Phase 3: Council Election
 - iv. Phase 4: Committee Leadership (Chairs, Vice-Chairs)
 - v. Phase 5: Officers & Executive Committee Members
- e. Succession Planning Phase 1: Volunteer Level

- i. Phase 1 involves identification of individuals who may be interested and have the required competencies, knowledge, skill and judgement to support COKO functions.
 - 1. At various times, whether scheduled or on an as needed basis, COKO will post calls for EOs in volunteer positions with COKO. Such positions may include:
 - a. Peer Assessors
 - b. Working group members
 - c. Peer Circle facilitators
 - d. Quality Assurance Mentors
 - e. Other opportunities that may arise
- ii. Identification of potential volunteers
 - 1. Members of COKO and/or other individuals may, particularly during times of outreach for various roles, be invited to submit applications.
 - 2. Any invitations must include the caveat that selection and appointments are competency-based, and that applications are subject to an assessment and evaluation process.
 - 3. The invitation must clearly state that the invitation may not be interpreted as an indication that selection and appointment is guaranteed.
 - 4. Individuals can submit EOs, along with any supporting documents, to COKO for review and consideration.
 - 5. All applications received will be assessed and evaluated using a competency-based approach that also considers any specific appointment, selection or eligibility criteria that are set out in any applicable Policies or procedures.
 - 6. Consideration may involve:
 - a. Review by COKO staff
 - b. Review by Committees (the specific committee involved may depend on the circumstances. For example, Peer Assessors are appointed by the Quality Assurance Committee.
 - c. Review by the Governance & Nominations Committee (if applicable).
 - i. The Governance & Nominations Committee bears responsibility for reviewing and screening applications to serve on Committees. G&N would be presented with information regarding applications, with a focus on competency-based selection and appointment. The G&N Committee is responsible for making recommendations to Council regarding appointments.
 - d. Approval/appointment by Council as required.
 - 7. Applicants who are not appointed due to not meeting competency requirements, or for other reasons, will be given an opportunity to receive feedback regarding gaps.
 - a. General suggestions may be made (such as setting learning goals/continuous professional development goals) to enhance competencies to a suitable level.
- f. Succession Planning Phase 2: Committee Level
 - i. Committee level succession planning involves identification of individuals, with a focus on Council members (who are required to serve on committees) and COKO's current and past Volunteers, who may, by virtue of their current and past

service, have the competencies and interest to serve on one or more committees.

ii. Committee Member Succession Planning Pathway:



iii. Potential candidates may be identified from the following groups:

1. Interested members of COKO and individuals who are not members of COKO. Such EOIs will typically be received in response to outreach from COKO. Such COKO outreach may be direct (email or otherwise) or indirect (website, social media, eNewsletter, etc).
 2. Current and past volunteers
 3. Non-members of COKO with specific experience and expertise, who may be approached regarding their understanding of and interest in the work of the committee(s) in question.
- iv. Candidate identification may involve discussion regarding competencies and opportunities to self-assess and reflect on opportunities to enhance competencies or address gaps as may be required.
- v. Note: this approach should be framed in a way that does not carry the implication that the person's nomination or application will be approved.
- vi. Candidate identification should be framed as a conversation, noting that the member appears engaged and interested and querying whether they might have thought about taking on more of a leadership role (i.e., serving on Council).
- vii. Governance & Nominations Committee Role:
1. The Governance & Nominations Committee is responsible for making competency-based recommendations to Council regarding appointments to committees. Such recommendations are made in a manner that is aligned with:
 - a. COKO's By-laws, including the eligibility and other criteria set out in By-law 13. Specific Composition and Selection of Committees.
 - b. The Terms of Reference of the committee in question
 - c. The Council and Committee Competency Profile
 - d. The Succession Planning Pathway
 - e. The criteria described in COKO's relevant Policies, which include:
 - f. The External Member Selection Policy (specific to selection and appointment of committee members who are not members of COKO and are not Public Appointees to Council. Such individuals are referred to as "External Members")
 - g. The Committee Slate Selection Policy
 2. For clarity, competency-based eligibility involves assessment and evaluation of the applicant's/identified individual's level of understanding and ability to apply each of the competencies described in the Council and Committee Competency Profile. This assessment and evaluation are informed by:

- a. Current or previous service on behalf of COKO, which is indicative of having received training regarding COKO’s mandate, role, and responsibilities.
 - b. The results of any competency assessment, which may include a candidate/applicant/nominee interview process.
 - c. Information provided by the individual (for example, their resume).
- g. Succession Planning Phase 3: Council Election
- i. Council member succession planning involves identification of members of COKO, including current or past Volunteers and/or Non-Council committee members, who may have the competencies required to seek a nomination for election to Council as Professional Members.
 - ii. Council Professional Member Succession Planning Pathway:



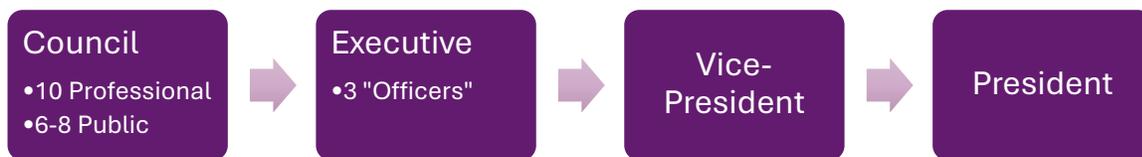
- iii. Identification of potential nominees/candidates
 - 1. The President, with support from Committee Chairs and Vice-Chairs, other Council members and the Registrar & CEO, may identify:
 - a. Current and past Non-Council committee members who possess the required competencies, knowledge, skill, judgement, character and experience to serve on Council
 - b. Past Council members who have completed the required cooling-off period and may be interested and eligible to serve on Council again
 - c. Past Council nominees and candidates who were found to be eligible based on competencies but who were not elected to Council
- iv. Identified members may be approached regarding their interest in seeking a nomination to stand for election to Council. This outreach should be framed as a conversation, noting that the member appears to possess the required competencies and querying whether they might have thought about taking on more of a leadership role (i.e., serving on Council).
- v. The rationale for the above pathway and identification process is that progressive experience and responsibility is an effective way to build specific competencies, knowledge, skill and judgement required to effectively serve on Council.
- vi. In certain circumstances, this pathway may be circumvented to some extent (for example, where there may be no identified nominee(s) in a given electoral district, or where identified potential nominees may have declined to submit a nomination).
- vii. The nomination procedure and eligibility criteria are generally described in By-law 10. Election of Council members. Specific operational procedures are established by COKO and overseen by the Registrar & CEO.
- viii. Governance & Nominations Committee role:

1. The Governance & Nominations Committee bears responsibility for the competency-based assessment and evaluation of nominee eligibility to stand for election to Council. Such eligibility is based on:
 2. COKO's By-laws, including By-law 9. Council – General and By-law 10. Election of Council Members; and
 3. The Council and Committee Competency Profile
 4. Competency-based eligibility involves assessment and evaluation of the nominee's level of experience and training regarding each of the competencies described in the Council and Committee Competency Profile. This assessment and evaluation are informed by:
 - a. COKO's Succession Planning Pathway
 - b. Current or previous service on behalf of COKO, which is indicative of having received training regarding COKO's mandate, role, and responsibilities.
 - c. The results of any pre-nomination competency assessment, which may include a self-assessment and/or an interview
 - d. Information provided by the nominee (for example, their resume and candidacy statement)
- h. Succession Planning Phase 4: Committee Leadership (Chair or Vice-Chair)
- i. The Committee Chair succession plan and pathway is a competency-based process that includes:
 - ii. Where applicable, competency-based selection and appointment of a committee member to serve as Vice-Chair of the committee;
 - iii. Where the Committee does not have a Vice-Chair, competency-based identification of a potential successor Chair.
 - iv. Mentorship and support for Vice-Chairs to successfully transition to the role of committee Chair.
 - v. Committee Leadership Succession Planning Pathway:



- vi. Identification of candidates
 1. Committee Chairs (and Vice-Chairs where applicable), with support from the President and the Registrar, may aid in identifying Council members serving on that committee. Some potential grounds for identification:
 2. Demonstrated strength in competencies relevant to the committee and leadership competencies
 3. Commitment to continuous improvement and development
 4. Length of service as a member of that Committee or on Council
 5. High level of attendance at meetings
 6. Flexibility regarding meeting scheduling, willingness to maximize ability to provide short-notice support or coverage as required
 7. Evidence of preparation before meetings
 8. Participation during meetings, including:
 - a. asking questions
 - b. proposing options
 - c. acceptance and consideration of alternative perspectives

- d. professionalism
 - e. collaborative and participatory decision making
- vii. Identified committee members may be engaged in conversations regarding their potential aspirations and interest in succession planning, such as working towards appointment as a Vice-Chair and eventually Chair of the Committee.
- viii. Such an approach should be framed as a conversation regarding the role of the Chair/Vice-Chair, and the competencies/skills required and how those skills could be acquired or developed/refined. These conversations should not be presented as an “invitation”, as this could create the impression of bias or conflict of interest. Such conversations should not include any comparisons between Council members or Committee members, or comments that could be perceived as disparaging or critical of any individuals, particularly any incumbent Vice-Chairs or Chairs.
- ix. Governance & Nominations Committee role:
 1. The Governance & Nominations Committee is responsible for making competency-based recommendations to Council regarding appointments of Chairs and Vice-Chairs of committees. Such recommendations are made in a manner that is aligned with:
 - a. COKO’s By-laws, including the eligibility and other criteria set out in By-law 13. Specific Composition and Selection of Committees.
 - b. Note: The By-laws state that, for statutory committees, the Chair must be a member of Council
 - c. The Terms of Reference of the committee in question
 - d. The Council and Committee Competency Profile
 - e. COKO’s Succession Planning Pathway
- i. Succession Planning Phase 5: Officers & Executive Committee



- i. Officer and Executive succession planning is focused on identification and mentorship of Council members who may have a combination of competencies and interest that would make them suitable to stand for election as an Officer of COKO, including Vice-President or President.
- ii. Succession planning for Council is a critical process that ensures leadership continuity and aligns with COKO’s strategic direction. Here are guidelines to help choose the next President of Council.
- iii. Guidance for Council Members
 1. Members of Council are encouraged to learn about leadership positions on Council.
 2. Council members are also encouraged to identify other Council members who may be well-suited to assume leadership roles.
 3. Nominations for Officers of COKO (President, Vice-President, Members of the Executive Committee) must be made in accordance with all established by-laws and procedures. Council members should, therefore, familiarize themselves with the relevant by-laws and procedures.
- iv. Governance and Nominations Committee role:

1. This Committee supports and oversees succession planning process for Officers and the Executive. Members of this Committee have the required experience in governance and/or human resources.
2. The committee is responsible for:
 - a. Screening applicants seeking election to serve on Council for eligibility
 - b. Evaluating applications for committee membership
 - c. Recommending committee slate appointments to Council
 - d. Oversight of the Council and committee performance evaluation process
 - e. Oversight of Council and committee training and development based on evaluation results and recommendations from Council and committees
3. The Governance and Nominations Committee's role also includes
 - a. support for succession planning, including
 - b. reviewing potential candidates,
 - c. ensuring transparency, and
 - d. supporting development of a clear process for selecting the new President. This involves:
 - i. Consideration of the current challenges and future goals of COKO. (What skills, experience, or leadership qualities will be required to move the COKO forward?)
 - ii. Identify key role(s) of the President (along with Registrar) e.g. governance, strategic oversight, relationship-building with key stakeholders, and representing COKO externally.
 - iii. Identify the key skills required for this role e.g. Strategic leadership, strategic thinking, effective communication, deep understanding of COKO's mandate, goals and culture. (Council Competencies have been developed and should be used in addition to the personal and other attributes)
 - iv. Oversight of a robust candidate identification, assessment and evaluation process, including:
 1. Competency Evaluation: Regularly evaluate the performance of Council and individual members to identify areas for growth and to help inform succession decisions.
 2. Leadership Experience: Look for potential candidates who have demonstrated leadership capabilities within the Council or in other capacities, such as being a chair of a committee or having experience with high-level decision-making.
 3. Diversity & Inclusion: Ensure that the candidate pool is diverse, reflecting a range of perspectives, experiences, and backgrounds that can enhance the Council's effectiveness
 4. Track Record: Evaluate candidates based on their past performance, both within the Council and in other leadership roles. Consider factors such as

Appendix A: Nomination Guidance

1. This Guidance is intended to support individuals who:
 - a. May wish to self-nominate;
 - b. Have been nominated by another person;
 - c. May wish to nominate another person; or
 - d. Have been asked to sign the nomination form or otherwise support another person's nomination.
2. Self-Nomination Guidance
 - a. Members considering submitting an EOI on their own behalf for a position (volunteer, committee member, Council member, committee Chair or Vice-Chair or Officer of COKO) should reflect on the following:
 - i. The Council and Committee Competency Profile. It is important to have a strong understanding of personal competency strengths, potential opportunities for improvement and how to take action to address opportunities for improvement.
 - ii. Their understanding of the role for which they intend to seek nomination.
 1. For prospective volunteers and individuals considering committee service, this may involve communication with COKO staff responsible to that portfolio. Staff may be able to answer questions regarding required competencies, time commitment, responsibilities and other matters.
 2. Committee members interested in election to Council may reach out for guidance from the Chair of their committee. The Chair could provide some mentorship and guidance or could help them connect with other resources as may be of benefit.
 3. Council members' interest in leadership positions (Committee Chair, Officer of COKO, Vice-President or President) may be facilitated by outreach to and conversations with the President (or other individuals, depending on the circumstances) regarding goals and succession planning.
 - iii. The breadth and depth of their experiences and service for COKO. It can be important for aspiring leaders to have a good understanding of the full scope of COKO's mandate.
 - iv. Their ability to take on and commit to additional roles and responsibilities.
 - v. Any real, perceived or potential conflicts of interest, and how such conflicts of interest may or may not be mitigated. Individuals self-nomination should be informed by COKO's [By-law 16. Conflicts of Interest](#). Depending on the circumstances, specific legal advice can be sought either by the potential nominee, by COKO, or both separately.
 - b. If support is required, for example when seeking support signatures for a self-nomination, Council members should:
 - i. Be able to express their interest in the position in an appropriate way (competency-based, sharing their reason(s) for interest).
 - ii. Refrain from disparaging comments about, comparisons to or criticisms of incumbent officers.
3. Guidance for nominating another Council member
 - a. Given the importance of continuity and succession planning, identification and nomination of successors (committee Vice-Chair, committee Chair, Officer, Vice-President or President) should be considered as part of the responsibilities of:
 - i. The President;
 - ii. The Vice-President;
 - iii. Members of the Executive Committee; and
 - iv. The Governance & Nominations Committee.

- b. When deciding whether to nominate another person, the nominator should consider:
 - i. Length of service;
 - ii. Service history including attendance and participation during meetings;
 - iii. Understanding of COKO's Code of Conduct and Rules of Order;
 - iv. Understanding of and compliance with any relevant statutory procedures;
 - v. Personal qualities and characteristics;
 - vi. Individual competencies, including the extent to which the potential nominee's "Additional Competencies for the Council and Committees as a Whole" may help strengthen Council/the committee(s), including addressing any existing or potential competency gaps.
- 4. Notes regarding accepting a nomination
 - a. Being nominated is a recognition of competence, good judgement and good character.
 - b. However, the decision whether to accept a nomination or not is up to the nominated individual.
 - c. The decision whether to accept such a nomination can be informed by the same considerations that apply to the decision to seek and submit a self-nomination.
 - d. There should be no pressure, obligation or undue responsibility to accept such a nomination, particularly when unsolicited.
 - e. The decision to decline a nomination at one time does not necessarily impact eligibility for nomination(s) in the future.
- 5. Nominations can be declined for any reason, including, but not limited to:
 - a. Personal reasons, including but not limited to:
 - i. Scheduling/availability
 - ii. Personal/professional/volunteer service balance
 - iii. Health & well-being
 - b. Self-reflection regarding the required competencies and knowledge, skill, judgement or other qualities. A nominee may feel that they do not yet have sufficient experience or skill to fulfil the requirements of the position.
 - c. Conflict of interest issues.

Resolution: Council Engagement, Succession Planning and Mentorship Guide

Whereas the College of Kinesiologists of Ontario (COKO) is committed to applying the principles of regulatory good governance;

Whereas in keeping with this commitment, COKO has undertaken to develop a Council Engagement, Succession Planning and Mentorship Guide (the draft Guide);

Whereas the draft Guide has been reviewed by the Governance & Nominations Committee; and

Whereas the draft Guide has been presented to Council for consideration and approval;

Therefore, be it resolved that Council approves the draft Council Engagement, Succession Planning and Mentorship Guide.

Moved by: _____

Seconded by: _____

Date: December 1, 2025