

Declaration of Conflict of Interest

All Directors have a duty to act solely in the best interest of the College, consistent with the mandate of the College to act in the public interest, and to maintain the trust and confidence of the public in the integrity of the decision-making processes of the Board. To this end, they must avoid or resolve conflicts of interests while performing their duties for the College and to recuse themselves from any consideration of the matter at issue.

A conflict of interest exists where a reasonable member of the public would conclude that a Director's personal, professional or financial interest, relationship or affiliation may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

For the **Board meeting of March 26, 2026**, the following Directors have indicated in advance of the meeting that they are in compliance with the College's Conflict of Interest Policy and no declarations were made:

Stacey Anderson
Neelam Bal
Mary Egan
Allan Freedman
Lucy Kloosterhuis
Thuy Luong
Adrian Malcolm
Julie Reinhart
Pathik Shukla
Tina Siemens

BOARD MEETING AGENDA

DATE: Thursday, March 26, 2026 **TIME:** 9:00 a.m. to 3:00 p.m. *Officer Elections Meeting to Follow*

College of Occupational Therapists of Ontario
Boardroom
#900 - 20 Bay Street
Toronto ON M5J 2N8

	Agenda Item	Objective	Attach	Time (min)
1.0	Call to Order			
2.0	Public Protection Mandate			
3.0	Territorial Acknowledgement*			
4.0	Declaration of Conflict of Interest			
5.0	Approval of Agenda			
	5.1 Board Agenda for March 26, 2026	Decision	✓	2
	<i>THAT the agenda be approved as presented.</i>			
6.0	Consent Agenda			
	1. Registrar & CEO's Report of March 26, 2026 2. Draft Board Minutes of January 29, 2026 3. Executive Minutes of January 15, 2026 4. Finance & Audit Minutes of January 15, 2026 5. Governance Minutes of November 19, 2025	Decision	✓	5
	<i>THAT the Board adopt the consent agenda items as listed (read list):</i>			
7.0	Registrar's Report			
	7.1 Presentation: Registrar & CEO's Remarks By: Gillian Slaughter	Information		15
	7.2 Quarterly Performance Report	Decision	✓	15
	<i>THAT the Board receive the FY2025-2026 Q3 Quarterly Performance Report.</i> (Tina Siemens)			
	7.3 Risk Management Report	Decision	✓	10
	<i>THAT the Board receive the Q3 FY2025-2026 Risk Management Report.</i> (Stacey Anderson)			

Agenda Item		Objective	Attach	Time (min)
	7.4 Annual Board Evaluation	Discussion	✓	15
<p><i>THAT the Board review the Annual Board Evaluation Summary and approve the action plan.</i> (Thuy Luong)</p>				
8.0	Presentation: Board Education Day Outcomes By: Senior Leadership Team			30
9.0	Presentation: OT Across Canada: CIHI Data, 2024 By: Kimberly Woodland, Director, Program			30
10.0	Finance			
	10.1 FY2025-2026 Q3 Financial Summary Report	Decision	✓	15
<p><i>THAT the Board receive the FY2025-2026 Q3 Financial Report, as presented.</i> (Allan Freedman)</p>				
	10.2 Investment Portfolio	Decision	✓	10
<p><i>THAT the Board receive the investment report.</i> (Allan Freedman)</p>				
Lunch (12:00-1:00)				
11.0	Governance Committee			
	11.1 Revised Governance Manual	Decision	✓	30
<p><i>THAT the Board approve the revised Governance Manual, as amended following editorial review.</i> <i>THAT the Board retire the previous governance policies, which will no longer be effective upon approval of the new Governance Manual.</i> (Julie Reinhart)</p>				
	11.2 Committee Appointments	Decision	✓	10
<p><i>THAT the Board appoint Wesam Al Ghazawi to the Inquiries, Complaints and Reports Committee for a three-year term, commencing March 27, 2026.</i> <i>THAT the Board appoint Sarah Waite to the Quality Assurance Subcommittee for a three-year term, commencing March 27, 2026.</i> (Mary Egan)</p>				

	Agenda Item	Objective	Attach	Time (min)
12.0	Registration Committee			
	12.1 Revised Language Fluency Requirement Registration Policy	Decision	✓	10
	<i>THAT the Board approve the revised Language Fluency Requirement registration policy.</i> (Pathik Shukla)			
13.0	Environmental Scan			
14.0	Other Business			
	14.1 Board Meeting Evaluation for March 26, 2026	Complete	Provided at Meeting	
15.0	Farewell			
16.0	Next Meeting			
	Board Meeting: Thurs., June 18, 2026, 9:00 a.m. – 3:30 p.m. Virtual only			
17.0	Adjournment – Immediately followed by Officer Elections Meeting			

***Territorial Acknowledgement**

The College of Occupational Therapists of Ontario (COTO) respectfully acknowledges that the organization's staff, provincial registrants, and Board of Directors live, work and play across the ancestral lands of many Indigenous peoples.

COTO's work takes place on traditional Indigenous territories across the province we now call Ontario. COTO's office, located in what is now known as Toronto, is situated on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. It is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13, which was signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

We honour and acknowledge the First Nations, Inuit and Métis, as the original stewards of the land. We remind ourselves of our responsibility to be accountable for our actions towards connecting with and creating more equitable, inclusive and respectful relationships with everyone who lives here. We are humbled as we reflect upon, and appreciate, the land on which we continue to gather and meet.

REPORT of the Registrar and CEO

BOARD MEETING MARCH 26, 2026

Focus of the Board Meeting

Staff will share information about our work in Q3 of FY 2025-2026 to advance our strategic priorities. We will present our Q3 FY2025-2026 financial summary report and the investment report. The results of Board Education Day will be presented, as well as the College staff's CIHI data analysis, for discussion and feedback from the Board. The updated Governance Manual will be presented for Board review and approval. The Board will be asked to approve two Committee appointees to College Committees. Lastly, revisions to the Language Fluency Requirement Registration Policy are before the Board for review and approval.

UPDATES ABOUT GOVERNANCE

Board Election

The College Board elections for Districts 2 (Central West) and 3 (Central East) took place on March 4, 2026. Julie Reinhart and Kara Machado who have been elected in District 2, and Vaishali Prasad who has been elected in District 3. The ballots were cast as follows:

District 2 (Central West) Election Results:

Candidate	Votes
Julie Reinhart	141
Kara Machado	110
Tabitha Hamp	104
Heather Dehn	102

District 3 (Central East) By-Election Results:

Candidate	Votes
Vaishali Prasad	168
Liam Ball	71

Congratulations to Kara Machado and Vaishali Prasad and welcome back, Julie Reinhart!

Staff thank all candidates who stood for election to the Board and appreciate their commitment to serving and supporting professional regulation.

Voter turnout

More than 10% of eligible voters voted in the election. The table below shows actual and percentage of votes case per district and overall.

District	# of Votes	% of Votes
District 2	303	11.9%
District 3	239	9.8%
Total	542	10.9%

For context, in January 2023, the Board approved the geographical redistricting and reduction in the number of electoral districts to three, down from the previous six. Those three districts - District 1 (Toronto and Peel), District 2 (Central West) and District 3 (Central East) – took effect in March 2023.

The first elections of the new Districts 2 and 3 took place in 2024.

- In March 2024, District 2 had an acclamation instead of an election.
- In March 2024, District 3 had 277 voters (12.1% of eligible voters), which is slightly more (2.3%) than the 2026 election turnout for District 3.

All redistricting changes are now complete. The next Board election will be in 2027 for District 3.

College staff are grateful to have had the opportunity to work with Stacey Anderson and Christine Funk, two outgoing Directors of the Board. They will be missed. All staff wish them the very best in their future endeavours.

Public Appointments to the Board

By Orders in Council dated February 12, 2026, Allan Freedman was reappointed to the College’s Board for a three-year term, to March 20, 2029, and Lucy Kloosterhuis was reappointed for a six-month term, to August 22, 2026. The Orders in Council for both Mr. Freedman and Ms. Kloosterhuis are attached as appendices to this report. Congratulations to them both.

The term of Vincent Samuel’s appointment to the Board expires on March 27, 2026. The College is in contact with the Office of the Minister of Health and the Ministry of Health about the reappointment.

Work undertaken by the College related to its strategic priorities in Q3 of fiscal year 2025-2026 are detailed below.

Committee Composition

Immediately following this Board meeting, elections for the Executive Committee positions will take place. Once the Executive Committee is elected, we will finalize the slate of committee appointments for Board review and approval. Staff will prepare a draft committee composition for all Public Directors and Professional Committee Appointees as well as recommendations for chairs of each committee ready. After the election process, the Board will take a 15-minute break while we finalize the

positions impacted by the election. We will reconvene to review and approve the full committee composition. This will allow the committees to begin work promptly.

STRATEGIC PRIORITY #1: MEANINGFUL ENGAGEMENT

Communications

- Register renaming: the College changed the name of the register from 'Find an OT' to 'List of Registered Occupational Therapists' to add clarity to the function of the public register. All web materials that referenced 'Find an OT' were revised.

Events and Partners

- Staff presented to occupational therapy students at Queen's University and the University of Toronto in February and March.

STRATEGIC PRIORITY #2: QUALITY PRACTICE

Registration Program

- The annual renewal process will open on March 31, 2026. Staff have finalized the annual renewal questionnaire and are testing the "OT Portal" to ensure that our registration system is ready.
- The "As of Right" application process for occupational therapists who are registered in other Canadian provinces and territories in effect as of January 1, 2026. In early February 2026, the College responded to a request from the Ministry of Health to provide information about applicants and inquiries related to this process. No applications have been received under the "As of Right". The College continues to ensure that it tracks all timelines related to the processing of completed applications for registration under the various pathways, like Labour Mobility Support Agreement, "As of Right" and for new graduates.

Quality Assurance Program

- The College is initiating discussions with another OT regulator about joining the Competency Assessment Project, and we look forward to providing additional updates at the next Board meeting.

Practice

- The public consultation about the draft Code of Ethics and accompanying guidance document closed on Feb 2, 2026. Staff are analyzing the results and will present them to the Board in June 2026.

STRATEGIC PRIORITY #3: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

The ACOTRO Board Meeting was held in person in Toronto on February 10-11, 2026, highlights of which are:

- ACOTRO approved the creation of an eLearning module for 2027 on the topic of ethical practice. Seven provincial regulators are participating in the development of the module.
- The ACOTRO Board continued its conversation about the various scopes of practices of occupational therapy across Canada. I am actively involved in this project.

Canadian Association of Occupational Therapy

- From May 13-15, 2026, the CAOT will be hosting its annual conference in Montreal, Quebec. I am collaborating on a co-presentation by representatives of the Alberta College of Occupational Therapists and l'Ordre des ergothérapeutes du Québec about documentation.

Health Profession Regulators of Ontario

- I continue to attend bi-weekly meetings of the HPRO Registrars and attended the HPRO Board meeting on February 26, 2026 at which Ministry of Health staff provided an update about Ministry initiatives. In addition, several COTO staff participate in HPRO network meetings for their area of responsibility.

STRATEGIC PRIORITY #4: PERFORMANCE AND ACCOUNTABILITY

- Staffing updates: In late May 2026, we will say farewell and thank you to Kimberly Woodland, Program Director, as she begins her well-deserved retirement. Kim has been a pivotal leader and driving force for our Registration, Quality Assurance and Practice teams, and an integral member of our senior leadership team. We are grateful for her many contributions over the years. An external search consultant has been retained to assist with the search for a new Director.

In February, I announced a small organizational shuffle to right-size the teams across the organization, strengthen our capabilities, align with our strategic goals and position us for long-term success. The changes primarily relate to the Enterprise System reporting to the Manager, IT; placing Investigations and Resolutions together with Regulatory Affairs; and moving the Practice team to report to the Registrar. Staff have responded positively to these changes and are working to make this transition a success.

- College staff are pleased to provide the Board with the Q3 report for FY2025-2026. Our financial status is stable.
- Staff Training: COTO continues its regular training for staff about equity, diversity and inclusion (EDI) principles and practices. The first of a five-session series about EDI training for all COTO staff was held on February 23, 2026. Staff look forward to attending the additional sessions with Janelle Benjamin that will be scheduled throughout the year. With the launch of SharePoint last year, staff are focusing on ensuring that they have opportunities for IT training. Staff will dedicate two hours per week to ensure that they develop competencies in various software applications in use at the College.

Sincerely,
Gillian Slaughter, Registrar and CEO



APPENDIX 1

Executive Council of Ontario Order in Council

Conseil exécutif de l'Ontario Décret

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit

PURSUANT TO clause 5(1)(b) of the *Occupational Therapy Act, 1991*, **Allan Freedman** of Thornhill be reappointed as a part-time member of the Council of the College of Occupational Therapists of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective March 21, 2026 or the date this Order in Council is made, whichever is later.

EN VERTU DE l'alinéa 5 (1) b) de la *Loi de 1991 sur les ergothérapeutes*, **Allan Freedman** de Thornhill est reconduit au poste de membre à temps partiel du Conseil de l'Ordre des ergothérapeutes de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 21 mars 2026 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered: FEB 12 2026
Approuvé et décrété le

Lieutenant Governor
La lieutenant-gouverneure



APPENDIX 2

Executive Council of Ontario Order in Council

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Conseil exécutif de l'Ontario Décret

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 5(1)(b) of the *Occupational Therapy Act, 1991*, **Lucia Kloosterhuis** of Kakabeka Falls be reappointed as a part-time member of the Council of the College of Occupational Therapists of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding six months, effective February 23, 2026 or the date this Order in Council is made, whichever is later.

EN VERTU DE l'alinéa 5 (1) b) de la *Loi de 1991 sur les ergothérapeutes*, **Lucia Kloosterhuis** de Kakabeka Falls est reconduite au poste de membre à temps partiel du Conseil de l'Ordre des ergothérapeutes de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de six mois, à compter du dernier en date du 23 février 2026 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : FEB 12 2026

Lieutenant Governor
La lieutenant-gouverneure

O.C. | Décret : 183 / 2026

BOARD MEETING MINUTES - DRAFT

DATE: Thursday, January 29, 2026 **TIME:** 9:00 a.m. – 3:00 p.m.

In Attendance:

DIRECTORS:

Neelam Bal, *Chair*
Stacey Anderson
Mary Egan
Allan Freedman
Christine Funk
Jennifer Kerr
Lucy Kloosterhuis
Thuy Luong
Adrian Malcolm
Julie Reinhart
Tina Siemens

REGRETS:

Vincent Samuel
Pathik Shukla

GUESTS:

OBSERVERS:

Dana Lobson, *Ministry of Health of Ontario (MOH)*
Marnie Lofsky, *OSOT*

STAFF:

Gillian Slaughter, *Registrar & CEO*
Sandra Carter, *Manager, Practice*
Enrique Hidalgo, *Manager, IT*
Grace Jacob, *Accounting and Payroll Specialist*
Stamatis Kefalianos, *Director, Regulatory Affairs*
Alex Kunovac, *Manager, Registration*
Cara Moroney, *Manager, Investigations & Resolutions*
Seema Singh-Roy, *Director, Finance, People & Corporate Services*
Andjelina Stanier, *Executive Assistant, Scribe*
Nancy Stevenson, *Director, Communications*
Diane Tse, *Practice Consultant*
Kim Woodland, *Program Director*

1.0 Welcome and Call to Order

Chair Neelam Bal welcomed everyone and called the meeting to order at 9:03 a.m.

2.0 Public Protection Mandate

The Chair stated that the role of the Board is to come together to make honourable and ethical decisions in the best interest of the public.

3.0 Territorial Acknowledgement*

The Territorial Acknowledgement was shared during a moment of reflection.

4.0 Declaration of Conflict of Interest

The Chair called for any declarations of conflict of interest for today's agenda. She acknowledged that for item 8.2 *Registration Fee Increase*, an inherent conflict exists for all professional Board Directors. Should a Director determine it would not interfere with their ability to decide in the interests of the public, then a declaration would not be required.

No conflicts were declared.

5.0 Approval of Agenda

The Chair called for approval of the agenda. Three changes were noted: Removal of motions for items 7.4 and 9.0 and renumbering item 10.2 to become 14.0.

MOVED BY: Allan Freedman

SECONDED BY: Stacey Anderson

THAT the agenda be approved as amended.

CARRIED

6.0 Consent Agenda

The Chair called for the adoption of the following Consent Agenda items.

1. Registrar and CEO's Report of January 29, 2026
2. Draft Board Minutes of October 30, 2025
3. Executive Committee Minutes of October 16, 2025
4. Finance & Audit Committee Minutes of September 22, 2025
5. Governance Committee Minutes of May 16, 2025

MOVED BY: Stacey Anderson

SECONDED BY: Jennifer Kerr

THAT the Board adopt the Consent Agenda items as presented.

CARRIED

7.0 Registrar's Report

7.1 Presentation: Registrar & CEO's Remarks

The Registrar presented on the status of operational projects for Q2 FY 2025-2026, related to Y2 of the 2024-2027 Strategic Plan.

7.2 Quarterly Performance Report

Lucy Kloosterhuis stated that the purpose for this report is to provide quarterly information on program and committee activities that relate to the 2024-2027 strategic priorities. Kim Woodland explained that the new reporting format was implemented to more clearly align committee workplans and College strategic priorities with a focus on data designed to support informed decision-making and ensure transparency in program performance and future planning. The new format is a work in progress and will continue to be fine-tuned. Kim and the Registrar & CEO responded to questions.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Mary Egan

***THAT** the Board receive the FY 2025-2026 Q2 Quarterly Performance Report.*

CARRIED

7.3 Risk Management Report & Risk Register

Stacey Anderson stated that managing risk is a key Board responsibility in its mandate of public protection. The Risk Management Report is intended to highlight high or critical risk and related mitigating measures. For Q2 FY2025-2026, status levels for the two reported risks remained unchanged and no new high or critical risks were identified. The Registrar & CEO reported on and provided rationale for several adjustments to the Risk Register. A discussion was held and the Registrar responded to questions.

MOVED BY: Stacey Anderson

SECONDED BY: Julie Reinhart

***THAT** the Board receive the Risk Management Report.*

CARRIED

7.4 Canadian Institute for Health Information (CIHI) Data

Kim Woodland presented on the 2024 CIHI Workforce Data for Occupational Therapists Across Canada and highlighted key questions for the Board to consider. The question raised today was how best to identify and leverage strategic partners with a view to increasing the number of licensed occupational therapists in Ontario to address the province's human resource shortage. A lengthy and thorough discussion ensued. The Board will continue this discussion at their next meeting in March.

8.0 Financial Report

8.1 Fiscal Year 2025-2026 Q2 Financial Summary Report

Allan Freedman provided an overview of the financial summary report for Q2 of FY 2025-2026 and stated that the College is on track with budget and aligned with year-over-year figures. At the end of Q2 FY2025-2026, the College had a surplus of \$528,462. This is attributable to the timing of various expenditures; the College anticipates more expenses in Q4 which will result in a small deficit.

MOVED BY: Allan Freedman
SECONDED BY: Thuy Luong

THAT the Board receive the FY2025-2026 Q2 Financial Report, as presented.

CARRIED

8.2 Registration Fee Increase

Allan stated that at the January 2024 Board meeting, the Board approved the recommendation from the Finance and Audit Committee (FAC) to change the bylaws to allow the Board to increase annual renewal fees by up to 2% for the next five years. The FAC reviewed the College's five-year forecast in detail at their January 2026 meeting and recommends that a 2% increase be made for the 2026-2027 annual renewal period. Allan emphasized that the proposed increase is not a response to financial distress. It is a planned and necessary measure to ensure the College remains financially resilient and capable of meeting its statutory obligations and strategic priorities in the future. The Registrar & CEO shared fees data for other comparable OT regulators in Canada and responded to questions. A fulsome discussion ensued.

MOVED BY: Allan Freedman
SECONDED BY: Lucy Kloosterhuis

THAT the Board approve the proposed 2% increase to Registration fees for the upcoming 2026-2027 annual renewal period.

CARRIED

9.0 Update about “As of Right” Legislation

The Registrar & CEO presented details about the new regulations passed in December 2025 related to “As of Right” legislation. The College has updated the website to distinguish between the process for registering under As of Right and the Labour Mobility Support Agreement. A new application form is now available on the website for As of Right applicants. Staff will track data for each type of applicant for reporting purposes. FAQs are being prepared and will be posted to the website. Applicants under As of Right will be listed on the College’s register as “Authorized to Practice pursuant to the As of Right Legislation” with an end date of six months from their application date.

10.0 Governance

10.1 Appointment of Committee Appointee to the ICRC

Lucy stated that the College conducted an open and competitive recruitment process for committee appointees to fill vacancies on the ICRC. As a result of this process, the Nominations Committee brings forward today a recommendation for immediate appointment and another to follow in March.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Tina Siemens

***THAT** the Board appoint Kelly Didone to the Inquiries, Complaints and Reports Committee (ICRC) for a three-year term commencing on January 30, 2026.*

CARRIED

10.2 Appointment of two Public Directors to the ICRC

This item was moved under agenda item 5.0, to become item 14.0 and the subsequent agenda items were renumbered accordingly.

11.0 Inquiries Complaints and Reports Committee

11.1 Investigations & Resolutions (I & R) Program Policy

Lucy explained that the Executive Committee reviewed this new policy which would permit the College to resolve lower risk complaints using a Resolution Program, where both parties consent, as an alternative to a formal investigation. The purpose of the Resolution Program is to provide an alternative method for addressing complaints and to expedite matters for both parties. The Board provided a recommendation for the draft policy which will be implemented.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Stacey Anderson

***THAT** the Board approve the I & R Resolution Program Policy as amended.*

CARRIED

12.0 Quality Assurance Committee

12.1 2027 eLearning Module (Ethics)

This item is for information only. Kim explained that the 2027 eLearning module on Ethics will be brought forward for approval on February 10, 2026, to the Board of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO). The target launch date of January 1 is earlier than in previous years.

13.0 Registration Committee

13.1 Approval of Adjustments to Policy: Request for Second Provisional Certificate

This policy outlines the requirements for applicants seeking to maintain provisional registration following an unsuccessful attempt at the National Occupational Therapy Certification Exam (NOTCE) and describes the process for requesting a second provisional certificate of registration, when applicable. A discussion was held.

MOVED BY: Allan Freedman

SECONDED BY: Adrian Malcolm

***THAT** the Board approve adjustments to the Request for Second Provisional Certificate*

CARRIED

14.0 Appointment of two Public Directors to the Inquiries, Complaints and Reports Committee

Jennifer Kerr and Adrian Malcolm left the meeting for this item. The Registrar & CEO explained given the uncertainty of upcoming reappointments of several public members, in an abundance of caution, that two additional public members be appointed to the ICRC to ensure the continuity of its work.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Thuy Luong

***THAT** the Board approved the appointments of Jennifer Kerr and Adrian Malcolm to the Inquiries Complaints and Reports Committee, effective immediately.*

CARRIED

15.0 Environmental Scan

Members provided various updates on changes in systems and information of interest that impact the practice of occupational therapy.

16.0 Other Business

16.1 Board Meeting Evaluation for January 29, 2026

The Chair invited members to complete and submit the Board Meeting evaluation for today's meeting. An electronic link was sent to virtual attendees.

16.2 Annual Board Evaluation

The Chair stated that an electronic link will be sent next week for the Annual Board Evaluation with a completion date of February 12, 2026.

16.3 Executive Officer Nomination Form

The Chair stated that members will each receive an electronic Nominations Form next week, for the election of Executive Officers with a submission deadline of February 17. The election will take place immediately following the March Board meeting.

17.0 Next Meetings

Board Meeting & Officer Elections: March 26, 2026, 9:00 a.m. – 4:00 p.m., Boardroom
Board Meeting: June 18, 2026, 9:00 a.m. – 3:30 p.m., Hybrid meeting

18.0 Adjournment

There being no further business, the meeting was adjourned at 1:48 p.m.

MOVED BY: Thuy Luong

***THAT** the meeting be adjourned.*

CARRIED

APPENDIX 1: * Territorial Acknowledgement

The College of Occupational Therapists of Ontario (COTO) respectfully acknowledges that the organization's staff, provincial registrants, and Board of Directors live, work and play across the ancestral lands of many Indigenous peoples.

COTO's work takes place on traditional Indigenous territories across the province we now call Ontario. COTO's office, located in what is now known as Toronto, is situated on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. It is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13, which was signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

We honour and acknowledge the First Nations, Inuit and Métis, as the original stewards of the land. We remind ourselves of our responsibility to be accountable for our actions towards connecting with and creating more equitable, inclusive and respectful relationships with everyone who lives here. We are humbled as we reflect upon, and appreciate, the land on which we continue to gather and meet.

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
January 29, 2026	THAT the Board approved the appointments of Jennifer Kerr and Adrian Malcolm to the Inquiries, Complaints and Reports Committee, effective immediately.	Complete
January 29, 2026	THAT the Board approve adjustments to the Request for Second Provisional Certificate	Complete
January 29, 2026	THAT the Board approve the I & R Resolution Program Policy as amended.	Complete
January 29, 2026	THAT the Board appoint Kelly Didone to the Inquiries, Complaints and Reports Committee (ICRC) for a three-year term commencing on January 30, 2026.	Complete
January 29, 2026	THAT the Board approve the proposed 2% increase to Registration fees for the upcoming 2026-2027 annual renewal period.	Complete
October 30, 2025	THAT the Board approve the draft As-of-Right Registration and the amended Practising Without A Certificate of Registration policies, as presented	Complete
October 30, 2025	THAT the Board approve the Enhance: QA Practice Activity as an addition to the existing QA Assessment Process and approve the proposed change to the QA Policy, including today's recommendations.	Complete
October 30, 2025	THAT the Board approve the proposed practice resource about the safe use of lap belts for publication.	Complete
October 30, 2025	THAT the Board review the report and recommendations from the MAiD Death Review Committee (MDRC) 2024-3 and approve the updated	Complete

Board Meeting Date	Decisions	Current Status
	<i>practice guidance on Medical Assistance in Dying resource for publication, including today's changes.</i>	
October 30, 2025	<p>THAT the Board approve the amended and/or newly created financial governance policies, including today's change, for incorporation into the College's Governance Manual:</p> <ul style="list-style-type: none"> • 6.1 / Financial Planning and Budgeting - Revised • 6.2 / Financial Condition and Activities - Revised • 6.3 / Asset Protection - Revised • 6.4 / Investments - Revised • 6.5 / External Audit - Revised • 6.6 / Honoraria – Revised • 6.7 / Reserve Funds - Revised • 6.9 / Insurance – New • 6.10 / Signing Authority – New • 7.2 / Overseeing Financial Risk - New 	Complete
October 30, 2025	THAT the Board approve the Code of Ethics draft document for public consultation, as amended today.	Complete
October 30, 2025	THAT the Board approve the Annual Report for the 2024-2025 fiscal year, for distribution.	Complete
October 30, 2025	THAT the Board approve the Audited Financial Statements for the fiscal year ended May 31, 2025, as presented.	Complete

EXECUTIVE COMMITTEE MINUTES

DATE: Thursday, January 15, 2026

TIME: 1:00 p.m. – 4:30 p.m. via zoom

In Attendance:

MEMBERS:

Neelam Bal, *Chair*
Stacey Anderson
Allan Freedman
Lucy Kloosterhuis

GUESTS:

STAFF:

Gillian Slaughter, *Registrar & CEO*
Stamatis Kefalianos, *Director, Regulatory Affairs, (item 9.5)*
Suzanne MacGillivray, *Executive Assistant/Practice Associate, Scribe*

REGRETS:

1.0 Call to Order

Chair Neelam Bal welcomed everyone and called the meeting to order at 1:04 p.m. She stated that the meeting would follow an informal decision-making model.

2.0 Public Protection Mandate

The Chair reminded members that the role of the committee is to make honourable and ethical decisions in the best interest of the public.

3.0 Territorial Acknowledgement*

The Chair stated that members have had the opportunity to read and acknowledge the Territorial Acknowledgement statement (Appendix 1) and called for a moment of reflection.

4.0 Declaration of Conflict of Interest

The Chair asked if anyone had a conflict of interest to declare regarding today's agenda: None was declared.

5.0 Approval of Agenda

The Chair asked if there were any changes to the agenda. No changes were reported, and the agenda was approved as presented.

6.0 Executive Committee Terms of Reference

The Chair stated that the committee's terms of reference are always provided with meeting materials and encouraged members to review it prior to every meeting.

7.0 Approval of Draft Minutes

7.1 Draft Executive Minutes of October 16, 2025

The Chair called for edits to the draft minutes of October 16, 2025. None were reported and the minutes were approved as presented.

8.0 Registrar's Report

8.1 Registrar's Report

The Registrar delivered a PowerPoint presentation of the Registrar's Report to highlight achievements of the College's strategic priorities.

Leadership Priority #1: Meaningful Engagement

- Input on the 'Find an OT' link on the COTO website was provided by the Citizen's Advisory Group, staff and the public. Based on the feedback, the link will be renamed as 'Registered Occupational Therapists List' and will take effect in March.
- The College response to the Coroner's Report: Death Related to Wheelchair Lap Belt was released in December, it received a high number of views and engagement.
- Five 'Practice Tip of the Week' videos and four texts were posted to the College social media channels and received a high number of views. Practice Tip videos will continue to be posted throughout 2026.
- Several College outreach sessions to universities and interested parties have been scheduled for 2026. The Registrar will join the presentations as availability permits.

Leadership Priority #2: Quality Practice

Programs Management:

- Revisions will be made to the guidance on Scope of Practice and Managing Risk documents. Scope of Practice is a large piece of work with national dimensions.
- A consultation on the revised Code of Ethics is currently in circulation and has received approximately 50 responses to date.

Registration Program:

- Data on OTs received from CIHI has been analyzed and will be presented to the board in January.

Quality Assurance Program:

The Quality Assurance Competency Assessment project is continuing and will be used to identify tools that assess risks in practice.

Investigations & Resolutions Program:

A policy for low-risk complaint resolutions is under development.

Leadership Priority #3: System Impact

Association of Canadian Occupational Therapy Regulatory Organization (ACOTRO):

The Registrar will conduct a legislative review of the scopes of practice for occupational therapy across the country. The research will start in February, and further information will be provided to the Board at the March meeting.

Canadian Association of Occupational Therapy (CAOT):

CAOT is working to develop resources to support internationally educated occupational therapists in how occupational therapy is practiced in Ontario.

Canadian Network of Agencies of Regulation (CNAR):

The Communications Team and the Registrar authored modules for a CNAR Fundamentals of Regulation course. The modules are being developed for all regulators across the country with publication likely in Fall 2026.

Leadership Priority #4: Performance and Accountability

- Additional EDI training will be offered to College staff beginning in February.
- AI training will be provided to staff this year and the College will have an AI readiness assessment completed.
- The new data management system is undergoing a data clean up that will be completed in March.
- The College has implemented the new data management system, SharePoint, and staff are creating documentation for its use within the programs.

As of Right

The College has implemented all requirements under the new *As of Right* legislation which created a new method for registrants in other provinces to begin work and complete their registration applications.

An attestation form has been created and revisions to the College's webpages now detail the requirements and process for applying under the As of Right method. Data about the applicants is being tracked.

8.2 Risk Management Report & Risk Register

The Registrar reviewed changes made to the Risk Register with the committee to the following risks:

- *S.8 Unconstituted Board due to lack of public appointments*
- *S.9 Inability to comply with College Performance Measurements as defined by government*
- *S.10 Public harmed through poor access to occupational therapy services was*
- *S.11 If we are not financially healthy, we can't perform our public protection role*
S.12 With world events causing domestic upset, registrants are contacting the College with requests for the College to make public statements

Executive approved the proposed adjustments to the Risk Register and agreed to recommend the Board receive the Risk Management Report.

THAT Executive approve the proposed adjustments to the Risk Register and recommend the Board receive the Risk Management Report.

CARRIED

9.0 Business Arising

9.1 Committee Work Plan

The Registrar reviewed the work plan with the Executive Committee and updated it accordingly.

9.2 Board Education Session Evaluation Feedback for October 29, 2025

The Chair advised that the Board Education Evaluation feedback was positive overall. Suggestions were made for future learning topics like advocacy, A.I. and modernization of regulation. Feedback indicated that Board members would like to have extra time for interaction with other Board members and College staff and requested that presentations and meeting materials be reviewed for plain language considerations.

9.3 Board Meeting Evaluation Feedback for October 30, 2025

The Chair advised that the Board Meeting Evaluation feedback was positive. A request for the addition of evaluation questions about attending Board meetings virtually was made.

9.4 Registration Fee Increase

The Registrar discussed the potential fee increase for 2026-2027 renewal fees that will be reviewed by the Board on January 29. The proposed increase was taken to Executive to provide feedback or concerns. The committee discussed the information provided, carefully reviewed the proposed expenditures in FY2026-2027 and their alignment to the strategic priorities of the College. Executive asked staff to ensure clear articulation of the rationale for the fee increase to the Board and to consider the financial climate in their presentation.

9.5 Appointment of Two Committee Appointees to the Inquiries Complaints and Reports Committee (ICRC)

Stamatis Kefalianos joined the meeting to inform Executive that the Nominations Committee met on January 15 to deliberate about the completed interviews for the selection of two new members for the ICRC. The Nominations Committee completed 11 interviews and will recommend one candidate to the Board on January 29th and a second candidate will be recommended to the Board at the March meeting.

9.6 Public Director Vacancy on the ICRC

The Registrar advised that two public directors' terms expire in February and March 2026. Both serve on the ICRC. While the materials for the reappointment of the public directors is before the Minister of Health, as a precaution, the Registrar requested that Executive recommend to the Board that two additional public directors, Jennifer Kerr and Adrian Malcom, be appointed to the ICRC to ensure that the ICRC remains constituted.

***THAT** Executive recommend the Board approve the appointment of two Public Directors to the Inquiries, Complaints and Reports Committee.*

CARRIED

9.7 Appointment of Public Director to the Finance and Audit and Executive Committees

The Registrar advised that Lucy Koosterhuis' term on the Board and three committees expires on February 22, 2026. Ms. Kloosterhuis and the College have requested that the Minister of Health reappoint her for another six months. College by-laws state that where there is a vacancy, a new officer shall be elected. The committee was asked to consider if the vacancy on the Finance and Audit and Executive Committees could continue to the next Board meeting on March 26, 2026 in the event that Ms. Kloosterhuis' term is not extended past February 22, 2026. The committee agreed that the vacancy could continue until the Board meeting on March 26, 2026.

THAT Executive recommend the Board allow the vacancies on the Finance and Audit Committee and to the Executive Committee to exist until the March 26, 2026, Board meeting after Lucy Kloosterhuis' term ends on February 22, 2026

CARRIED

9.8 I&R Resolution Program Policy

The Registrar reviewed the Resolution Program Policy with the committee. The policy is intended to formalize the College's alternative resolution program, permitted by the Health Professions Procedural Code, as well as provide clear criteria as to which low and low-moderate risk complaints could be diverted to the RP instead of being investigated. Complaints processed via the RP would result in a remedial outcome that would not become part of a registrant's public record as it would not involve an ICRC decision. Staff would track all complaints resolved within the RP process and ensure that risk and patterns of complaints are evaluated.

THAT Executive recommend the Board approve the I & R Resolution Program Policy.

CARRIED

9.9 Proposed 2027 National e-Learning Module – Ethics in OT

The Registrar advised the committee that the proposed 2027 National eLearning Module topic will be Ethics in OT Practice. The proposed module will be taken to the ACOTRO Board meeting in February 2026 for approval and to the COTO Board meeting for information.

9.10 Draft Board Minutes

Executive reviewed the draft Board minutes for October 30, 2025.

9.11 Draft Board Agenda

Executive reviewed and finalized the draft Board Agenda for January 29, 2026.

10.0 In Camera Session

The Chair called for a motion to move *in camera* to discuss a confidential human resources matter.

MOVED BY: Stacey Anderson

SECONDED BY: Lucy Kloosterhuis

THAT the meeting move in camera.

CARRIED

11.0 Next Meeting

- Thursday, March 5, 2026, 1:00 p.m. – 4:00 p.m.

12.0 Adjournment

There being no further business, the meeting was adjourned at 3:49 p.m.

APPENDIX 1: * Territorial Acknowledgement

The College of Occupational Therapists of Ontario (COTO) respectfully acknowledges that the organization's staff, provincial registrants, and Board of Directors live, work and play across the ancestral lands of many Indigenous peoples.

COTO's work takes place on traditional Indigenous territories across the province we now call Ontario. COTO's office, located in what is now known as Toronto, is situated on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. It is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13, which was signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

We honour and acknowledge the First Nations, Inuit and Métis, as the original stewards of the land. We remind ourselves of our responsibility to be accountable for our actions towards connecting with and creating more equitable, inclusive and respectful relationships with everyone who lives here. We are humbled as we reflect upon, and appreciate, the land on which we continue to gather and meet.

FINANCE AND AUDIT COMMITTEE MINUTES

DATE: January 15, 2026 **TIME:** 8:30 a.m. to 10:30 a.m. virtual meeting

In Attendance:

DIRECTORS:

Allan Freedman, *Chair*
Lucy Kloosterhuis
Tina Siemens
Thuy Luong

GUESTS:

None

OBSERVERS:

None

STAFF:

Gillian Slaughter, Registrar and CEO
Seema Singh-Roy, Director of Finance, People and Corporate Services
Grace Jacob, Accounting and Payroll Specialist, *Scribe*

REGRETS: None

1.0 Call to Order

The Chair Allan Freedman welcomed everyone and called the meeting to order at 8:32 a.m.

2.0 Public Protection Mandate

The Committee members were reminded of the public protection mandate of the College.

3.0 Territorial Acknowledgement*

The Chair invited members to silently read the Territorial Acknowledgement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair asked if members had a conflict of interest to declare. None was reported.

5.0 Terms of Reference – Finance and Audit Committee

The Chair highlighted the importance of all Committee members understanding the Finance and Audit terms of reference and being aware of the key responsibilities essential to fulfilling the Committee's mandate.

6.0 Approval of Agenda

6.1 January 15, 2026

The Chair called for changes to the agenda. None were made.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Thuy Luong

***THAT** the agenda be approved as presented.*

CARRIED

7.0 Approval of Minutes

7.1 Draft Finance and Audit Minutes of September 22, 2025

The Chair inquired if members of the Committee had any additions or changes to the draft minutes from September 22, 2025. None noted.

MOVED BY: Tina Siemens

SECONDED BY: Lucy Kloosterhuis

***THAT** the draft Finance and Audit Committee minutes of September 22, 2025, be approved as presented.*

CARRIED

8.0 Verbal Report

Seema informed the Committee that this was Gill's first Finance and Audit Committee meeting and noted she has transitioned smoothly into her role at the College. Seema advised that the Committee would be reviewing the 5-year forecast and the proposed registration fee increase.

9.0 Committee Mandate and Work Plan

9.1 Committee Mandate Review and Annual Work Plan

Seema reminded the Committee that it is a non-statutory Committee, with a mandate to assist the Board in fulfilling its obligations related to financial planning and reporting, internal controls, investments and policies, as outlined in the Committee's work plan. It was noted that today's meeting would focus on reviewing the FY25/26 Q2 financial

results, Q2 FY25/26 investment report, insurance coverage, the 5-year forecast, and the proposed registration fee increase.

10.0 Finance Update

10.1 FY25/26 Q2 Financial Summary Report

Seema provided an overview of the Q2 financial summary report to the Committee, noting that the budget remains on track and that \$2.4 million in deferred registration fees is still to be recognized over the remainder of the year. She also confirmed that all statutory remittances are current. Seema provided responses to the questions posed by Committee members.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Thuy Luong

***THAT** the Committee recommends Board approval of the FY25/26 Q2 Financial report, as presented.*

CARRIED

10.2 FY25/26 Q2 Investment Report

Seema responded to a question from the chair regarding the Q2 investment report before proceeding to the next agenda item.

10.3 Overview of Insurance Coverage

Seema reported that no changes had been made to the College's insurance coverage and confirmed that the current coverage remains comparable to that of other Colleges of similar size. Seema then responded to questions from the Committee members.

11.0 Financial Forecast

11.1 5-Year Financial Forecast

Seema presented the Committee with the 5-year forecast and highlighted key areas and assumptions. She noted that the forecast includes a recommendation for a 2% increase in registration fees, which will be discussed further under agenda item 12.1. Gill added that a thorough review of the forecast had been completed, with careful consideration of the resources required to advance the Board's Strategic Priorities, including Information Technology and potential future use of AI at the College. She emphasized that the forecast was prepared with diligence and will continue to be

monitored and adjusted if needed. Seema then proceeded to answer questions from the Committee members.

12.0 Registration Fees

12.1 Registration Fee Increase for 2026/2027 Annual Renewal

Seema outlined the rationale for the proposed 2% increase to registration fees, noting that the five-year forecast shows that maintaining the current fee structure would result in year-over-year deficits. These deficits would affect the College's ability to advance its Strategic Priorities and strengthen its reserve funds. The briefing note included a fee comparison based on a 0%, 1% and 2% registration fee increase.

MOVED BY: Tina Siemens

SECONDED BY: Lucy Kloosterhuis

THAT the Committee recommends Board approval of the proposed 2% increase to Registration fees for the upcoming 2026/2027 annual renewal.

CARRIED

13.0 Finance and Audit Committee Evaluation Results – September 22, 2025, Meeting

13.1 Results from the Finance & Audit Committee Effectiveness Survey

The Chair presented the results of the Finance and Audit Effectiveness survey to the Committee. The survey indicated that the Finance and Audit Committee meetings are operating effectively.

14.0 New Business

The chair asked whether there was any new business to discuss. No new business was brought forward.

15.0 Next Meetings

The next Finance and Audit Committee meeting is scheduled for March 16, 2026.

16.0 Adjournment

There being no further business, the meeting was adjourned at 9:07 a.m.

MOVED BY: Tina Siemens

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

*** Territorial Acknowledgement**

The College of Occupational Therapists of Ontario (COTO) respectfully acknowledges that the organization's staff, provincial registrants, and Board of Directors live, work and play across the ancestral lands of many Indigenous peoples.

COTO's work takes place on traditional Indigenous territories across the province we now call Ontario. COTO's office, located in what is now known as Toronto, is situated on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. It is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13, which was signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

We honour and acknowledge the First Nations, Inuit and Métis, as the original stewards of the land. We remind ourselves of our responsibility to be accountable for our actions towards connecting with and creating more equitable, inclusive and respectful relationships with everyone who lives here. We are humbled as we reflect upon, and appreciate, the land on which we continue to gather and meet.

GOVERNANCE COMMITTEE MINUTES

DATE: Wednesday, November 19, 2025 **TIME:** 1:00 p.m. to 4:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

Neelam Bal, *Chair*
Mary Egan
Christine Funk
Julie Reinhart
Pathik Shukla

STAFF:

Gillian Slaughter, Registrar & CEO
Stamatis Kefalianos, Director of Regulatory Affairs
Andjelina Stanier, Executive Assistant, *Scribe*

GUESTS:

REGRETS :

Vincent Samuel

1.0 Call to Order

Chair Neelam Bal welcomed everyone and called the meeting to order at 1:08 p.m. She stated that the meeting would follow an informal decision-making model.

2.0 Public Protection Mandate

The Chair stated that the purpose of the committee is to make honourable and ethical decisions in the best interest of the public.

3.0 Territorial Acknowledgement

The Chair asked if members were familiar and comfortable with the information in the Territorial Acknowledgement (Appendix 1). Everyone responded that they were.

4.0 Declaration of Conflict of Interest

The Chair called for conflicts of interest related to the agenda. None were declared.

5.0 Approval of Agenda

The Chair called for changes to the agenda. No changes were recommended and the agenda was approved as presented.

6.0 Governance Committee Terms of Reference

The Chair stated that this committee's terms of reference were included as a resource and for review prior to the meeting

7.0 Approval of Draft Minutes

The Chair called for edits or other changes to the draft minutes of May 16, 2025. None were reported and the minutes were approved as presented.

8.0 COTO Governance Manual

Stamatis Kefalianos explained that the purpose for this item is to seek the committee's approval to proceed with an editorial review of the updated Governance Policies Manual originally approved in 2010. This project is part of the overall governance modernization initiative which began about five years ago; the Board has been reviewing and updating individual policies in stages since then, and now all, but one current policy remains, and is slated for review in 2026. In addition, one new IT policy will be developed, also planned for 2026. Both will be added to the Governance Manual once approved by the Board. The recommended editorial review will focus on style and language, as opposed to substantive matters on content which will be reviewed as policies come up for review during the regular policy review cycle. Stamatis will prepare a schedule for the policy review cycle for consideration at the next committee meeting. However, in addition to the review of style and language of the entire manual, the committee is also asked to review the content of two new policies through the lens of transparency and provide feedback by December 31, 2025. These policies are *1.1 Purpose and 1.5 Definitions*. A brief discussion was held regarding the associated costs for the external editorial review and the Registrar explained that the cost would come out of the operating budget and is anticipated to be minimal since this is only a stylistic review as opposed to a more time consuming review of the content. The goal is to bring this back to the committee in January or March 2026 for consideration. The committee agreed to move forward with the editorial review.

9.0 College of Pharmacists Governance Review

Stamatis updated the committee on the latest governance report learnings made public at the College of Pharmacists which is relevant to our own ongoing review of governance policies and practices. Key themes from the report include 1. Governance Culture: Structural changes alone do not necessarily resolve cultural or behavioural challenges within a board or committee setting; 2. Board Accountability: Effective oversight depends not only on policy but also on consistent adherence to governance principles and ongoing board and committee education, 3. Continuous Evaluation: The OCP's experience underscores the need for regular evaluation of governance effectiveness, including the use of independent reviews and self-assessment tools, 4. Change Management: Even with a modernized governance structure in place, sustained change requires intentional leadership development and commitment to governance excellence.

10.0 Environmental Scan

The committee was briefed on recent developments at the Real Estate Council of Ontario (RECO) regulator for the province's real estate industry. The Ontario government is considering taking control of RECO after an audit into its handling of a brokerage accused of misappropriating funds, concluded there were serious deficiencies in RECO's response. A decision by the Minister whether to impose a supervisor or administrator over the council is forthcoming. More to come on this.

11.0 Next Meeting

Wednesday, January 14, 2026, 1:00 – 4:00 p.m. If the Editorial review is not completed in time for this meeting, the meeting may be postponed to a later date.

12.0 Adjournment

There being no further business, the meeting was adjourned at 2:05 p.m.

APPENDIX 1: *Territorial Acknowledgement

The College of Occupational Therapists of Ontario (COTO) respectfully acknowledges that the organization's staff, provincial registrants, and Board of Directors live, work and play across the ancestral lands of many Indigenous peoples.

COTO's work takes place on traditional Indigenous territories across the province we now call Ontario. COTO's office, located in what is now known as Toronto, is situated on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. It is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13, which was signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

We honour and acknowledge the First Nations, Inuit and Métis, as the original stewards of the land. We remind ourselves of our responsibility to be accountable for our actions towards connecting with and creating more equitable, inclusive and respectful relationships with everyone who lives here. We are humbled as we reflect upon, and appreciate, the land on which we continue to gather and meet.

APPENDIX 2: Committee Decisions & Action Items

Meeting Date	Decisions & Action Items	Current Status
November 19, 2025	Proceed with editorial review of the Governance Manual	Ongoing
May 16, 2025	New <i>Committee Assessment and Evaluation</i> Policy to go to the Board for final approval	Complete
May 16, 2025	Two new governance policies to go to the Board for final approval: <ol style="list-style-type: none"> 1. <i>Training and Development for Board & Committees</i> 2. <i>Training for Board Chair and Committee Chairs</i> 	Complete

Q3 2025-2026 Quarterly Performance Report

The purpose of this report is to provide quarterly information on program and committee activities that relate to the 2024-2027 identified strategic priorities.

Importantly, this report and its contents are in the public interest as Board oversight of the strategic plan, committees, finance, risk, and Regulated Health Professions Act (RHPA) compliance are vital components of ensuring the public has access to safe, ethical, and quality care from occupational therapists.

General Legend:

Key Performance Indicators (KPIs): Measurable values that demonstrate how effectively an organization is achieving a program or strategic objective.

Benchmark: A benchmark is a standard or point of reference used to measure or compare performance, quality, or progress. It can be applied in various contexts:

- a) **Comparison:** Other OT regulators (Canadian Institute for Health Information (CIHI) or Health Profession Regulators of Ontario (HPRO) members; Financial Performance against previous year or budget
- b) **Government target requirements:** Ontario Health (OH) College Performance Measurement Framework (CPMF) or Ontario Fairness Commission (OFC) requirements
- c) **Known test or system efficiency results:** National Occupational Therapy Certification Exam (NOTCE) results

Baseline: The term **baseline** refers to a starting point or a standard against which future measurements, changes, or outcomes are compared. For projects the original scope, schedule, and cost of a project, which serves as a reference to track progress and performance. For data analysis, the initial set of data collected before any intervention or change, used to measure the impact of that change. For Programs and Committees, the status prior to a change in policy or implementation of a program improvement or system modification.

Executive

Chair: Neelam Bal

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2025/2026	RHPA and/or Governance model changes	Monitor
	Registrar & CEO Transition	Complete
	Accreditation of University Programs	Underway
	Policy Review	Underway
	Risk Management Process	Underway
	Strategic Planning	Underway
	Board Education (Annual)	Complete
	College Performance Measurement Framework	On hiatus in 2026

Q3	<p>Committee Activities: <u>January 15, 2026:</u> Meeting to review and discuss 1) Risk Register and Risk Report; 2) Feedback from the October Board Education Session and Board Meeting; 3) Proposed Registration Fee increase; 4) New professional appointee and public member appointments to the ICRC; 5) Allowing potential public member vacancy on the Executive and Finance & Audit committees to exist from February 23-March 26, 2026; 6) Proposed I&R Resolution Program Policy; and update on 7) Topic planned for the 2027 National eLearning Module.</p>
	<p>Decisions Not Requiring Board Approval: Public member vacancy on the Executive and Finance & Audit committees from February 23-March 26, 2026.</p>
	<p>Decisions Requiring Board Approval: Risk Register and Risk Report; Registration Fee increase; new committee appointee and public member appointments to the ICRC; I&R Resolution Program Policy</p>

Governance

Chair: Neelam Bal

Strategic Priorities: Public Confidence, System Impact

Workplan 2025/2026	Finalize the governance manual
	Review and update the Code of Conduct and Conflict of Interest Policy
	Enhance onboarding for new Board Directors

Q3	Committee Activities: The Governance Committee did not meet in Q3.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: N/A

Finance and Audit Committee

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2025/2026	Review quarterly financial reports and annual projected budget for recommendation to the Board
	Review draft audited financial statements for recommendation to the Board
	Review updated five-year financial forecast
	Review internal controls matrix
	Review investment portfolio to determine if policy changes are warranted
	Review and update policies governing financial and investment matters
	Review property/non-liability and liability/crime/E&O insurance coverages to assess sufficiency
	Evaluate auditor performance and determine if re-appointment or selection of new auditor is appropriate; recommend to the Board

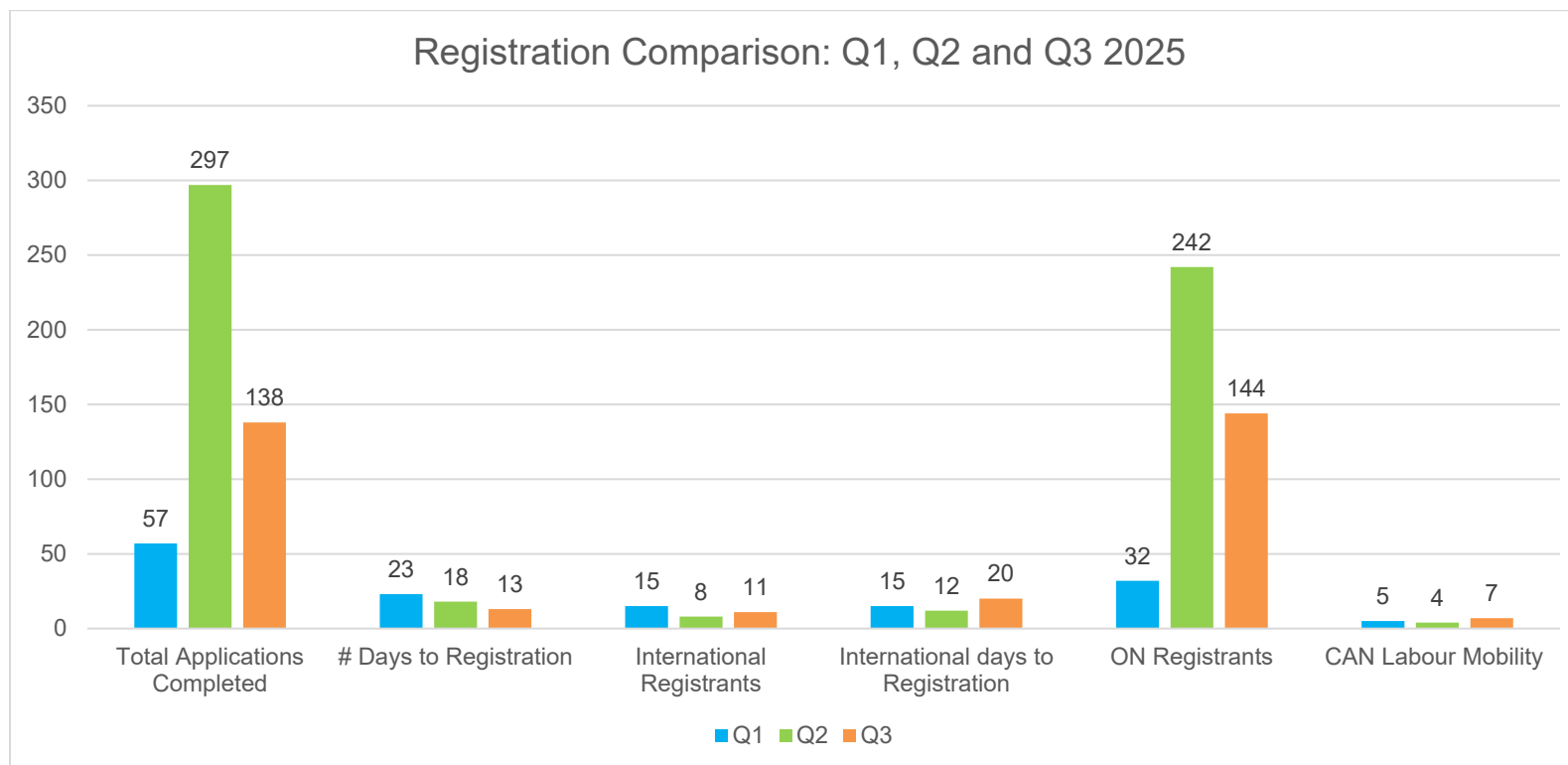
Q3	Committee Activities: A meeting was held on <u>January 15, 2026</u> , during which the committee reviewed the committee mandate, annual work plan and the draft FAC minutes of September 22, 2025. The meeting included a thorough review of the FY25/26 Q2 Financial Report, Q2 Investment Report, and a comprehensive discussion on the current insurance coverage of the College. The committee also reviewed the 5-year forecast and the outcomes of the Finance and Audit Committee Evaluation Survey of the September 22, 2025 meeting. Lastly, the committee discussed and sought approval for a proposed 2% registration fee increase for the 2026/2027 annual renewal.
	Finance Report: The FY25/26 Q2 Financial Summary Report and the proposed 2% increase to registration fees for 2026/2027 annual renewal was recommended for Board approval. Additionally, the Q2 Investment Report, 5-year financial forecast, overview of insurance coverage and the committee evaluation results from the September 22, 2025 Finance and Audit meeting were presented to the committee members for informational purposes.
	Decisions Requiring Board Approval: FY25/26 Q2 Financial Summary Report, proposed 2% registration fee increase for the 2026/2027 annual renewal and amendments to bylaw-Part 18 fee schedule.

Registration

Chair: Christine Farrell

Strategic Priorities: Public Confidence, Qualified Registrants

Workplan 2025/2026	Receive quarterly Registration Performance and Data reports and make recommendations regarding application and registration policy
	Provide quarterly registration and application rulings per registration policies
	Receive quarterly information about RHPA and/or Regulatory changes and make recommendations regarding policy
	Receive Ontario Fairness Commission report(s) and make recommendations regarding policy (Annual)
	Receive report(s) on National Occupational Therapy Certification Examination and make recommendations regarding policy (3 times annually)
	Receive report (s) on University Entry to Practice Program Accreditation(s) (CAOT) and make recommendations regarding policy
	Recommend new Registration Data Report for approval of the board by end of Q4
Receive information regarding implementation of "As of Right" legislation and make recommendations regarding policy as of Q4	



Key Performance Indicators

Q3	<i>Ave. time from application completion to registration</i>
	The average number of days to registration improved every quarter: 23 - 18 – 13
	Overall: Application completions peaked in Q2 and Q3 2025, largely driven by Ontario graduates entering registration after completing their programs.
	Benchmark: OFC and ON Health - Ave. of 60 days for all applicants.

Inquiries, Complaints and Reports Committee (ICRC)

Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2025/2026	By way of the panels, decisions are made on investigations in accordance with s.26(1) of the Health Professions Procedural Code
	Advise the Board on the development policies and procedures governing the inquiries, complaints, and reports processes

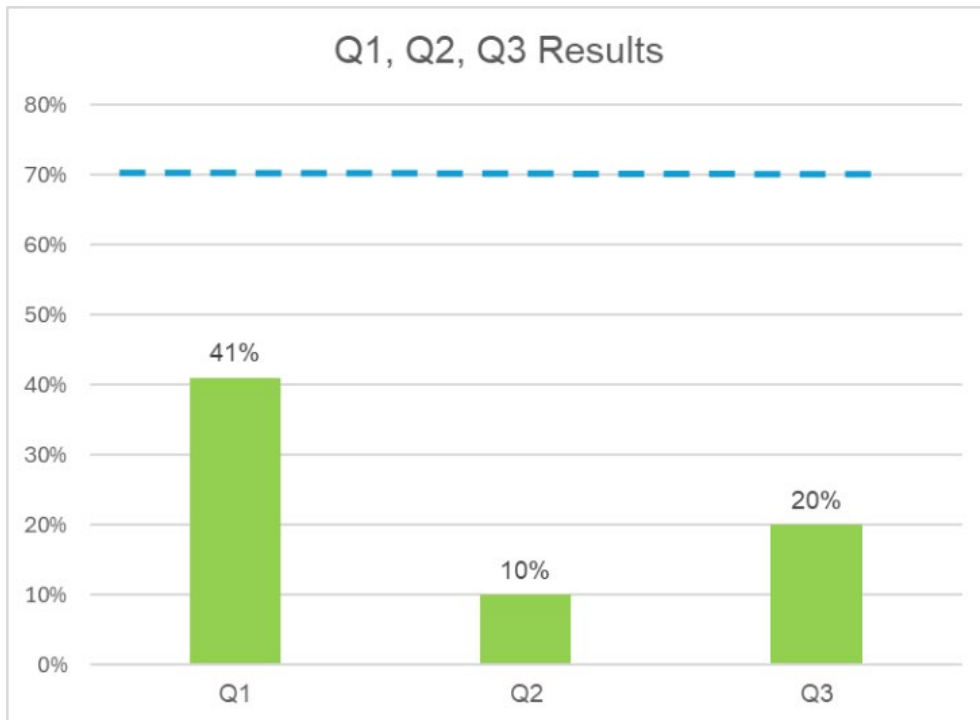
Data Agenda:

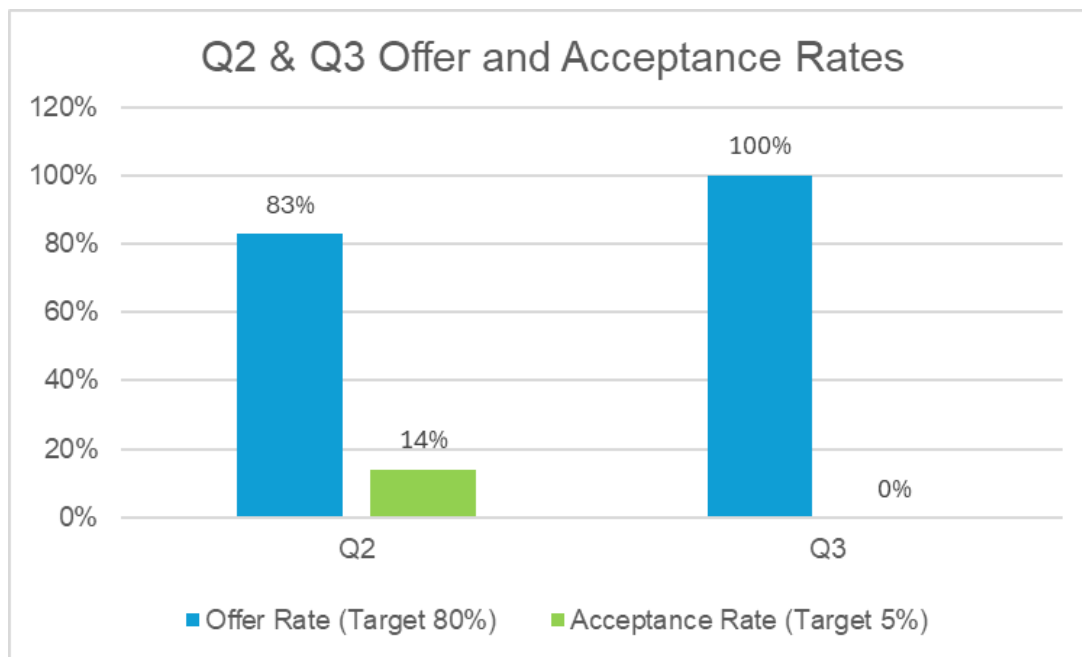
Investigations Outcomes Q3 FY2025-2026



Case Completion Times – Complaints only

Benchmark = 70% of cases completed within 240 Days





The Resolution Program – Complaints only

Key Performance Indicators

<p>Q3</p>	<p>Case Completion Times: Q2 – 20% of complaints were completed within 240 days</p> <p>Performance Report: Ensuring that complaint investigations are processed efficiently, and also comprehensively is a measure of public confidence. When investigations take an unnecessary long time, there is a risk that Complainants will feel the College did not take their concerns seriously and their disappointment may be greater, if after a long delay, they receive a disposition they do not like, i.e. Take No Action. In addition, for Registrants, investigations are stressful and having an unresolved case pending resolution for a lengthy period of time does not build confidence in their regulator.</p>
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<p>Benchmark: Target = 70% of cases completed within 240 Days</p> <p>Baseline: Not tracked in 2024/25 as percentages</p> <p>The Resolution Program – Complaints: <i>Rate of Offer – 100%. Rate of Resolution = 0%</i></p> <p>Outcomes Report: Investigating complaints takes up most of the time and resources in the Investigations department, and some cases can take up to a year to finish. Most investigations result in a “take no action” decision, leaving complainants disappointed and registrants feeling discouraged due to the lengthy investigations process. We are targeting 70% resolved complaints and will track year over year.</p> <p>Benchmark: Offer the Resolution Program in 70% of complaints received by the College, with an acceptance rate of 5%</p> <p>Baseline: 0% in 2024-2025</p>
<p>Committee Review (s) and Consultations:</p> <ul style="list-style-type: none"> • Complaints and reports investigations and resolutions • Complaints and reports decisions in the interest of public • Practice risk and learning needs identification <p>The Strategic Plan: Engagement of OTs and members of public in resolution - measured by rate of resolution and public satisfaction survey after resolution. Reduce resources of public and College on complaint process measured by reduced # of investigations year over year. Identification of practice risks, resolutions, and learning needs measured by themes emerging from complaints and reports.</p>
<p>Committee Action: Panels made decisions on 7 complaints; no Registrar’s Investigations. All decisions were made using the ICRC’s risk assessment framework to ensure consistent decision making and outcomes are proportional to the risk.</p> <p>Public Protection: The panels assessed risk and took appropriate action. They issued written Decisions and Reasons to both the Complainant and Registrant in each case outlining the rationale for each decision. Decisions express gratitude to complainants for bringing their concerns forward as it allows the College to ensure OTs are practising according to the standards. Complainants are sent surveys for both investigations and resolutions.</p> <p>Registrant Engagement: The registrants responded in all seven cases accounting for the services they provided. Registrants are encouraged to be professional and objective when responding.</p>
<p>Decisions requiring board approval: N/A</p>

Quality Assurance (QAC)

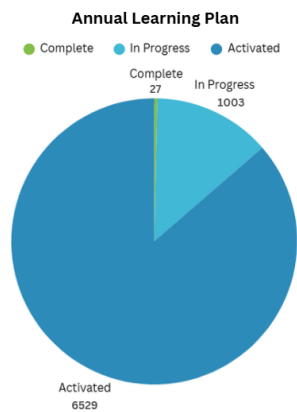
Chair: Heather McFarlane

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2025/2026	Competency Assessment: Administer 147 comprehensive competency assessments (2%)
	Competency Assessment: Approve and implement <i>Enhance: QA Practice Activity</i> (September-June)
	Competency Assessment: Monitor data and revise risk-based indicators/selection as needed (ongoing)
	Competency Assessment: Decisions on registrant cases (January & June)
	Competency Assessment: EDI remediation activity (ongoing)
	Annual Requirements: Approval of 2026 eLearning module content (January)
	Annual Requirements: Approval of 2027 eLearning module topic (January)
	Annual Requirements: Decisions on non-compliance registrant cases (January)
	Policy: Review QA Policy (March)

Data Agenda

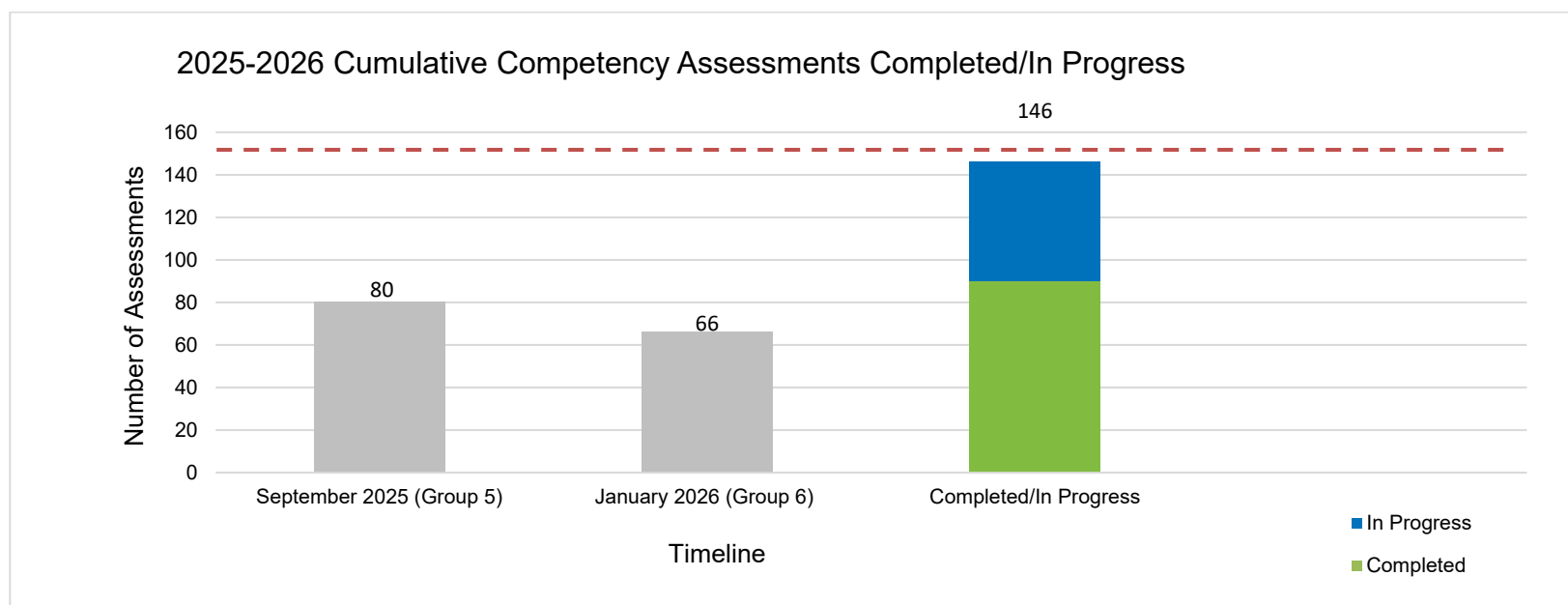
1. Annual Requirements: Completion Status and Survey Results (as of February 28th, 2026)



The top 5 competencies OTs selected in 2025 Learning Plan for goal setting were (n=1030):

- **Learn:** Engage in ongoing learning and professional development
- **Record keeping:** Maintain professional documentation
- **Excellence in practice:** Monitor developments in practice
- **Culture, equity & justice:** Promote equity in practice
- **Manage:** Manage the assignment of services to assistants and others

Registrant Feedback: 2026 Annual eLearning Module: TBD



Registrant Feedback: Competency Assessment (Group 5 – response rate = 43%)

82% of participants rated their overall experience with the Competency Assessment as either excellent, very good or good.

94% of participants made a change to their practice after the competency assessment.

Top 3 changes registrants have made to their practice because of the Competency Assessment:

1. Better understanding of expectations (Standards, Competencies)
2. Improved record keeping
3. Started new habits/routines

Key Performance Indicators:

Q3	<p>Status of Annual Requirements Every registrant is required to complete two annual requirements by October 31st each year.</p> <p>Outcomes Report:</p> <ul style="list-style-type: none"> • By the end of Q3, 14% (1030) of registrants were in progress/complete for their Annual Learning Plan which was released in January 2026. • The Annual eLearning Module on <i>Communication in Occupational Therapy Practice</i> will be released in June 2026. <p>Benchmark: compliance rate for early completion/in progress for the Annual Learning Plan is higher compared to early completion last year.</p> <p>Competency Assessments (CA) Completed/In Progress</p> <p>Outcomes Report: Last year 1.5% of registrants (n=103) were assessed using this tool and the objective was to increase this proportion to 2% (n=147) for the current 2025-2026 year. We are on track by completing 80 assessments in the Fall 2025 group and the remaining 66 in the Winter 2026 group (one additional registrant deferred)</p> <p>Benchmark: Projected to complete 146 assessments in 2025-2026 compared to 103 in 2024-2025.</p>
	<p>Quality Assurance Committee (QAC) Actions: Approved a revised QA Policy; approved the 2026 Annual eLearning Module content; and made decisions on 44 non-completions of annual requirements cases & 5 Competency Assessment cases.</p> <p>Quality Assurance Subcommittee (QAS) Actions: Reviewed the draft of the 2026 Annual eLearning Module on <i>Communication in Occupational Therapy Practice</i>; the plan to develop the Enhance Activity; and the plan for the 2027 national eLearning Module on <i>Ethics in Occupational Therapy Practice</i>.</p> <p>Public Protection: Current QA program activities to support OTs continuing competency:</p>

- Competency assessments
- Annual eLearning module: *Communication in Occupational Therapy Practice (June release)*
- Annual Learning Plan
- Data (presented above) from registrants indicate that practical changes are being made to support safe, ethical and effective OT service as a direct result from participating in these activities.

Registrant Engagement: Registrants are encouraged to provide feedback about the competency assessment experience (see latest results above).

Decisions requiring board approval: None

Patient Relations

Chair: Amanda Mowbray

Strategic Priorities: Quality Practice, Meaningful Engagement

Workplan 2025/2026	Education for registrants, public, board and staff about the prevention of sexual abuse
	Oversight of the funding for therapy and counselling and expenses for clients alleging sexual abuse
	Focus on increasing awareness of available resources, enhancing engagement with public education materials, and evaluating the direct outcomes of the program.

Data Agenda:

- Sexual Abuse Therapy Counselling Fund Applications:** When there are fewer than 5 applications, we will indicate No Report (NR)

Q1=NR; Q2=NR

Key Performance Indicator(s):

Q3	<p>The number of applications received: Q3: NR</p> <p>Benchmark: N/A</p> <p>Outcomes Report: The College is committed to supporting individuals who allege sexual abuse by occupational therapists. To date, one application was received and approved by Patient Relations Committee in 2021. The Patient Relations Committee continues to carry out the mandated role under the RHPA in managing the therapy and counselling fund and providing education to support the prevention of sexual abuse and appropriate professional interactions between clients and occupational therapists.</p>
	<p>Committee Action: Patient Relations met on virtually on February 25, 2026</p> <ul style="list-style-type: none"> Public Education: Committee reviewed a Q & A resource document for the public to assist with understanding an occupational therapists' use of artificial intelligence based on the release of the Information and Privacy Commissioner of Ontario and the Ontario Human Rights Commission's release of guidance titled: Principles for the Responsible Use of Artificial Intelligence.

	<ul style="list-style-type: none">• Committee reviewed the Funding for Therapy, Counselling and Related Non-Therapeutic Expenses drawdown report• Discussion on proposed Scope of Practice expansion and impact it may have to clients/patients• Committee provided with an update on registrant and public outreach activities related to professional boundaries
	Decisions Requiring Board Approval: N/A

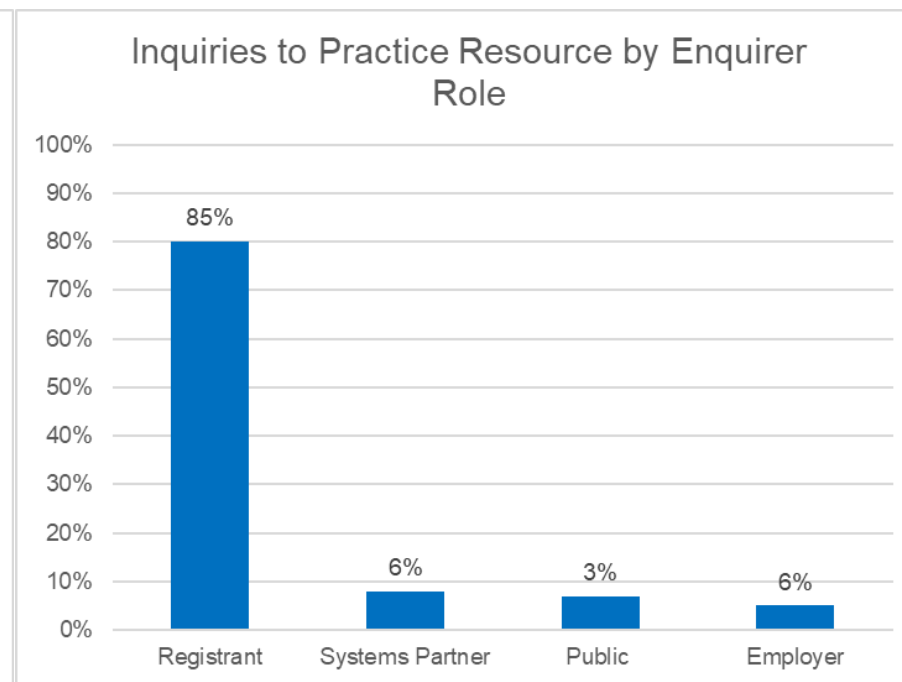
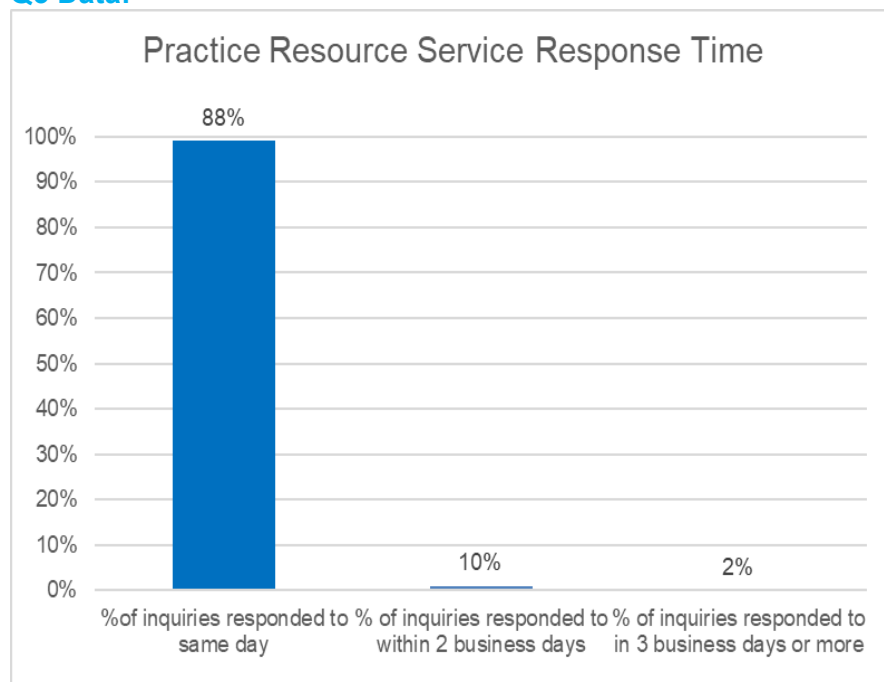
Practice Subcommittee

Chair: Stacey Anderson

Strategic Priorities: Quality Practice, System Impact

Workplan 2025/2026	Update all practice guidance documents
	Develop a Risk management guidance document
	Coroner’s Report – MAiD, Lap belts, Homicide by Firearm (in progress)

Q3 Data:



Key Performance Indicator

Q3	<p>% of Inquiries to Practice Resource and Response Time</p> <p>85% Occupational Therapists and Practice Resource Response time: 98% within 2 days.</p> <p>Outcomes Report: Practice Resource Service provides confidential, timely guidance including one-on-one consultations, written resources, Q & As, case studies, based on practice trends observed or data provided by internal programs. Resources are developed to promote quality practice and support consistent, risk-based approach to decision-making that protects the interest of the public and upholds the standards of practice.</p> <p>Benchmark: The average response time to inquiries is currently 1-2 business days, with a target of same business day response. This performance remains broadly in line with benchmarks observed across comparable regulatory bodies.</p> <p>Baseline: Registrants are main user of service; Practice team tracks employer (15%) & public inquiries (10%) and system partners (5%) to determine what resources can be developed or shared in the interest of public protection</p> <hr/> <p>Outcomes of Program Activities:</p> <ol style="list-style-type: none"> 1. Resource Development: <ul style="list-style-type: none"> • Case Study: Learnings from a complaint about equipment funding • Spotlight on Practice: Unwritten Standards 2. Cross program consultation, practice support: <ul style="list-style-type: none"> • I & R consultation about OT practice • Registration re-entry competency assessment interviews and learning contract reviews 3. Outreach: <ul style="list-style-type: none"> • Western University: December 1, 2025 • Medical/Legal/Insurance Organization: December 5, 2025 • University of Toronto: January 20, 2026 • Western University: January 27, 2026 • University of Toronto: February 5, 2026 • Mohawk OTA College: February 9, 2026
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	<p>4. Registrant Engagement:</p> <ul style="list-style-type: none"> • Practice tip of the week campaign on social media • Response to the Coroner about the use of lap belts conversations with organizations – <i>a top viewed resource on the COTO website in Q3</i> • Code of Ethics Consultation • Updated Guidance on MAiD – <i>a top viewed resource on the COTO website in January and February Q3</i> • Spotlight on Practice: Unwritten Standards <p>5. System Collaboration</p> <ul style="list-style-type: none"> • HPRO Practice Advisors Coroner Response Working Group met January and February • OSOT and CAOT • Ministry Infection Prevention and Control working group • Ontario Autism program modernization <p>6. Practice Subcommittee: Met virtually on February 23, 2026</p> <ul style="list-style-type: none"> • Case scenario development for managing risk guidance document • Review of AI practice resource for occupational therapy to ensure guidance remains current
	<p>Decisions requiring board approval: N/A</p>

Nominations Committee

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence

Workplan 2025/2026	Selection and Recommendation of Candidates for Committee Appointments
	Board Elections
	Oversight of Executive Officer Nominations Process
	Oversight of Committee Chair Appointment Process

Q3	<p>Committee Activities:</p> <p><u>January 15, 2026:</u> meeting to discuss the outcome of 11 interviews in the recruitment of professional committee appointees to fill two seats on the ICRC. Two candidates were selected. Recommendations for one appointment went to the Board on January 29, 2026, with the other recommendation for appointment to follow on March 26, 2026.</p> <p><u>February 4, 2026:</u> meeting to discuss 1) New and upcoming vacancies and recruitment plan for the Indigenous Insights and Equity Perspectives Advisory Committees 2) approve the process and materials for Executive Officers Nominations/Elections as well as Committee Chair Selection and Committee Composition for 2026-2027; and 3) review and revise the candidate interview questionnaire.</p> <p><u>February 19, 2026:</u> meeting to 1) update the committee about Officer nominations; and 2) discuss the Proposed 2026-2027 Committee Chairs/Committee Composition.</p> <p>he committee also interviewed/screened the six candidates in the district 2 & 3 elections for Board members.</p>
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Two professional committee appointments to the ICRC, and 2026-2027 Committee Chairs/Composition

Indigenous Insights Advisory Committee

Chair: Ian Connolly

Strategic Priorities: Meaningful Engagement, Quality Practice, System Impact

Workplan 2025/2026	To conduct a regular environmental scan on OT practices in relation to the health needs of all Indigenous Peoples
	To identify current practice issues impacting Indigenous Peoples for consideration and possible action by the Executive Committee
	To act as an advisory committee on OT practice & Indigenous Peoples to other committees

Q3	<p>Key Performance Indicator: <i>To conduct a regular environmental scan on OT practices which:</i></p> <p>Benchmark: Achieving the recommendations outlined in the Truth and Reconciliation Report; Cultural Competency Training completed with a focus on Indigenous Insights; Education and guidance on Indigenous Health and Occupational Therapy Practice Issues</p> <ul style="list-style-type: none"> • Address the distinct health needs of all Indigenous Peoples • To identify current practice issues impacting Indigenous Peoples for consideration and possible action by the Executive Committee • To act as an advisory committee on OT practice & Indigenous Peoples to other committees • To make recommendations for action on specific practice issues related to Indigenous Peoples • To develop, review and revise College resources related to practice & Indigenous Peoples as directed by Board • To make recommendations for action on specific patient relations issues related to Indigenous Peoples
	Committee Activities: The Indigenous Insights Advisory Committee did not meet in Q3.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: N/A

Equity Perspectives Advisory Committee

Chair: Adebimpe Egbeyemi

Strategic Priorities: Meaningful Engagement, Quality Practice, System Impact

Workplan 2025/2026	To conduct a regular environmental scan on OT practices that address Equity, Diversity and Inclusion to address the distinct health needs of equity deserving groups
	Identify current practice gaps and barriers impacting EDI and identify appropriate approaches the College can action
	Identify community experts to assist the College and its work

Q3	Key Performance Indicator: <i>Equity, diversity and inclusion are integrated into policy, process and resources</i>
	Benchmark: Emerging - measured through outcomes of advice and recommendations
	Committee Activities: The Equity Perspectives Advisory Committee did not meet in Q3.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: N/A

BOARD MEETING BRIEFING NOTE

Date: March 26, 2026
From: Gillian Slaughter, Registrar and CEO
Subject: Risk Management Report

Recommendation:

THAT the Board receive the Q3 FY2025-2026 Risk Management Report.

Issue:

To assist the Board in discharging its risk management oversight role, Board Policy RL12, requires that information about risks shall be complete and appropriate. The Board delegated the oversight of the Risk Management Program to the Executive Committee.

Maintaining a risk focus allows College to track and respond to potential challenges and better prepare the College to address and mitigate concerns proactively. In the Risk Management report to the Executive Committee, all high and critical risks have been identified.

Link to Strategic Plan:

This aligns under Performance and Accountability.

The College maintains strong corporate and governance structures and fosters a culture of continuous improvement.

4.1 Ensures College governance is proactive, effective, competency-based and accountable.

Why this is in the Public Interest:

Risk management is a primary responsibility of the College. Ensuring the College is aware and alert to relevant and material risks, makes appropriate plans to control, mitigate, avoid, or transfer these risks, is important to the integrity and stability of the College.

Equity, Diversity, and Inclusion Considerations:

The considerations related to Equity, Diversity and Inclusion are on the risk register for review and action planning, and, while important, have not been categorized as high or critical at this time.

Discussion & Update:

BOARD MEETING BRIEFING NOTE

Risk Management Report

Page 2 of 4

A detailed risk review is undertaken by College leadership. Each identified risk is detailed together as are the control procedures and action plan to mitigate the risks.

While some risks are not in the College's control and can only be monitored, they are of sufficient importance to be listed so the College can move into action quickly once more is known.

The risks identified to the Board on January 26, 2026, on the risk register and risk management report do not require any updates at this time. There have been no material or relevant changes that would alter their likelihood, impact, or overall risk profile. Current operating conditions, project scope, and external factors remain consistent with those in place during the previous assessment. As a result, the existing risk ratings and mitigation strategies continue to accurately reflect the College's exposure and remain appropriate for ongoing monitoring. If circumstances change, the risks will be reviewed and updated accordingly.

Attachments: N/A

BOARD MEETING BRIEFING NOTE

Risk Management Report

The following table details the two residual risks on the risk register classified as high in Q3 of fiscal year 2025-26. There are no residual risks classified as critical on the risk register.

Risk Category	STRATEGIC
Risk (S.10):	<p>Health Human Resources</p> <p>Availability of health care personnel has reached a crisis level for governments across the country. Government will be looking for data, ideas and support to implement any HHR strategies. Risk that the strategies may not align or will cause negative unforeseen consequences, such as the registration of incompetent or unprofessional individuals. Government has introduced new 'As of Right' legislation that will facilitate OTs who are regulated in another province to begin work in Ontario prior to being duly registered. There are risks to the public if someone is leaving their province due to some regulatory action such as discipline, and then that individual begins to work without any safeguards put into place for public protection.</p> <p>The risk to the public is that the public may not have access to safe, qualified occupational therapists when needed for appropriate health care.</p>
Control Procedure(s)	<ol style="list-style-type: none"> 1. Membership with Health Profession Regulators of Ontario (HPRO) 2. Establishing and sustaining positive government relationships. 3. Standard processing times for applications for registration.
Monitoring Process	<ol style="list-style-type: none"> 1. HPRO meetings and working group participation. 2. Working with ACOTRO with a goal of labour mobility in Canada 3. Ministry updates, response to Ministry consultation 4. College networking updates 5. Monitoring government processes put in place for other professions.
Action Plan	<ol style="list-style-type: none"> 1. Working with the ACOTRO SEAS program to support their timely assessment of international applicants (Federal Project to improve application processing time at SEAS) 2. Leveraging College data. 3. Maintaining open communication with the provincial OT association, universities and government re: any relevant initiatives. 4. Implemented the "As of Right" legislation/regulations

BOARD MEETING BRIEFING NOTE

Risk Category	STRATEGIC
Risk (S.11)	Finances <p>The College has reviewed its financial health to ensure it can operate effectively now and into the future. Budget deficits were anticipated for two fiscal years – 2023/24 and 2024/25 – resulting in decreased reserves as the reserves fund the deficit. A 2% fee increase was implemented for the 2024, 2025 and 2026 annual renewal cycles, and the bylaws allow for fee increases of up to 2% for the next two years as determined each year by the Board.</p> <p>Any increase in fees is intended to mitigate the risk to the public that the College will not have sufficient resources to complete its public protection mandate appropriately.</p>
Control Procedure(s)	<ol style="list-style-type: none">1. The Finance and Audit Committee have carefully reviewed the budget to ensure their understanding of college finances.2. Bylaws are in place to support up to 2% increases for the next two years if necessary.
Monitoring Process	Careful attention to budget and spending.
Action Plan	<ol style="list-style-type: none">1. The communications plan is being implemented during renewal.2. Finance and Audit Committee continue to carefully review any proposed fee increases.

Annual Board Evaluation Summary (April 2025 – February 2026)

9 Respondents / 13 Board Members

Please assess how well the Board adhered to the expectations we have set:

Question	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Respondent names have been suppressed in this report.					
BOARD GOVERNANCE					
2. The Board follows a clear set of governance principles and consistently enforces them.	6	3			
3. The Board sets clear governance policies (such as bylaws, code of conduct, and conflict of interest) and ensures they are consistently followed.	6	3			
4. The Chair fulfills their role, duties, and responsibilities in a professional and effective manner.	8	1			
OVERSIGHT AND DECISION-MAKING					
5. The Board actively contributes to the development, review, and monitoring of the College's strategic priorities and mandate.	5	4			
6. The Board's time is spent on issues relating to the strategic direction and not to manage the operations of the College.	6	1	1	1	
7. The Board is satisfied with the College's risk management framework and feels well-informed about the risks facing the College and their key mitigation strategies.	7	2			
8. The decision-making process is transparent, collaborative, and aligned with the College's strategic objectives and legislative mandate.	8	1			
9. The College's Board committees (Governance, Nominations, and Finance & Audit) are effective with clear mandates and roles.	8	1			

Question	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
ORGANIZATIONAL ALIGNMENT					
10. The Board ensures that all decisions related to its strategic objectives and regulatory processes are aligned with the College's Mission, Vision, and Values and advance the public interest.	7	2			
11. The Board regularly monitors and evaluates progress toward strategic goals and performance through quarterly reporting mechanisms.	6	3			
FINANCIAL PERFORMANCE					
12. The Board's financial oversight ensures transparency, proper allocation of resources and alignment with the College's strategic goals and mandates.	8	1			
13. The Board ensures adequate oversight of controls, audits and compliance processes to ensure alignment with legal and ethical standards.	8	1			
BOARD DYNAMICS					
14. The Board is respectful and considerate of diverse viewpoints, encouraging constructive discussion and debate.	8	1			
15. Board members feel comfortable speaking openly and appropriately at Board meetings.	8	1			
16. There is a culture of mutual respect and understanding among Board members.	9				
INDIVIDUAL PERFORMANCE					
17. The Board regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education and development.	7	2			
18. Board members come prepared to each meeting and contribute effectively to discussions and decisions	8	1			

Question	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
BOARD MEETINGS & PROCESS					
19. The Board's meeting arrangements (e.g. frequency, timing, duration, and format) enhance its effectiveness.	7	2			
20. Board meeting packages are distributed in a timely manner, allowing for full and proper consideration of important issues prior to meetings.	8	1			
21. The quality of Board materials is appropriate; concise, clear, and focused on key issues and priorities.	8	1			
22. The Board allows sufficient time for discussion of substantive matters.	8	1			

Item	Very Effective	Effective	Somewhat Effective	Somewhat Ineffective	Ineffective
GENERAL SATISFACTION					
23. Keeping your answers to all the previous questions in mind, how would you rate the overall effectiveness of the Board in protecting the public interest.	9				

CONTINUOUS IMPROVEMENT
<p>24. What do you believe the Board does well?</p> <ul style="list-style-type: none"> <i>I believe we are efficient and members come prepared.</i> <i>Orderly meetings and engaging facilitated discussions -time management -decision making/voting on motions -discussion of relevant topics</i> <i>They work well with each other and the administration ensures that all relevant information is available. They communicate well</i> <i>Review of quarterly reports - the recent changes are very helpful in understanding the work of the college in achieving and progressing its deliverables</i> <i>Excellent commitment to public protection mandate. Excellent commitment to consideration of differing viewpoints. Excellent financial oversight.</i>

- *Communication to members and materials were very well summarized for this past meeting. I particularly appreciated the summary of each committee*

25. What areas could the Board improve upon in the coming year?

- *none*
- *Continuing to discuss how initiatives may impact the public specifically. I think the Board is doing its due diligence on this thanks to the systems set in place and maintained by College staff but find it helpful as a board member when we are encouraged to keep this in mind.*
- *Continued improvement of board information packages to ensure major issues for discussion and decision stand out and are not buried in difficult to follow materials. There has been really improved lately. As this continues, it would be great to consider where presentation slides could be in the package beforehand to help promote more efficient and deeper discussion.*
- *Perhaps in the Board materials on points of discussion there could be questions or issues for the Public members to contemplate. Otherwise, the meetings have all been very productive.*

26. Is there any additional feedback or suggestions for enhancing Board governance or effectiveness?

- *No. It's a very well run board.*
- *I also think I have done this one as well but if not I apologize for not doing it earlier*
- *I found in the past there was information overload with some of the packages. I am not sure if there was an intention to address this in the last board package but I found the materials were more concise, summarized well and easier to comprehend.*

BOARD MEETING BRIEFING NOTE

Date: March 26, 2026
From: Finance and Audit Committee
Subject: Fiscal Year 2025/2026 Q3 Financial Report

Recommendation:

THAT the Board receive the FY2025/2026 Q3 Financial Report, as presented.

Issue:

To review the year-to-date financial results of the College for fiscal year 2025/2026 and advise the Board of any issues.

Link to Strategic Plan:

This aligns under Performance and Accountability

The College maintains strong corporate and governance structures and fosters a culture of continuous improvement.

4.1 Ensures College governance is proactive, effective, competency-based, and accountable.

Why this is in the Public Interest:

The College has a duty to ensure that it has the financial resources to meet its public protection mandate and to use those resources responsibly.

Equity, Diversity, and Inclusion Considerations:

When preparing this report, all elements of equity, diversity and inclusion were considered.

Background:

This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of Statutory Remittances and Filings
3. Financial Statements:
 - Statement of Financial Position as at February 28, 2026
 - Statement of Operations for the period June 1, 2025, to February 28, 2026
 - Statement of Reserve Funds as at February 28, 2026

BOARD MEETING BRIEFING NOTE

Fiscal Year 2025/2026 Q3 Financial Report

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Discussion:

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at February 28, 2026).

Items to note with respect to the changes to assets includes:

- The balance in the investments will not align with the monthly BMO Investment Reports for interim financial reporting as standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end. Variances to prior year reflect changes in the investment portfolio, including investments matured and reinvested, recognizing the interest reinvested in the balance.
- The decrease in property and equipment year-over-year is due to depreciation from the leasehold improvements, furniture, and the server. No additions or disposals have taken place this fiscal year.

Items to note with respect to liabilities for the period include:

- The deferred registration fees recorded in the Statement of Financial Position, as at February 28, 2026, represent the portion of the annual renewal fees collected for fiscal year 2025/2026. These funds will be moved out of the Statement of Financial Position quarterly and recognized in the Statement of Operations as Registration fees. Annual renewal funds collected on or after June 1, 2025, are automatically recorded directly under Registration fees on the Statement of Operations for the current fiscal year.

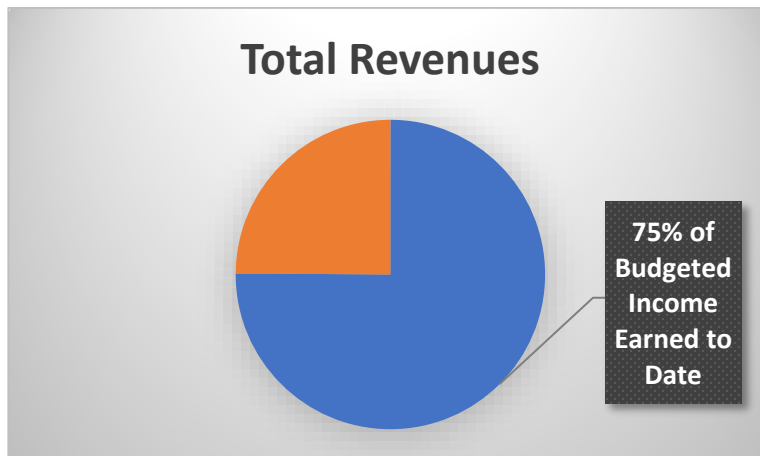
The Net Assets section on the Statement of Financial Position reflects the following:

- The decrease in Invested in Fixed Assets is due to the depreciation.
- The excess of revenues over expenses for the period is due primarily to lower expenditure, due to delayed timing, in various areas.

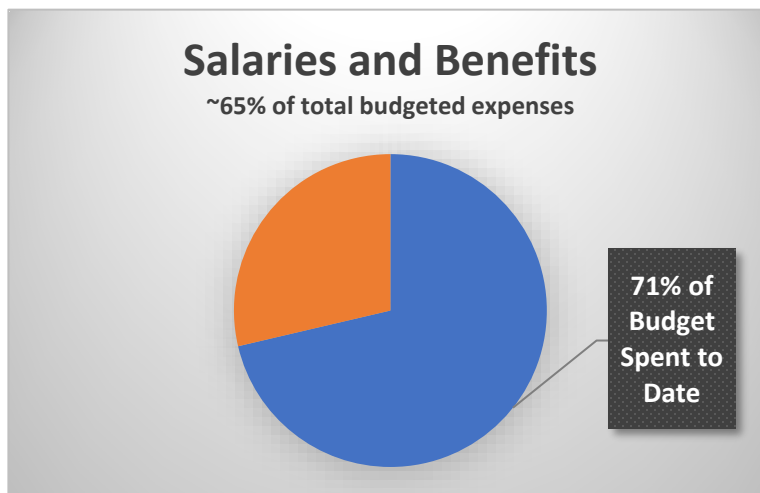
Highlights of Statement of Operations:

(Please refer to the attached Statement of Operations for the period of June 1, 2025, to February 28, 2026).

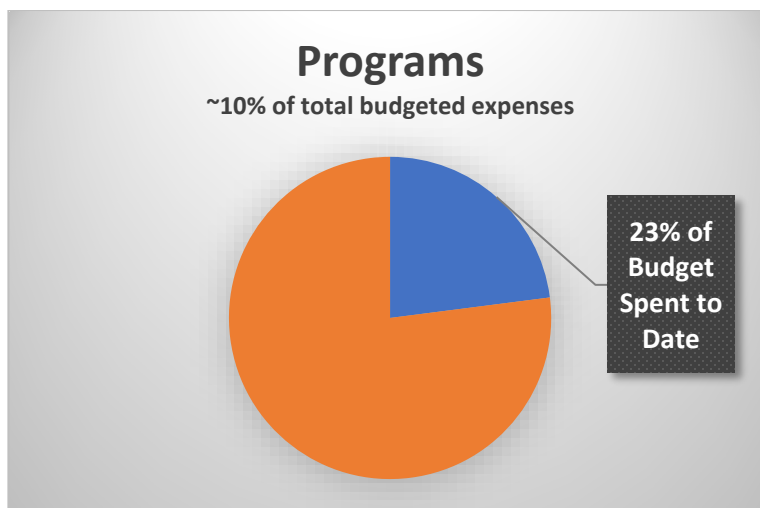
The excess revenues over expenses for the period June 1, 2025 to February 28, 2026 is \$578,842. The College is in a surplus position, and the below charts provide some additional detail for each category.



- Status: On Target
- Revenue is primarily derived from returning and new registrant fees, as well as application fees, and represents three-quarters of the 2025/2026 annual renewal fees being recognized.



- Status: Favourable to budget
- Salaries and benefits are slightly under budget. Anticipate alignment to budget in next quarter.

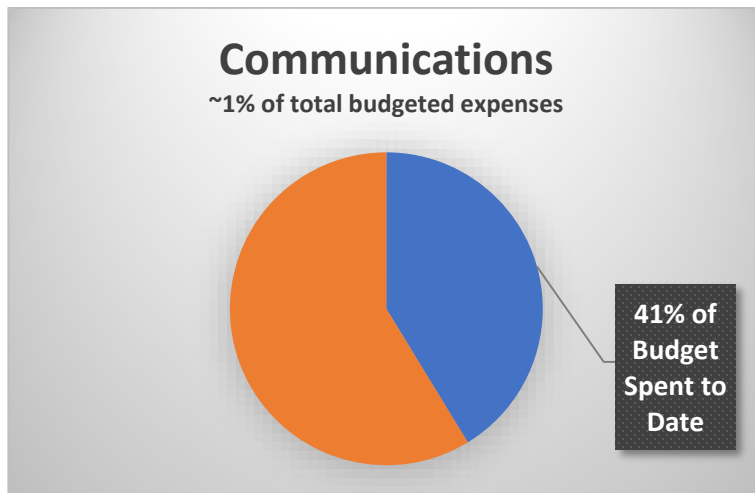


- Status: Favourable to budget
- Program expenses are under budget primarily due to timing of College activities.
- Variance to the statement of operations due to reversal of I&R year-end accrual in the statement.

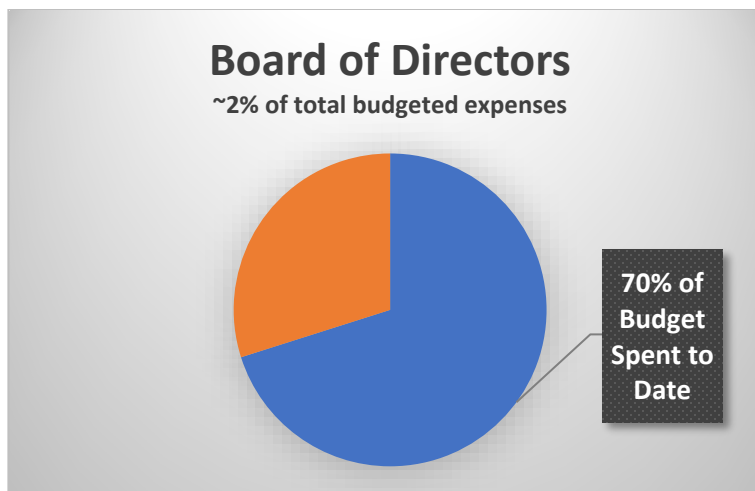
BOARD MEETING BRIEFING NOTE

Fiscal Year 2025/2026 Q3 Financial Report

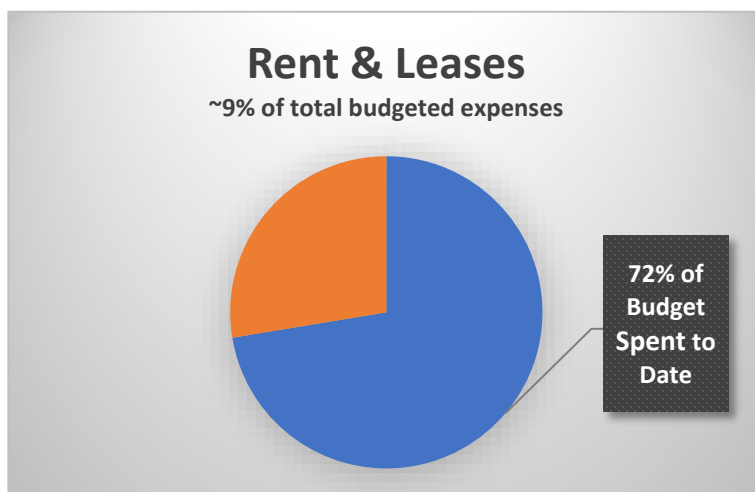
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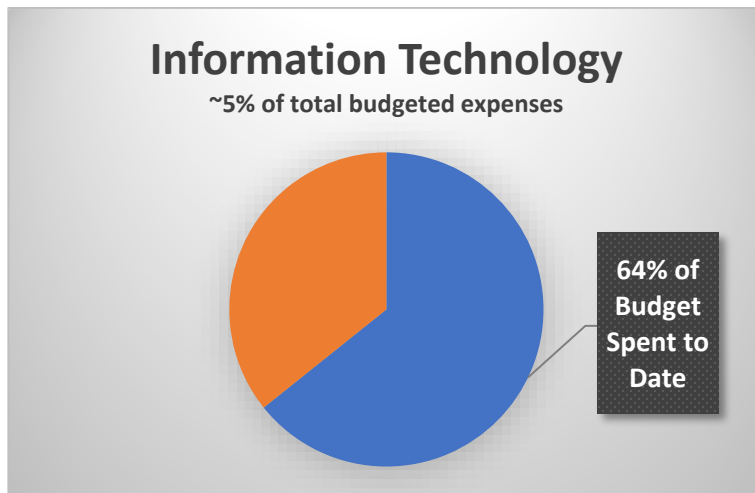
- Status: Favourable to budget
- Communications costs are under budget as most costs are incurred in the fourth quarter.



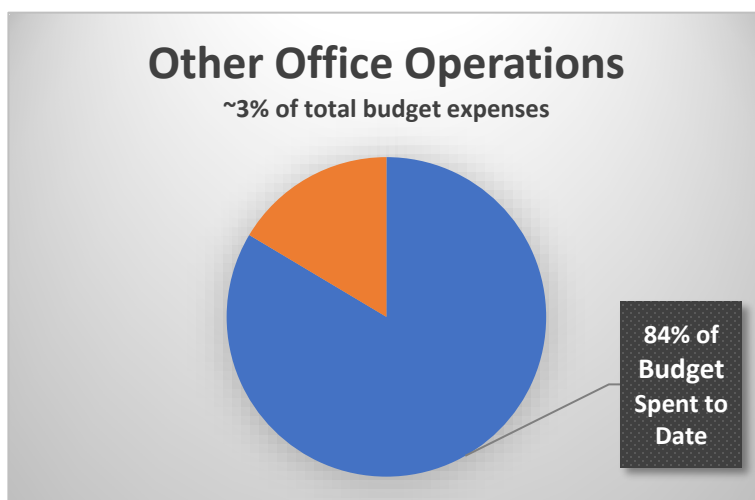
- Status: Favourable to budget
- Board of Directors' costs are slightly under budget due to timing.



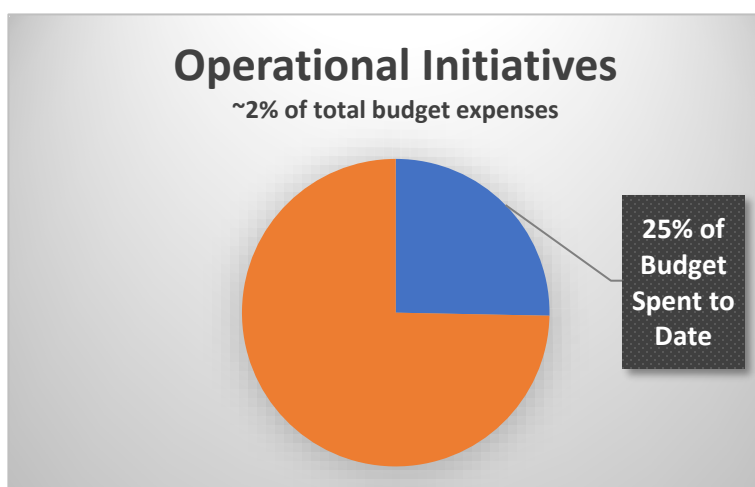
- Status: Favourable to budget
- Included here are rent and insurance premiums and leases for large equipment.



- Status: Favourable to Budget
- Information Technology is slightly under budget due to delayed timing of invoices and planned penetration testing in next quarter.



- Status: Unfavorable to budget
- Other Office Operations are slightly over budget due to increased staff travel and accommodation costs in the previous quarter. We anticipate alignment to the budget by the end of the fiscal year.

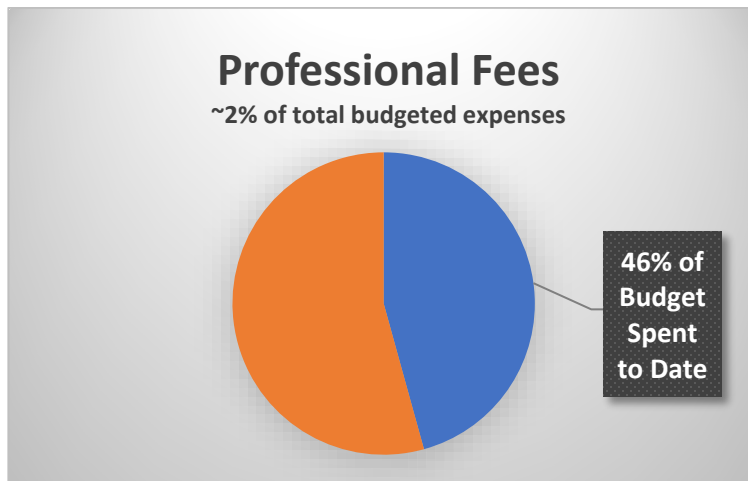


- Status: Favourable to budget
- Operational initiatives are under budget with only 25% of budget spent to date. Expenditure is expected to increase as planned projects proceed in the fourth quarter.

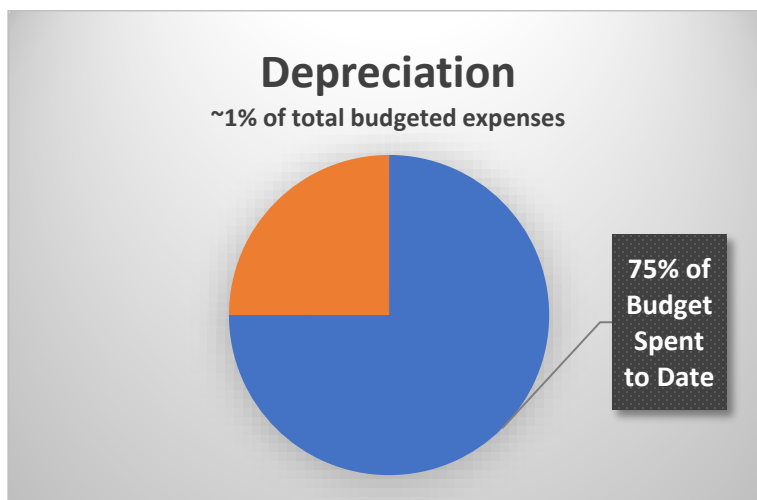
BOARD MEETING BRIEFING NOTE

Fiscal Year 2025/2026 Q3 Financial Report

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- Status: Favourable to budget
- Professional Fees are under budget due to delayed timing of activities and invoices.



- Status: On Target

Highlights of Statement of Reserves:

(Please refer to the attached Statement of Reserves as at February 28, 2026.)

In addition to expenses incurred during the regular course of operations, certain expenditures are made against the designated reserve funds in accordance with approved Board Guidelines for Establishing and Maintaining Reserve Funds.

Through to the end of February, the following expenses have been incurred:

- \$35,863 has been allocated to the Invested in Fixed Assets Fund amount and is reflective of the accumulated depreciation.

BOARD MEETING BRIEFING NOTE

Fiscal Year 2025/2026 Q3 Financial Report

Page 7 of 9

Statutory Remittances and Filings:

The College is required to remit various taxes and filings to the government.

Description	Frequency/Timing	Status
Remittance of payroll withholding taxes (CPP, EI, Income Tax)	Bi-weekly	Up to date
Remittance of CPP on Board per diems	Monthly	Up to date
Remittance of Employer Health Tax	Payroll over \$1,000,000 will have EHT applied at 1.95% during the calendar year.	Up to date
Filing of Harmonized Sales Tax return (Monthly)	Monthly Upcoming Filing Due Dates: April 30, 2026 May 31, 2026	Up to date
Filing of T4, T4A returns	Annually, based on calendar year. Due on last day of February.	Up to date
Filing of Corporate Income Tax Return (T2)	Annually based on fiscal year. Due November 30, 2026.	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2026.	Up to date

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As at February 28, 2026

	28-Feb-26	28-Feb-25
ASSETS		
Current assets		
Cash	1,655,149	1,440,570
Accounts receivable and prepaid expenses	47,256	37,200
Total current assets	1,702,405	1,477,770
Investments	3,864,702	3,698,575
Property and equipment, net of accumulated amortization	161,627	205,836
TOTAL ASSETS	5,728,734	5,382,181
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	150,464	209,361
HST payable	-	-
Deferred registration fees	1,201,435	1,161,485
Total current liabilities	1,351,899	1,370,846
Total liabilities	1,351,899	1,370,846
NET ASSETS		
Reserve funds	1,325,000	1,325,000
Invested in fixed assets	161,627	205,837
Unrestricted	2,311,366	1,898,608
Excess of revenues over expenses for the period	578,842	581,890
Total net assets	4,376,835	4,011,335
TOTAL LIABILITIES AND NET ASSETS	5,728,734	5,382,181

BOARD MEETING BRIEFING NOTE

Fiscal Year 2025/2026 Q3 Financial Report

Page 9 of 9

College of Occupational Therapists of Ontario STATEMENT OF OPERATIONS June 2025 to February 2026

	9 Months Actuals ended February 2026 \$	12-Month Budget FY25/26 \$	Percentage of Spend to Budget %
REVENUES			
Registration fees	3,957,627	5,161,193	77%
Application fees	88,020	110,852	79%
Interest & other income	61,452	196,045	31%
TOTAL REVENUES	4,107,099	5,468,090	75%
EXPENSES			
Salaries and benefits	2,575,582	3,610,540	71%
Programs	40,695	535,911	8%
Communications	27,251	66,012	41%
Board of Directors	97,026	138,404	70%
Rent & Leases	372,253	514,188	72%
Information technology	187,421	291,671	64%
Other office operations	126,230	150,892	84%
Operational initiatives	21,266	84,000	25%
Professional fees	44,670	97,742	46%
Depreciation	35,863	47,817	75%
TOTAL EXPENSES	3,528,257	5,537,177	64%
EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	578,842	(69,087)	

STATEMENT OF RESERVE FUNDS			
	Opening Balance June 1, 2025 \$	Spent to Date/Change \$	Closing Balance Feb 28, 2026 \$
Hearings and independent medical exam fund	\$ 400,000	-	400,000
Sexual abuse therapy fund	\$ 25,000	-	25,000
Premises fund	\$ 800,000	-	800,000
IT Technology Fund	\$ 100,000	\$ -	100,000
Invested in fixed assets	\$ 197,490	\$ (35,863)	\$ 161,627
Unrestricted	\$ 2,275,503	\$ 35,863	2,311,366
Excess of revenues over expenses for the period	\$ -	578,842	578,842
TOTAL RESERVES	3,797,993	578,842	4,376,835

Implications:

By receiving the FY25/26 Q3 Financial Report, the Board is formally acknowledging that the report has been presented and reviewed. This action records the report in the official minutes and demonstrates fulfillment of the Board's fiduciary responsibility for financial oversight.

Attachments: None

BOARD MEETING BRIEFING NOTE

Date: March 26, 2026
From: Finance and Audit Committee
Subject: Investment Portfolio as at January 31, 2026

Recommendation:

That the Board receives the investment report.

Issue:

Governance Policy 6.4- that the College Investments are protected, adequately maintained, and not unnecessarily risked.

Link to Strategic Plan:

This aligns under Performance and Accountability

The College maintains strong corporate and governance structures and fosters a culture of continuous improvement.

4.1 Ensures College governance is proactive, effective, competency-based, and accountable.

Why this is in the Public Interest:

The College has a duty to ensure that it has the financial resources to meet its public protection mandate.

Diversity, Equity, and Inclusion Considerations:

When preparing this report, equity, diversity, and inclusion considerations were made. Investments are all within Canada.

Background:

This report summarizes the College's investment portfolio as at January 31, 2026, and is based on the BMO Nesbitt Burns statement as at that date. There are two categories of investments:

- Short-term investments (which includes cash), and
- Long-term investments (also referred to as "ladder" investments).

The balances in each category are detailed in the chart on the following page:

BOARD MEETING BRIEFING NOTE

Investment Portfolio as at January 31, 2026

Page 2 of 4

Description	Market Value \$	Maturity Date
Short-Term Investments		Investments are considered short-term if they are cashable or are due to mature within 12 months.
Cash	35,842	
BMO CAD HISA	230,300	
Bank of Montreal GIC	100,000	
ICICI Bank GIC Annual	100,000	
Fairstone Bank GIC Annual	100,000	
HomeEquity Bank GIC Annual	100,000	
Peoples Trust GIC Annual	100,000	
Province of New Brunswick	50,073	
RBC (HSBA) MI GIC	100,000	
Laurentian Bank GIC Annual	100,000	
Total Short-term Investments	1,016,215	
Long-term (ladder) Investments		
SBI Canada Bank GIC	100,000	Apr-27
Canadian Western Bank GIC Annual	100,000	Jul-27
National Bank of CDA GIC	100,000	Sep-27
Royal Bank of CDA GIC	100,000	Sep-27
Vancity GIC	100,000	Sep-27
Canadian Tire Bank GIC	100,000	Jan-28
Coast Capital Savings GIC Annual	100,000	Jan-28
Home Trust Company GIC Annual	100,000	Jan-28
Mcan Mortgage GIC Annual	100,000	Jan-28
Concentra Bank GIC Annual	100,000	Jan-29
General Bank of CDA GIC Annual	100,000	Jan-29
BMO Trust Company GIC Annual	100,000	Apr-29
Montreal TR Co of CDA GIC Annual	100,000	Apr-29
Bank of Montreal Mortgage Corp GIC Annual	100,000	May-28
Haventree Bank GIC Annual	100,000	May-28
President's Choice Bank GIC Annual	100,000	Apr-29
Community Trust GIC Annual	100,000	Apr-29
RFA Bank of Canada GIC Annual	100,000	Feb-30
B2B Bank GIC Annual	100,000	Aug-30
Equitable Bank GIC Annual	100,000	Aug-30
Manulife Bank of CDA GIC Annual	100,000	Aug-30

March 26, 2026

BOARD MEETING BRIEFING NOTE

Investment Portfolio as at January 31, 2026

Page 3 of 4

Description	Market Value \$	Maturity Date
Shinhan Bank Canada Annual	100,000	Aug-30
Versa Bank GIC Annual	100,000	Aug-30
Province of Newfoundland	101,788	Jun-29
Province of Newfoundland	103,288	Jun-28
Province of Quebec	104,058	Sep-28
Province of Ontario	98,955	Jun-30
Province of Ontario	99,584	Dec-30
Province of British Columbia	86,012	Jun-30
Total Long-term Investments	2,893,685	
Total Market Value of Investments	3,909,900	

College Investment Portfolio – Historical Trends



Prior Reporting

	Dec 2023	Dec 2024	Dec 2025	Jan 2026
Ladder Investments	1,848,860	2,754,494	2,991,809	2,893,685
Short-term Investments	1,749,604	972,267	886,146	1,016,215

BOARD MEETING BRIEFING NOTE

Investment Portfolio as at January 31, 2026

Page 4 of 4

While the total value of investments has grown on average year to year, the relative proportion of short-term versus ladder investments will vary as the portfolio is fine-tuned to take advantage of changes in the interest rate environment.

Discussion:

The College's main objective for investments is the preservation of capital. As such, it adheres to investments that are covered by the Canada Deposit Insurance Corp. (CDIC). The CDIC allows for deposit insurance coverage up to \$100,000 for a list of specified accounts and investments. For city and provincial coupons over \$100,000, these are backed by the Canadian Investor Protection Fund (CIPF) (covered up to a combined one million dollars).

The College's current investment portfolio is maintained at BMO Nesbitt Burns. The College will continue to pursue a strategy of laddering the long-term investments and will re-assess the allocation between short-term investments and long-term investments as it continues to refine its financial forecast.

Implications:

The College continues to monitor the investments and ensure they remain aligned with policy.

Attachments:

None

BOARD MEETING BRIEFING NOTE

Date: March 26, 2026
From: Governance Committee
Subject: Governance Manual

Recommendation:

THAT the Board approve the revised Governance Manual, as amended following editorial review.

THAT the Board retire the previous governance policies, which will no longer be effective upon approval of the new Governance Manual.

Issue:

The Governance Committee previously reviewed and approved a revised Governance Manual in principle and recommended that it be forwarded for editorial review to ensure clarity and consistency. The editorial review has now been completed. The Board is asked to review and approve the final revised Governance Manual.

Link to Strategic Plan:

This aligns under Performance and Accountability:

The College maintains strong corporate and governance structures and fosters a culture of continuous improvement.

4.1 Ensures College governance is proactive, effective, competency-based, and accountable.

Why this is in the Public Interest:

Clear, accessible, and well-structured governance policies support effective oversight and decision-making in the public interest. A Governance Manual written in plain language promotes transparency and strengthens accountability. By ensuring governance policies are clear and consistently structured, the College enhances the Board's ability to fulfill its mandate to regulate the profession in a manner that protects the public and maintains public trust and confidence.

Equity, Diversity, and Inclusion Considerations:

The editorial review was conducted in alignment with the College's plain language and inclusive language commitments, as outlined in the Colleges style guide. The revisions emphasize

accessible language, clarity, and consistent terminology, which supports inclusive communication and improves accessibility for a broad range of audiences.

Background:

At a previous meeting, the Governance Committee approved forwarding the revised Governance Manual for editorial review prior to presentation to the Board. The purpose of the review was to ensure consistency of terminology, improve clarity and flow, and confirm internal alignment across all policies consolidated into the new manual.

The editorial review has now been completed. The editor applied plain language principles consistent with the College's style guide and did not alter the substantive intent of any policies previously approved by the Board.

The Governance Committee has reviewed the final version and recommends that the Board approve the revised Governance Manual.

Discussion:

The editorial revisions focused on improving clarity, consistency, and usability of the Governance Manual. Key changes include:

- Breaking long sentences into shorter sentences (generally no more than 40-45 words).
- Rewriting passive voice in active voice wherever possible to strengthen clarity and accountability.
- Reducing nominalizations (verbs turned into nouns) to ensure actions are clearly expressed.
- Replacing longer or more formal expressions with shorter, clearer alternatives (e.g., "according to" instead of "in accordance with").
- Trimming repetition and wordy constructions, including unnecessary prepositional phrases (e.g., replacing "the mandate of the College" with "the College's mandate").
- Replacing ambiguous slashes with precise language ("and" or "or") to eliminate uncertainty.

Collectively, these revisions have reduced the overall word count of the Governance Manual by approximately 3,000 words, resulting in a more concise and accessible document.

All changes are editorial in nature and do not substantively alter Board-approved governance policies.

Implications/Risks:

These improvements are expected to enhance user comprehension, reduce ambiguity in interpretation, and support consistent application of governance policies.

There is a minor risk that editorial revisions could be perceived as substantive changes, which may prompt requests for clarification. Additionally, publishing clearer and more accessible policies may draw increased public attention, and raise expectations for consistent internal compliance.

While staff do not believe the edits changed the intent of the policies, improved clarity may highlight areas where current practices could be further aligned with policy expectations. Where necessary, staff will make operational adjustments to ensure full alignment.

Overall, the benefits of improved readability and alignment outweigh these manageable risks.

Next Steps

If the Board approves the revised Governance Manual, the following steps are recommended to support implementation.

1. Publish Approved Governance Manual

The approved Governance Manual will be published on the College's website and internal platforms to ensure the public, Board Directors, Committee Appointees, and staff have access to the final version.

2. Internal Communication to Staff

Staff will receive communication summarizing the key improvements in language, structure, and clarity, while emphasizing that the revisions do not change the intent of the existing governance policies.

3. Board and Committee Training

Orientation sessions will be provided for Board Directors and Committee Appointees to ensure they understand:

- The content of the Governance Manual relevant to their roles; and
- Their oversight responsibilities related to policy compliance and monitoring

This training can be delivered as part of a regular governance session in Q4 of FY2025-2026 or Q1 of FY2026-2027.

4. Operational Alignment Review

College staff will assess whether the clearer policy language identifies any adjustments needed to procedures or workflows to ensure operations remain fully aligned with governance policies. Related guidance documents, templates, and training materials will be updated as required.

5. Establish a Cycle for Ongoing Policy Review

Regulatory Affairs staff will create a schedule for future reviews of the Governance Manual, including periodic editorial updates and compliance checks, to maintain clarity, consistency, and alignment over time.

Attachments:

1. Revised Governance Manual (track changes)
2. Revised Governance Manual (clean version)
3. Governance Manual Style Sheet (from editor)

GOVERNANCE ~~POLICIES~~ MANUAL

CONFIDENTIAL

Approved: January 28, 2010

Revised: July 2010, October 2014, April 2015, June 2015, October 2016, March 2017, June 2017, October 2017, January 2018, March 2018, January 2019, March 2019, June 2019, October 2019, January 2020, March 2020, June 2020, January 2021, March 2021, June 2021, October 2021, January 2022, March 2022, June 2022, March 2023, June 2023, October 2023, January 2024, April 2024, June 2024, October 2024, January 2025, June 2025, October 2025

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Policy Type: Section 1: Introduction

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Policy Reference and Title: 1.1 Purpose

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Date Prepared: November 2025

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

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The Governance Manual of the College of Occupational Therapists of Ontario (the College) provides a clear and consistent framework for how the Board and its committees fulfill their governance responsibilities in the public interest. It brings together the principles, policies, and practices that guide effective, transparent, and accountable governance.

Over the past several years, the College has modernized its governance framework to reflect best practices in professional regulation. This work has strengthened the structures and processes that support sound decision-making and clear accountability. The result is a governance model that enables the College to operate effectively, uphold public confidence, and ensure that its statutory mandate guides its decisions are guided by its statutory mandate.

The Governance Manual brings together these the College's policies and practices in a single, accessible reference for Board Directors, Committee membersCommittee Appointees, and staff. It sets out how governance functions are carried out and how roles and responsibilities are defined. The manual promotes a shared understanding and consistent application of governance practices across the College.

Specifically, the Governance Manual is intended to:

- Outlines the principles that guide the College's governance approach.;
- Defines the roles and accountabilities of the Board, committees, and staff.;
- Describes the processes that support effective decision-making and oversight.;
- Promotes integrity, fairness, and transparency in all governance practices. ;-and
- Supports ongoing evaluation and improvement of the College's governance system.

The Governance Manual is a living document. #The College will be reviewed and updated sd it periodically to reflect evolving best practices in governance and the College's continued commitment to excellence in regulation.

Policy Type: Section 1: Introduction

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Policy Reference and Title: 1.2 Principles of Good Governance

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Date Prepared: January 2025

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Date Revised: n/a

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Date Reviewed: n/a

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The Board of Directors at the College is guided by the following principles of good governance [guide the College's Board of Directors](#) as we fulfill our mandate to serve the public by regulating occupational therapists:

Accountability

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- We acknowledge our ultimate responsibility to the public and are committed to continuously earning and maintaining their trust.
- We ensure that all participants in our governance framework have a clear understanding of their roles and responsibilities.
- We recognize that the College [is was](#) created by legislation, and [that](#) our effectiveness in fulfilling our mandate is subject to oversight.

Transparency

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- We make our information accessible and easy to understand, ensuring [that](#) we serve the public interest.
- Our processes, decisions, and the reasons behind them are open and accessible to the public.
- We communicate in a way that allows the public to evaluate [the governance effectiveness of our governance](#).

Leadership

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- Our actions are driven by a [s Strategic p Plan](#) that reflects our public protection mandate.
- We plan [practically and strategically and practically](#) to achieve realistic and measurable outcomes.
- We stay informed about evolving public expectations and societal needs, and we challenge ourselves to make a meaningful impact by focusing our efforts thoughtfully and effectively.
- We proactively identify and manage risks.

Integrity

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- Our decisions and processes are consistently aligned with our commitment to transparency, objectivity, impartiality, and fairness.
- We actively and honestly engage in respectful dialogue with the public and other system partners.

- We consider a variety of perspectives and voices to foster a shared understanding upon which we base decisions ~~are based~~.
- We acknowledge and manage both systemic and individual conflicts of interest.
- We take responsibility for improving our performance in areas where we may not have met expectations.

Competence

- We recognize the skills, experience, and knowledge necessary to perform our tasks effectively.
- We continuously strengthen our collective ability to make informed and consistent decisions.
- Both as individuals and as teams, we engage in regular, purposeful reviews and development to improve governance effectiveness.

Financial Stewardship

- We are dedicated to the prudent and responsible management of prudently and responsibly managing COTO the College's financial resources.
- We ensure that our budget is aligned with our strategic objectives, prioritizing the efficient use of resources in serving and protecting the public interest.
- We demonstrate financial integrity by ensuring that our the College makes financial decisions are made in a manner that reflects our commitment to public trust. and ensuring that the College manages resources ~~are managed~~ responsibly and with long-term sustainability in mind.

Inclusion

- Our diverse knowledge, skills, perspectives, and experiences reflect both the public we serve and the individuals we regulate.
- We embrace opportunities for meaningful and authentic collaboration.
- We work within a robust network of the public, government, other health regulatory colleges, registrants, and educators to maximize our positive impact on the common good.
- We learn from challenges faced by other organizations and communities to continuously ~~continually~~ improve our effectiveness.

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Policy Type: Section 1: Introduction

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Policy Reference and Title: 1.3 Mission, Vision, and Values

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Date Prepared: January 2020

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Date Revised: April 2024

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Date Reviewed: n/a

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We are always guided by our **Vision, Mission, Vision, and Values.**

VISION:

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~~Excellence in regulatory leadership.~~

MISSION:

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The College of Occupational Therapists of Ontario protects the public through effective regulation and instills confidence and trust by ensuring that occupational therapists are competent, ethical, and accountable.

VISION:

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~~Excellence in regulatory leadership.~~

COLLEGE VALUES AND COMMITMENTS:

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Treating everyone with dignity and respect

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We consider the uniqueness of each situation. We are respectful of all voices, conscious of bias, open-minded, and dedicated to learning. We are committed to integrating Equity, Diversity, and Inclusion (EDI) practices throughout our organization and the occupational therapy profession to protect the public interest.

Maintaining trust and confidence

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We are fair, open, and responsive. We are proactive. We hold ourselves accountable for our decisions and actions.

Partnering for quality

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We listen. We work together to ensure quality occupational therapy services across the province.

Policy Type: Section 1: Introduction

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Policy Reference and Title: 1.4 Strategic Priorities

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Date Prepared: January 2020

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Date Revised: January 2024

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Date Reviewed: n/a

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2024-2027 Strategic Priorities

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1. Meaningful Engagement

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The College builds trust in its role and value through purposeful and meaningful engagement and collaboration.

- 1.1 Provides clear information about what to expect when working with occupational therapists.
- 1.2 Builds opportunities for public and professional collaboration and participation with the College.
- 1.3 Engages registrants to build understanding of professional obligations, College programs and services.
- 1.4 Integrates the practices of diversity, equity, and inclusion throughout the College and profession.

2. Quality Practice

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The College embraces leading regulatory practices to protect the public.

- 2.1 Takes an evidence-informed, risk-based approach to ensuring occupational therapists are competent, safe, effective, and accountable.
- 2.2 Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy service.

3. System Impact

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The College collaborates for access to the profession and consistent quality practice.

- 3.1 Supports efforts to increase the number of licensed occupational therapists in Ontario to address the health human resources crisis.
- 3.2 Ensures occupational therapy scope of practice is optimized in Ontario.
- 3.3 Collaborates with national partners to further regulatory excellence.

4. Performance and Accountability

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The College maintains strong corporate and governance structures and fosters a culture of continuous improvement.

- 4.1 Ensures College governance is proactive, effective, competency-based, and accountable.
- 4.2 Maintains the expertise and resources to address evolving demands caused by changes in the regulatory or practice environment.
- 4.3 Leverages data to drive performance internally and externally to enhance service delivery.

Policy Type: Section 1: Introduction

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Policy Reference: 1.5 /and **Title:** Definitions

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Date Prepared: November 2025

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Date Revised: n/a

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Date Reviewed: n/a

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The following definitions shall apply to all parts of this governance manual unless otherwise defined or required by the context:

Academic Appointee

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An individual appointed to be a Director on the College's Board of Directors by an Ontario Universities university offering occupational therapy training. to be a member of the Board of Directors of the College.

Act

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Means the Occupational Therapy Act, 1991, S.O. 1991, c. 33 and its regulations thereunder.

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Board or Board of Directors

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Means the College's Board of Directors of the College and The Board means the College's Council for the purposes of the following: the Act, the Regulated Health Professions Act, 1991 (RHPA), the Health Professions Procedural Code (which is Schedule 2 of the RHPA), and the regulations under the Act and the RHPA, as well as any other legislation or policy where the context requires, the Board means the Council of the College.

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Board Chair

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Means the Chair of the College's Board of Directors of the College. The Board Chair means the College's President and Committee Chair means the Chair of a committee and for the purposes of the following: the Act, the RHPA, the Health Professions Procedural Code (which is Schedule 2 to the RHPA), and the regulations under the Act and the RHPA, as well as any other legislation or policy where the context requires, means the President of the College, and Committee Chair means chair of a committee.

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Bylaws

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Means the College's bylaws of the College.

College

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Means the College of Occupational Therapists of Ontario.

Committee

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Means a College committee or committees ~~of the College~~; ~~be it a~~ statutory ~~committee~~, a ~~B~~board committee, or a standing, or special ~~committee~~.

Committee Appointee

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A Professional Committee Appointee or a Community Appointee.

Community Appointee

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Means a An individual ~~the Board~~ appointed ~~by the Board~~ to serve as a member of a Ccommittee and who is neither a Director nor a Rregistrant of the College.

Director

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Means a An individual elected or appointed to be a member of the College's Board of Directors ~~of the College~~.

Elected Director

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Means a A Rregistrant elected to the Board ~~in accordance with~~ according to the bylaws, ~~including and includes~~ a Rregistrant elected in a by-election or appointed to fill a vacancy.

In Camera

In chambers. Proceedings or parts of proceedings that are not open to the public.

Indigenous people

"People who identify as First Nations, Inuit, or Métis in a context where their specific identity is not at issue" (Gregory Younging, *Elements of Indigenous Style*, 2018, p. 65).

Indigenous Peoples

"The distinct societies of First Nations, Inuit, and Métis peoples in Canada" (Gregory Younging, *Elements of Indigenous Style*, 2018, p. 65).

Professional Committee Appointee

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Means a A Rregistrant who is not a Director and member of the Board, who has been appointed to a Ccommittee.

Public Director

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Means a A person appointed to the College's Board of Directors by the Lieutenant Governor in Council of the Ontario government.

Rregistrant

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Means a A College member ~~of the College~~.

Registrar & Chief Executive Officer (CEO)

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Means: ~~the person who, from time to time, holds the title of Registrar and Chief Executive Officer~~ CEO of the College.

RHPA

Means: ~~the Regulated Health Professions Act, 1991, S.O. 1991, c. 18.~~

Senior Leadership Team (SLT)

Is: ~~the College's senior leadership, which comprises: of the College that includes the~~

- ~~Registrar and CEO, and;~~
- Director of Finance, People & Corporate Services.
- Program Director of Programs.
- Director of Regulatory Affairs.
- Director of Communications.

Vice-Chair

Means: ~~The Vice-Chair of the College's Board of Directors. Vice-Chair means the College Vice-President of the College and for the purposes of the following: the Act, the RHPA, the Health Professions Procedural Code, (which is Schedule 2 to the RHPA), and the regulations under the Act and the RHPA, as well as any other legislation or policy where the context requires, means the Vice-President of the College.~~

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Policy Type: Section 2: Roles and Responsibilities

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Policy Reference and Title: 2.1 / Board Governance Role

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Date Prepared: December 2009

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Date Revised: March 2010, January 2024

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Date Reviewed: October 2016, October 2019

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Purpose

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To ensure that the Board has a shared understanding of its role and accountabilities in governing the College.

Why this Policy is in the Public Interest Aspect

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The Board Directors need to fully understand the Board's role of the Board to be able to fulfill their mandate in the public interest.

Application

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This policy applies to all Board Directors.

Policy

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The Board of the College of Occupational Therapists of Ontario is responsible for managing and supervising the College's activities and affairs of the College, and, as such, is the highest decision-making authority within the College. This responsibility of the Board consists primarily of the duty to governing and overseeing the Registrar & Chief Executive Officer (CEO), who has the responsibility to manage the College's business and affairs of the College.

The Board governs the role of the Board is to govern the College to ensure fulfillment of the mandate set out in the Regulated Health Professions Act, 1991, the Occupational Therapy Act, 1991, and College bylaws respectively.

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The Board's Key responsibilities of the Board are as follows:

Strategy and Mission

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- Approve the College's mission, vision, and values, and its Strategic Plan.
- Monitor the College's progress towards achieving its strategic goals.
- Setting priorities, and initiating, and establishing policy.

Financial Oversight

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- Monitor financial performance.
- Approve financial policies and internal controls, and monitor compliance with them.

- Ensure that the College has sufficient revenue and staff resources to fulfill its mandate and meet its statutory obligations.

Performance Management and Monitoring

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- Ensures ~~there are~~that policies, programs, and controls are in place ~~such that for~~ the College to carry carries out its statutory obligations appropriately and effectively.
- Ensure that the College has processes in place for measuring and reporting on performance.
- Appoint and support the Registrar ~~& CEO, and Chief Executive Officer (CEO) to whom the responsibility~~who is responsible for ~~the College's~~ administration ~~of the College is delegated~~.
- Evaluate the effectiveness of the Board and the Registrar ~~and~~& CEO in a timely manner and through formal evaluation processes.

Risk Management

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- ~~Be knowledgeable about~~Know the risks inherent in College operations, and ensure that there are measures are in place to protect the College against risk.

Accountability to System Partners

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- Ensure that the College communicates appropriately and effectively with system partners and maintains effective relationships with them.

Board Governance

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- Oversee the quality of its own governance, and establish expectations, practices, and policies to develop and maintain good governance.

Policy Type: Section 2: Roles and Responsibilities

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Policy Reference: 2.2 / **Role of Individual Board Directors and Committee**
Title: Appointees

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Date Prepared: January 2024

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

To establish and articulate the role and responsibilities of individual Board Directors and Committee Appointees.

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Why this Policy is in the Public Interest Aspect

Board Directors and Committee Appointees must have a clear understanding of clearly understand their role and responsibilities to ensure that their decisions and actions are in the public interest.

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Application

This policy applies to all Directors of the Board, whether elected or appointed by the Lieutenant Governor in Council, and all Committee Appointees.

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Policy

Board Directors are the individuals behind Board decisions. By participating fully in governance, they ensure that the College operates effectively in fulfillment of its public protection mandate. The Board appoints Committee Appointees, who assist the Board in carrying out the duties of their committee.

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A Board Directors and Committee Appointees are expected to:

- Act honestly and in good faith with a view to the College's best interests and to act in accordance with the College's governing legislation, bylaws, and governance policies, including the Code of Conduct.
- Acquire and apply a working knowledge of the statutory requirements, mandate, policies, and rules that apply to the particular committee.
- Demonstrate accountability to the public through decision-making that is grounded in the public interest.
- Regularly attend all Board or committee meetings, being on time, and engaging constructively in discussions.
- Prepare for all meetings by reading the material, to be well informed and able to participate effectively.
- Work effectively with other Board Directors, Committee Appointees, and College staff to ensure productive outcomes of all meetings.

- Behave in an ethical and exemplary manner, and ~~always~~ personally modelling the College's values.
- ~~Always r~~espect the ~~Chair's~~ authority ~~of the Chair~~.
- Understand and respect the distinction in the roles of the Board, committees, and College staff.
- ~~Be respectful of~~Respect others' opinions, views, and cultural and linguistic diversity.
- Acknowledge that the Board (or ~~the particular~~their committee) speaks with a unified voice. ~~Members~~Directors and Committee Appointees who abstain or vote against a motion must adhere to and support the ~~majority's~~ decision ~~of the majority~~.
- Participate fully in Board or committee evaluations.
- Participate in required orientation and education activities.

Policy Type: Section 2: Roles and Responsibilities

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Policy Reference/and Title: 2.3 / Role of Board Chair

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Date Prepared: December 2009

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Date Revised: March 2010, April 2024

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Date Reviewed: October 2016, October 2019

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Purpose

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To establish and articulate the Board Chair's role and responsibilities of the Board Chair.

Application

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This policy applies to the Board Chair.

Policy

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The Board Chair provides leadership to the Board and is responsible for ensuring that the Board adheres to good governance practices and ensures that the Board follows best governance practices. The Board elects the Board Chair, who helps set the tone of Board meetings and keeps Board Directors engaged while building a safe, cohesive, and collaborative forum in which discussions can take place, and the Board can make clear decisions can be made.

Specifically, the Board Chair has the following responsibilities:

- Serves as the Chair of the Executive Committee, and participates on other Committees as the Board directs.
- Is a champion for good governance, and ensures that the Board fulfills its governing role effectively, and strives to achieve high standards, and follows best governance practices.
- Working in partnership with the Registrar and Chief Executive Officer (CEO) towards:
 - Identifying issues, objectives, and priorities for Board consideration.
 - Providing strategic leadership to establish and promote the College's strategic planning process and priorities.
 - Acting as a spokesperson for the College.
 - Orientation and training of all new Directors.
 - Facilitating ongoing training and development opportunities for all Directors.
 - Facilitating Chair succession planning for the Board.
- Manages circumstances where the Director, or Board, or Committee function is less than optimum, including introducing strategies to resolve conflicts which may arise.
- Oversees the Board's evaluation processes to ensure high performance levels of performance.

- ~~Following input and discussion with the Executive Committee, conducts~~ Conduct the Registrar & CEO's annual performance appraisal ~~of the Registrar and CEO~~ following input and discussion with the Executive Committee.
- ~~The Chair is~~ Be accountable to the Board for the assigned functions ~~, and as~~ such, the Chair has no authority to individually direct or supervise the Registrar & CEO; ~~nor to~~ make independent policy decisions.
- The Board Chair is elected ~~/ or~~ acclaimed at the Board's first meeting ~~of the Board~~ following elections. ~~There is no maximum set for the number of times a Board A~~ Director can be elected ~~/ or~~ acclaimed ~~as many times as the Board sees fit, with no maximum number~~.
- The Board Chair's role and responsibilities ~~of the Board Chair~~ may be delegated to others; however, the ~~Board~~ Chair remains accountable for the activities within their role.

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Policy Type: Section 2: Roles and Responsibilities

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Policy Reference/and Title: 2.4 / Role of Board Vice-Chair

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Date Prepared: December 2009

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Date Revised: March 2010, October 2014, April 2024

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Date Reviewed: October 2016, October 2019

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Purpose

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To establish and articulate the Board Vice-Chair's role and responsibilities of the Board Vice-Chair.

Application

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This policy applies to the Board Vice-Chair.

Policy

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The Board Vice-Chair assists the Board Chair in providing leadership to the Board and College. The Board elects the Vice-Chair, who discharges the Chair's duties if the Chair is unavailable.

Specifically, the Board Vice-Chair has the following responsibilities:

- Serves on the Executive Committee, and participates on other committees as the Board directs.
- If the Chair is unavailable or has a conflict of interest, Performs/perform the Board Chair's duties if the Board Chair is unavailable or has a conflict of interest.
- Understands the Board Chair's role and responsibilities and the key policy, regulatory, and operational issues the College is facing.
- Collaborates with the Chair and the Registrar and CEO/Chief Executive Officer to assist in identifying issues, objectives, and priorities for Board consideration.
- Provides assistance and counsel to Assist and counsel the Board Chair.
- If necessary and at the direction of the Board Chair or the Board, assumes appropriate leadership roles and responsibilities.
- The Board Vice-Chair is elected/or acclaimed at the Board's first meeting of the Board following elections. There is no maximum set for the number of times a Board Director can be elected/or acclaimed as many times as the Board sees fit, with no maximum number.

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Policy Type: Section 2: Roles and Responsibilities

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Policy Reference and Title: 2.5 / Role of College Committees

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Date Prepared: June 2024

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

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To establish and articulate the role and responsibilities of the College's committees.

Application

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This policy applies to all ongoing College committees: statutory, non-statutory, and advisory.

- Statutory committees of the College
- Non-statutory committees of the College
- Advisory committees of the College

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Policy

While the Board leads the College in developing and monitoring strategic plans and by making major policy decisions, College committees conduct much of the College's work of the College. There are three types of ongoing committees the College utilizes: Statutory, non-statutory, and advisory committees. Most committee members/Committee Appointees are composed of Board directors, and/or Professional/ or Community Appointees. Except for Executive, all committee members are recommended by the Nominations Committee recommends all Committee Appointees except for those on the Executive Committee. Other than in addition to committees required by legislation, the Board may establish other committees and task groups to help fulfill its role and carry out its responsibilities. The College uses three types of ongoing committees: statutory, non-statutory, and advisory.

The College establishes Accordingly:

a) A Statutory committee is established pursuant according to the Health Professions Procedural Code, which is Scheduled 2H of the Regulated Health Professions Act, 1991 (RHPA) and are as follows:

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- Executive Committee
- Registration Committee
- Inquiries, Complaints, and Reports Committee
- Discipline Committee
- Fitness to Practise Committee
- Quality Assurance Committee

- Patient Relations Committee.

b) A non-statutory committee supports the Board's work of the Board to help carry out its responsibilities and include the following:

- Finance and Audit Committee.
- Governance Committee.
- Nominations Committee.
- Practice Subcommittee.
- Quality Assurance Subcommittee.

e) The Board establishes advisory committees to undertake specific tasks. An advisory committee is a task-specific committee of the Board established to undertake specific tasks and include the following:

- Equity Perspectives Advisory Committee.
- Indigenous Insights Advisory Committee.

The Board holds the ultimate responsibility for governing the organization. College committees, unless otherwise specified by the Board, do not have any independent authority to act on the Board's behalf of the Board unless the Board specifies otherwise or as set out in the RHPA. A committee receives its terms of reference, specific tasks, staffing, reporting process, and timelines from the Board as the committee is established.

The Board will establish terms of reference for committees, which that will usually include the following:

- The mandate of the committee.
- The accountability and authority of the committee.
- The duties and responsibilities of the committee.
- Skills and expertise required of Committee Appointees members of the committee.
- Term and term limits of the committee.
- Voting and reporting requirements of the committee.

The Registrar & CEO will be notified by staff of all committee meetings and invited to attend in a non-voting capacity, but their attendance is not counted for the purpose of committee quorum requirements.

- If committees are established, they have the following responsibilities:
 - Do not speak or act for the Board except when formally given such authority for specific or time-limited purposes. Such authority will be stated through terms of reference or Board minutes.

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- ~~Are to assist the Board in doing its job by recommending, analyzing, deciding, and/or acting as the Board directed by the Board.~~
- ~~Cannot exercise authority over staff and operations and must work within the College's mission and policy framework.~~
- ~~Present briefing notes to the Board on matters requiring decisions or actions. Generally, these notes contain a recommended course of action, with supporting rationale, unless otherwise requested by the Board.~~
- ~~Follow the Board's direction or mandate on timelines for completing tasks and submitting reports.~~

~~Will receive their terms of reference, specific tasks, staffing, reporting process, timelines, from the Board as the committee is established.~~

Committees must not do the following:

- ~~Speak or act for the Board except when formally given such authority for specific or time-limited purposes. Such authority will be stated through terms of reference or Board minutes.~~
- ~~Exercise authority over College staff and operations.~~
- ~~Committee briefing notes that are presented to the Board on matters requiring decisions or actions will generally contain a recommended course of action, with supporting rationale, unless otherwise requested by the Board.~~

~~Timelines for completion of tasks and submission of reports are to be consistent with the Board's direction or mandate.~~

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Policy Type: Section 2: Roles and Responsibilities

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Policy Reference/and Title: 2.6 / Role of Committee Chair

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Date Prepared: December 2009

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Date Revised: March 2010, April 2024

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Date Reviewed: October 2016, October 2019

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Purpose

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To articulate/establish a Committee Chair's/the role and responsibilities of a committee chair.

Application

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This policy applies to all eCommittee eChairs.

Policy

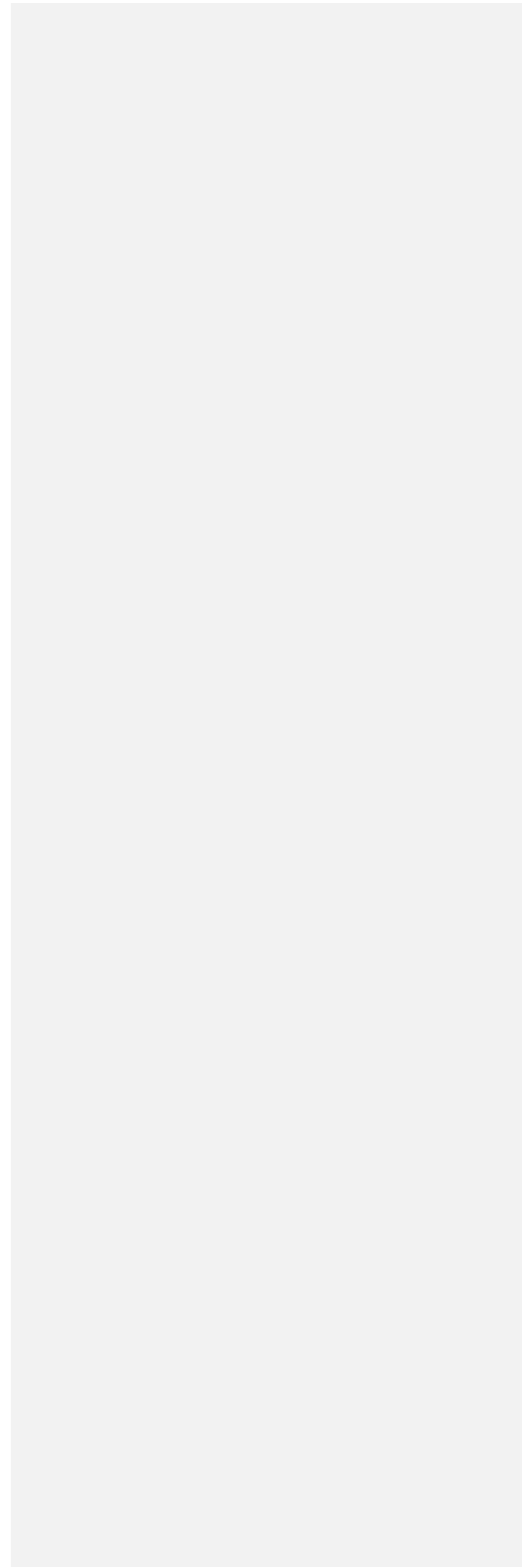
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Committee eChairs provide leadership and direction to their committee to ensure that it fulfills its statutory and Board mandate. The committee eChair is accountable to the Board for the committee's activities and progress. The committee eChair collaborates with a designated College staff member/person to facilitate the ongoing management of the committee's work.

The role of eCommittee eChairs includes/have the following responsibilities:

- Conducts meetings in a timely manner. Facilitates meetings and committee processes such that all members/Committee Appointees have an opportunity to participate and contribute meaningfully.
- Facilitates broad, respectful, and constructive dialogue during meetings. Supports independent thinking and diversity of views while encouraging alignment on decisions and outcomes.
- Controls dominant Committee Appointees/members, and manages conflicts and other circumstances in which the committee is not functioning effectively. If necessary, brings matters to the attention of the Board Chair or the Registrar and/ CEO/Chief Executive Officer.
- Conducts regular evaluation of/Regularly evaluate committee performance. and implements improvements to committee/improve its effectiveness.
- Ensures that new committee members/Committee Appointees understand the committee's role of the committee and receive appropriate orientation. Recommends opportunities, or set requirements for ongoing education or training for the committee.
- Committee chairs are recommended by/the Nominations Committee recommends Committee Chairs, and the Board appoints them annually/by the Board. The length/number of times an individual/a member may serve as a eChair to any committee is three years, whether served consecutively or not.
- Should/if the eCommittee eChair is/be unable to preside at a meeting, other committee members/Committee Appointees may/will select amongst themselves a replacement eChair.

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Policy Type: Section 2: Roles and Responsibilities

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Policy Reference and Title: 2.7 / Role of Registrar and Chief Executive Officer (CEO)

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Date Prepared: October 2024

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

To establish and articulate the Registrar & CEO's roles and responsibilities of the Registrar and Chief Executive Officer (CEO) of the College.

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Application

This policy applies to the:

- The Registrar and Chief Executive Officer (CEO), who is the Board's sole employee of the College's Board and fulfills the statutory duties of the role.
- The Board of Directors, which who, collectively, delegates the College's operations to the Registrar and CEO.

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Policy

The relationship between the Board and its Registrar and CEO is of critically importance. An effective and empowered Registrar and CEO is key to Board excellence, and an effective relationship between the two enables the Board to avoid the administrative details and short-term focus of College and staff management and to focus its attention on the College's vision, mission, vision, values, and strategic goals, and long-term focus of governance.

The Registrar and CEO fulfills the statutory duties of the role and is responsible for College management, operations, and legislative programs of the College within the Board's financial targets set by the Board.

The Registrar and CEO hires and maintains an effective staff team, which includes providing timely and relevant policy and program information and recommendations to the Board and its committees. The Registrar and CEO provides leadership for College programs and operations and sees that they contribute to meeting the objectives set out in the Board's Strategic Plan.

Specifically, the role of the Registrar and CEO includes the following responsibilities:

Executive Leadership and Organizational Management

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- Lead and participate in the development of developing operating plans and policy, ensuring that the activities of operational and program areas are aligned with overall plans, strategies, and priorities.
- Implement processes to ensure continuous quality improvements of the College's programs and activities.

- Lead the development and implementation of programs, policies, and protocols to ensure that the College complies with its legislative obligations and for effective financial, regulatory, and operational performance, including reporting to the Board about the College's performance.
- Support the operation and administration of the Board and its committees to ensure that they meet statutory obligations as defined by the RHPA Regulated Health Professions Act, 1991.

Strategy and Governance

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- Build and maintain capacity for strategic planning at the College, and take ownership ~~for~~ of the accomplishment of the Board's strategic goals as set out in the ~~s~~Strategic ~~p~~Plan approved by the Board. Ensure the regular review of strategic goals, and of the College's ~~vision,~~ mission, vision, and values.
- Assist and support the Board in fulfilling its governance responsibilities and in achieving and managing good governance practices.
- In collaboration with the Executive Committee, ensure that the Board agenda and materials support effective and well-informed decisions.
- Oversee the identification of trends, issues, and risks relevant for the Board's and committees' consideration, and recommend and develop policies and activities to respond to ~~them~~these trends, issues, and risks.

Financial, Risk, and Facilities Management

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- Recommend the annual budget for Board approval, and prudently manage the College's financial resources.
- Provide relevant, timely, and complete financial information to facilitate informed decision-making by the Board.
- Ensure that financial and internal controls are in place ~~at the College~~ in addition to processes to identify and manage key risks to the College.
- Ensure the College's long-term financial viability, ~~of the College~~ including cost and revenue projections and investment planning.
- Create a safe and efficient work environment that supports the effective ~~utilization~~use of all resources.

Human Resources Management

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- Recruit, lead, and develop the College's human resources ~~team, and e~~Make sure that policies and controls are in place to build and maintain a safe and tolerant working environment, ensuring ~~its~~the College's commitment to ~~e~~Equity, ~~d~~Diversity, and ~~i~~nclusion that supports the goals of staff satisfaction, engagement, and performance.
- Foster a work culture that results in high productivity and staff morale.
- Act as a key conduit between the Board and College staff, and facilitate a productive relationship between College staff and Board Directors, as required.

- Participate in an annual performance review.

Public Relations and Communications

- Act as the College's spokesperson in collaboration with the Board Chair.
- Develop and maintain meaningful relationships with the public and system partners, including ~~the~~ professional associations, government, relevant associations, and regulatory peers.

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Policy Type: Section 2: Roles and Responsibilities

Policy Reference/and Title: 2.8 / Board's Relationship with Registrar & Chief Executive Officer (CEO) and College Staff

Date Prepared: October 2024

Date Revised: n/a

Date Reviewed: n/a

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Purpose

To set the parameters for a strong and effective relationship between the Board of Directors and the Registrar & Chief Executive Officer (CEO) and between the Board (and committee members/Committee Appointees) and College staff, these relationships play a vital role in the College fulfilling its mandate and achieving its goals.

Application

This policy applies to the:

- The Registrar & CEO, who is the Board's sole employee of the College's Board and fulfills the statutory duties of the role.
- The Board of Directors, which/who, collectively, delegates the College's operations to the Registrar & CEO.
- The Committee Appointees/Board Chair
- College staff

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Policy

College Governance of the College will be is most effective when the Board and Registrar & CEO understand each other's roles, responsibilities, and authorities, and work collaboratively. For the relationship to be effective and successful, both the Board and Registrar & CEO must understand and respect the boundaries of their respective powers and authority. At the same time, it is important for the Board/Directors, the Registrar/CEO/Committee Appointees, and College staff members to must recognize each other's distinct roles and powers. Each person contributes significantly to the College's success.

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Relationship with Between the Board and the Registrar & CEO

- The Board provides direction to the Registrar & CEO, and, through the Registrar, to College staff and management. The Board ensures compliance with these directions. The Board delegates authority to the Registrar & CEO to establish operating policies and procedures and to make decisions that enable the College to operate effectively and achieve its strategic goals.
- The Registrar & CEO is accountable to the Board, through the Board Chair. The Registrar & CEO reports regularly to the Board on matters that are relevant to the Board and the College.

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- The relationship between the Registrar/ & CEO and individual Board-Directors and committee members/Committee Appointees is not hierarchical. Individual Board-Directors do not have authority to instruct the Registrar/ & CEO except with the Board's approval of the Board. The Board-Chair has the Board's approval of the Board to collaborate and work together with the Registrar/ & CEO.
- The Board Chair and the Registrar/ & CEO are responsible to manage Board matters that concern the relationship between the Board and staff members.
- The Board establishes a process to evaluate the Registrar & CEO's performance of the Registrar/CEO.

Relationship with Between the Board and Committee Appointees and College Staff

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- Individual Board-Directors and committee members/Committee Appointees engage collaboratively with College staff, who bring valuable knowledge and experience essential for the effective functioning of Board and committee business. Board-Directors and committee members/Committee Appointees work together with staff to foster collegial interactions during College activities. It's important to honouring the distinct roles within the organization is important, recognizing Board-Directors as decision-makers and staff members as advisers and facilitators.
- Board-Directors should appreciate and respect the distinction between their governance and policy-making roles and the roles of College staff and management at the College. To support effective collaboration, Board-Directors should recognize and support staff to manage administrative and operational matters, ensuring a clear understanding of each party's responsibilities.
- College staff play a vital role in implementing the Board's governance and strategic policy directions of the Board. They are encouraged The College encourages staff to align their actions with Board policies and to operate within the established framework, ensuring effective collaboration and support for the Board's vision.
- The Board Chair and Registrar/ & CEO are responsible for managing/manage issues of concern between a staff member and a member of the Board-Director or eCommittee Appointee. In the context of committee matters, the eCommittee eChair may deals with the issue in consultation with the Registrar/ & CEO.

Policy Type: Section 3: Board Structure, Responsibilities, and Process

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Policy Reference and Title: 3.1 Board Competency Framework

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Date Prepared: January 2025

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Date Revised: n/a

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Date Reviewed: n/a

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Attributes needed by every Director to support strong decision-making in the public interest:	Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:	Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:
<p>Public Interest Focus</p> <p>Prioritizes the public’s right to safe, ethical care by fully understanding and committing to the public protection mandate. Balances personal and professional interest to always place the public interest first, with diligence and focus.</p>	<p>Leadership</p> <p>Demonstrates confidence, sound judgment, and the ability to inspire, motivate, and guide others. Skilled in consensus-building, facilitation, and fostering a collaborative leadership approach. Upholds and promotes the values and commitments of COTO.</p>	<p>Professional and Experiential Diversity</p> <p>Recognizes that professional practices and experiences vary across different sectors and contexts (public, private, and non-profit). It is essential for the Board to include perspectives from a range of professional backgrounds and fields, ensuring a broad understanding of different sectors and roles.</p>
<p>Collaborative and Inclusive</p> <p>Actively engages in respectful, diplomatic, and inclusive dialogue, fostering a culture that values diversity and welcomes differing perspectives, experiences and ideas.</p>	<p>Board and Governance Experience</p> <p>Demonstrates experience or expertise in governance within the private, public, or non-profit sectors, gained through board or committee service. Understands the distinct roles of the Board and management, as well as the difference between regulatory bodies and professional associations.</p>	<p>Regional Diversity</p> <p>Acknowledges that public services and experiences differ across regions, with unique needs and expectations in each area. The Board benefits from having representatives who bring perspectives from various geographic regions, ensuring decisions reflect the diverse needs of different communities.</p>

Attributes needed by every Director to support strong decision-making in the public interest:	Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:	Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:
<p>Accountability and Integrity</p> <p>Demonstrates a commitment to honesty. Be able and willing to take full responsibility for decisions and follow through on commitments.</p>	<p>Knowledge of Professional and Occupational Regulation</p> <p>Good understanding of the role and mandate of health regulatory Colleges in Ontario, with a focus on public protection. Understands the regulatory framework for various professions, including occupational therapy.</p>	<p>Age Diversity</p> <p>Ensures that the Board reflects a range of age groups, incorporating the perspectives and experiences of individuals at different ages. A diverse age representation fosters a more holistic approach to decision-making and enhances relevance across generations.</p>
<p>Communicator</p> <p>Demonstrates strong communication skills by actively listening and clearly articulating ideas, opinions, and positions while being open to feedback and diverse viewpoints.</p>	<p>Risk Management</p> <p>Knowledge of risk management principles, with experience in identifying, assessing, and mitigating significant risks that could affect the College's objectives and operations.</p>	<p>Cultural Diversity</p> <p>Recognizes that cultural factors influence practices and decision-making across sectors. It is essential to include diverse cultural perspectives, particularly from Indigenous and other historically underrepresented ethnic and racial groups, to ensure inclusive and equitable governance.</p>
<p>Objectivity</p> <p>Demonstrates objectivity by engaging in self-reflection and making decisions based on evidence, reliable data, and sound judgment, always striving to fulfill the public mandate effectively.</p>	<p>Community and Public Relations</p> <p>Recognizes the importance of the public interest in decision-making and is mindful of how decisions are perceived by diverse groups. Fosters inclusive dialogue and engages meaningfully with various communities to ensure decisions reflect diverse perspectives. Recognizes the impact of public perception on decision-making and works to build trust and credibility through open dialogue.</p>	<p>Gender Diversity</p> <p>Promotes gender diversity by ensuring that the Board reflects individuals with diverse gender identities and expressions. This diversity enriches decision-making by incorporating a variety of lived experiences and perspectives related to gender.</p>

Attributes needed by every Director to support strong decision-making in the public interest:	Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:	Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:
Respectful Demonstrates respect by engaging effectively with others, appreciating diverse perspectives, and fostering an environment where open, respectful dialogue is encouraged, even amidst differing views.	Financial Literacy Demonstrates knowledge of financial management, including analyzing financial statements, evaluating budgets, and understanding generally accepted accounting principles. Able to interpret financial data, ask insightful questions, and contribute to ensuring the integrity of financial information provided to the Board.	
Visionary and Strategic Thinker Considers wider impact of decisions on the College and its ability to meet its strategic directions. Identifies risks and broader trends and considers how decisions align with strategic objectives and long-term priorities.	Technological Competence Demonstrates proficiency with technology to support the College's operations while upholding standards of security, privacy, and efficiency.	
Committed and Prepared Demonstrates commitment by dedicating the necessary time and effort to prepare for, actively participate in, and contribute to Board meetings and activities, ensuring informed and thoughtful decision-making.		

Policy Type: Section 3: Board Structure, Responsibilities, and Process

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Policy Reference and Title: 3.2 / Screening for Board Directors and Professional Academic Appointees

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Date Prepared: October 2024

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

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The purpose of this policy is to establish a framework for screening prospective members of the College's Board of Directors.

Application

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This policy applies to:

- The Nominations Committee and to the College Staff of the College, each of whom have a role in overseeing the process for the election of electing Board Directors.
- The Board of Directors which is committed to a selection process that is competency based, open, and transparent. This includes ensuring that a public call for applications is made in accordance with according to the bylaws and screening registrants against a pre-determined set of selection criteria.

Policy

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- Part 5 of the College bylaws outlines the eligibility requirements for registrants interested in serving on the College's Board of Directors.
- The recruitment of registrants interested in serving on the Board of Directors will begin when there are vacancies required to be filled as outlined in the College bylaws, following a needs assessment of the desired skills and competencies that the Board is seeking.
- Registrants interested in serving on the Board of the College must complete the College's online pre-election orientation module and complete an application form confirming their eligibility and practice experience, as well as submit a resumé. The application form also provides the opportunity for registrants candidates to submit a self-assessment on the desired skills and competencies and provide give further information that would speak to about their suitability, to help the Nominations Committee assess the candidate's overall qualifications of the registrant.
- Applicants will first be screened by College staff first screen candidates based on whether they meet the eligibility criteria. A list of registrants and any accompanying submissions will be reviewed by the Nominations Committee then reviews a list of candidates and any accompanying submissions. Short-listed applicants will be candidates are invited to participate in an interview with members of the

Nominations Committee. The interview will focus on determining if candidates meet the criteria and have the desired competencies.

- The Nominations Committee will refer to the following selection criteria (called "pre-election competencies") in screening registrants to run for Board elections or as an Academic Appointee:
 - Registrant's eligibility under the bylaws to serve on the Board.
 - Registrant's degree of availability.
 - Candidate's knowledge, skills, and experience of the registrant
 - Candidate's interest in and commitment of the registrant with respect to Board involvement.
 - Fit of the registrant's competencies with the other Directors' competencies of other Board Directors.
 - Diversity of candidates' identities and lived experiences.
 - Avoidance of any conflict of interest or the appearance of bias.
 - Commitment of the registrant's commitment to the public protection mandate.
- Following the interviews, the Nominations Committee will identify the registrants qualified to seek election on the Board of Directors. College staff notify All registrants will be notified of the outcome of the screening process by College staff. The qualified registrants will be placed on the ballot for voting by eligible voters in the electoral district where the election is being held.
- As per section 5.05.7 of the College bylaws, the decision as to whether a registrant meets the pre-election competencies is within the sole discretion of the Nominations Committee.

Academic Appointees

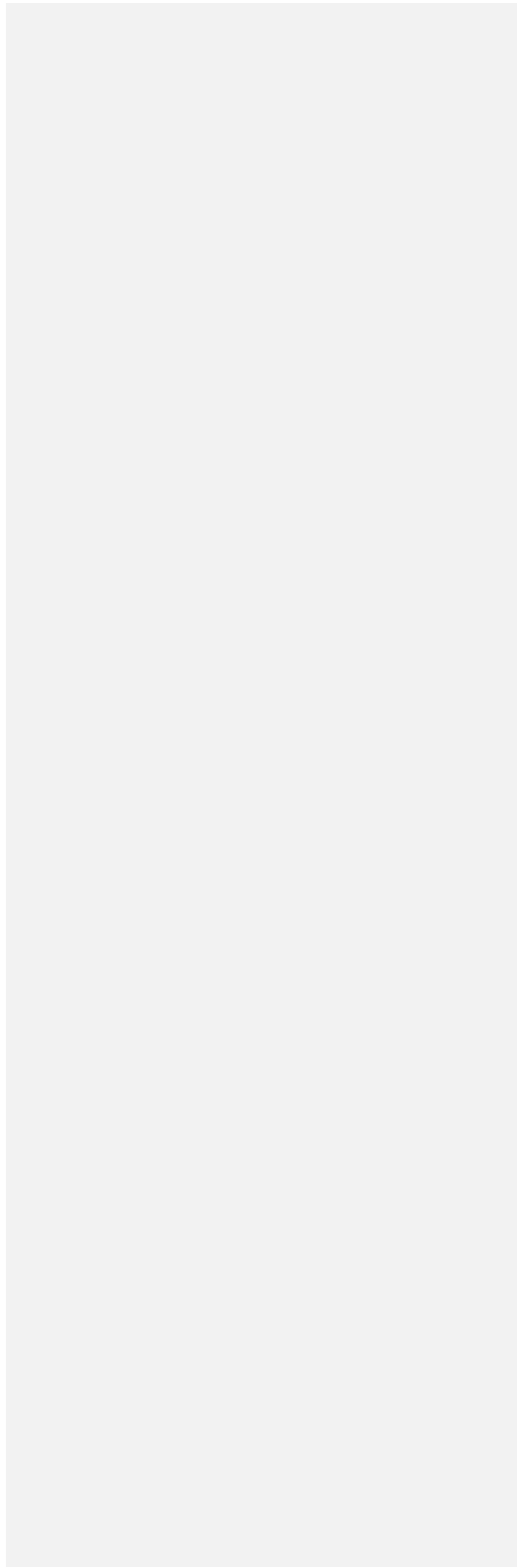
- Part 6 of the College bylaws outlines the eligibility requirements and procedures related to an Academic Appointee.
- The Nominations Committee shall receive any recommendations for candidate(s) from the Registrar and CEO Chief Executive Officer, once the Registrar has completed the preliminary screening for eligibility is complete.
- All candidates will be invited to participate in a meeting with members of the Nominations Committee. The goal of the meeting is to confirm candidates' the expectations of participation on the Board, and confirm the individual's understanding of their prospective role, and availability.
- Following the meeting, the Nominations Committee will make a recommendation to the Board.

Re-Election and Reappointment

- Any Board Director seeking re-election may be required to participate in an interview with the Nominations Committee.
- Any Academic Appointee seeking reappointment as a Board of Director may be required to participate in an interview with members of the Nominations Committee.

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Policy Type: Section 3: Board Structure, Responsibilities, and Process

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Policy Reference and Title: 3.3 / Screening, Selection, and Appointment of Professional Committee Appointees and Community Appointees

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Date Prepared: October 2024

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

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The College is committed to ensuring to ensure that the appointment and reappointment of qualified Professional Committee Appointees and Community Appointees to serve on College committees is conducted in a manner that is competency based, transparent, open, and equitable.

Application

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This policy applies to the:

- The Nominations Committee and to the College Staff of the College, each of whom have a role in overseeing the recruitment, screening, and selection of qualified Professional Committee Appointees and Community Appointee(s) to serve on College committees.
- The Board, which is responsible for receiving and approving the recommended appointment for a committee membership Committee Appointee, as put forth by the Nominations Committee.

Policy

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Appointment

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- Part 12 of the College bylaws outlines the eligibility requirements of Professional Committee Appointees and Community Appointees, who are not members of the Board Directors.
- The recruitment of Professional Committee Appointees and Community Appointees will begin when vacancies are required to be filled, which occurs under these circumstances: following after a needs assessment of the particular committee, and if applicable, following after any changes to the terms of reference for the applicable College committee, or after the establishment of any new committees.
- The recruitment process will include a website posting and/or callout in the College newsletter and social media channels. The College may also send targeted communication and additional outreach may also be sent with specific information regarding recruitment, any specific competency, knowledge, or skill that the committee is seeking, and the process to apply.
- A prospective Professional Committee Appointees or Community Appointees interested in serving on a College committee must complete the College's online orientation module and application form confirming their eligibility and practice experience, as well as submit a resumé. The application form also provides the opportunity for candidates to submit a self-assessment based on the desired skills

and competencies and ~~provide~~ give further information ~~that would speak to about~~ their suitability, to help the Nominations Committee assess the ~~candidate's~~ overall qualifications ~~of the candidate~~.

- ~~Applicants will first be screened by~~ College staff ~~first screen candidates~~ based on whether they meet the selection criteria. ~~Staff may also consider Applicants candidates who were~~ unsuccessful ~~in from~~ previous committee recruitment campaigns but who gave prior consent for the College to hold their documents on file ~~may also be considered~~. ~~A list of applicants and any accompanying submissions will be reviewed by~~ the Nominations Committee ~~reviews a list of candidates and any accompanying submissions~~. Short-listed candidates ~~will be~~ invited to participate in an interview with ~~members of~~ the Nominations Committee. The interview ~~will focus~~ on determining if candidates meet the criteria and have the desired competencies.
- The Nominations Committee ~~will refer~~ to the following criteria in recommending candidates to serve on committees:
 - Candidate's eligibility under the bylaws to serve on a committee,
 - Candidate's degree of availability,
 - ~~Candidate's K~~ knowledge, skills, and experience, ~~of the candidate~~
 - ~~Candidate's I~~ interest ~~in~~ and commitment ~~of the candidate with respect~~ to committee involvement,
 - ~~Candidate's P~~ previous performance ~~of the individual~~ on College committees,
 - Fit of ~~the~~ candidate's competencies with the competencies of other ~~committee members~~ ~~Committee Appointees~~.
 - Diversity of ~~candidates'~~ identities and lived experiences,
 - ~~Avoid~~ ~~anceing of~~ conflict of interest or appearance of bias,
 - ~~Candidate's C~~ commitment ~~of the applicant~~ to the public protection mandate.
- Following the interviews, the Nominations Committee ~~will recommend~~ ~~determines~~ the candidate best qualified to be appointed based on the selection criteria. ~~All candidates will be notified of the outcome of the screening process.~~
- ~~The~~ Nominations Committee ~~will bring~~ forward a recommendation to the Board for approval at its next meeting.
- ~~Staff notify A~~ ~~all candidates will be notified of the outcome of the screening process by staff.~~
-
- The term limit for a Professional Committee ~~Appointee~~ or Community Appointee is three years, with a maximum of two consecutive terms.

Reappointment

All Professional Committee ~~Appointees~~ and Community Appointees ~~for who wish to be reappointed~~ ~~reappointment~~ to a ~~College~~ committee may be required to participate in an interview with ~~members of~~ the Nominations Committee ~~before prior to~~ ~~re~~appointment by the Board.

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Policy Type: Section 4: ~~College Committees of the College /~~ Terms of Reference ~~(ToR)~~

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Policy Reference/and Title: 4.1 ~~Inquiries, Complaints, and Reports Committee (ICRC)~~

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Date Prepared: December 2009

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Date Revised: March 2010, October 2012, June 2014, June 2017, June 2020, March 2022, March 2023, April 2024

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Date Reviewed: n/a

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Committee Category

Statutory

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Mandate

The ~~Inquiries, Complaints and Reports Committee~~ (“the Committee”, “ICRC”) is mandated to protect of the public interest by:

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- Establishing policies and procedures to direct the actions of the College ~~of Occupational Therapists of Ontario (the “College”)~~ or its staff ~~with respect to~~ regarding complaints and reports received about ~~College registrants of the College.~~
- ~~Appointing panels to review complaints and consider reports about registrants of the College.~~
- ~~Making decisions in accordance with~~ according to section 26(1) of the Health Professions Procedural Code, which is Schedule 2 of the ~~Regulated Health Professions Act, 1991 (RHPA).~~

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Accountability and Authority

The ICRC ~~is a statutory committee of the College and is~~ was established ~~pursuant~~ according to section 10(1)(3) of the ~~Health Professions Procedural Code (the “Code”); being Schedule 2 to the Regulated Health Professions Act, 1991.~~

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Limitations

The ICRC ~~shall only~~ exercises ~~only~~ the authority, and fulfills ~~only~~ the duties and responsibilities authorized under the ~~RHPA Regulated Health Professions Act, 1991~~, the ~~Occupational Therapy Act, 1991 (Act)~~, and the regulations and bylaws made under these acts.

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Duties and Responsibilities

The ICRC ~~shall be responsible for~~ undertakes the following activities:

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- Advise the Board on ~~the development~~ developing and ~~maintenance of~~ maintaining policies and procedures governing the inquiries, complaints, and reports processes.
- ~~Through panels appointed by the ICRC Chair, inquires into whether a registrant is incapacitated, and takes appropriate action according to sections 58 to 63 of the Code.~~

- ~~By way of Through~~ panels appointed by the ICRC Chair, investigate~~s~~ complaints, review~~s~~ ~~the registrants'~~ submissions ~~from the registrant(s)~~, make~~s~~ reasonable efforts to ensure a thorough investigation, ~~has occurred~~ and take~~s~~ appropriate action ~~in accordance with~~ ~~according to~~ the ~~Code~~ requirements ~~of the Code~~.
- Dispose~~s~~ of complaints, where possible, within the time ~~frames~~ allowed in the Act.
- ~~By way of Through~~ panels appointed by the ICRC Chair, consider~~s~~ reports ~~submitted~~ by the Registrar/ & CEO ~~under section: 79(a) of the Code~~, review~~s~~ ~~the registrants'~~ submissions ~~from the registrant(s)~~, make~~s~~ reasonable efforts to ensure that all relevant information has been obtained, and take~~s~~ appropriate action ~~in accordance with~~ ~~according to~~ section 26 of the Code.
- ~~By way of panels appointed by the ICRC Chair, inquire into whether a registrant is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code.~~
- Consider~~s~~ the need for interim orders and ~~the~~ emergency appointments~~s~~ of an investigator where required.
- Issue~~s~~ ~~to the parties~~ a written decision with reasons (with certain statutory exceptions) ~~to the parties~~.
- ~~For complaints only, issue~~ ~~Issue to the parties~~ a notice of the right to request a review of the decision through the Health Professions Appeal and Review Board ~~(for complaint matters only) to the parties~~.
- Consider~~s~~ the feedback provided, where available, from the Health Professions Appeal and Review Board as related to complaint decisions ~~of the ICRC~~.
- Develop~~s~~ amendments to the Professional Misconduct Regulation, for approval by the Board and the Ministry of Health.
- Recommend~~s~~ material to be posted publicly in compliance with legislation and transparency principles.
- Bring~~s~~ recommendations to the Board, as required, on associated policies/ ~~or~~ measures that will assist in avoiding or ~~controlling~~ ~~mitigating~~ risks.

Composition of Committee

The ICRC ~~shall be composed of~~ ~~comprises~~ at least ~~all of the following~~:

- Two Public Directors~~,~~
- Four or more Professional Committee Appointees~~,~~
- ~~At the discretion of the Board, o~~ ~~One or more Community Appointee(s~~ ~~at the Board's discretion.)~~

An ICRC panel must be composed of at least three ~~e~~ ~~Committee~~ ~~Appointees~~ ~~members~~, at least one of whom must be a Public Director.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the ICRC will strive to demonstrate the following competencies:

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Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

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Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics which guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

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Health care terminology

- Know and understand the common terminology, acronyms and phrases used in health care.

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Term of Office

The terms of Committee members/CRC Appointees who are also members of the Board Directors is one year.

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The term of Committee members/CRC Appointees who are not members of the Board Directors is three years, with a maximum of two consecutive terms.

The Board approves appointments to the Committee/CRC. The term of office for Committee/each CRC Appointee members shall begin immediately after their appointment.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The ICRC holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

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Quorum

Pursuant/According to section 14.06.1 of the College bylaws, a majority of members of the Committee/CRC Appointees constitutes quorum. When sitting in/For panels, according to the Code's requirements, three members of a panel constitutes a quorum.

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Selection of the Chair

The Board annually appoints the ICRC Chair of the ICRC is to be appointed annually by the Board.

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In the event that/if the Chair is unable or unwilling to preside at the meeting, the Chair shall/will designate an acting Chair from among the Committee/CRC Appointees members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then/ICRC will select an acting Chair to preside at the meeting from among its members/appointees.

Voting

Whenever possible, decision-making at the Committee level shall/be/is conducted using a consensus model. When necessary, formal voting will/be/is used.

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Unless specifically provided for otherwise under the [Health Professions Procedural Code, being Scheduled 2 to the Regulated Health Professions Act, 1997](#), or the College bylaws, every motion that properly comes before the Committee ~~shall be~~ decided by a simple majority of the votes cast at the meeting by the Committee ~~members~~ [Appointees](#) present.

~~The Chair, as a member of the~~ [As a](#) Committee [Appointee](#), [the Chair](#) may vote.

In the event of a tie ~~vote~~, the motion is defeated.

Reporting

~~At every Board meeting, The committee~~ [the ICRC reports](#) shall provide a report of its activities at every ~~Board meeting~~ on activities ~~that have been~~ [it has](#) undertaken since the last report. The ~~Committee~~ [ICRC](#) prepares an annual report of its activities at the end of each fiscal year.

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Conflict of Interest

All ~~Committee members~~ [ICRC Appointees](#) have a duty to carry out their responsibilities in a manner that serves and protects the [public](#) interest ~~of the public~~. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All ~~Committee members~~ [ICRC Appointees](#) have a duty to uphold and further the [RHPA's](#) intent ~~of the Regulated Health Professions Act, 1997~~ to regulate the professional practice of occupational therapy in Ontario in the public interest, ~~and~~ [ICRC Appointees also have a duty](#) not to represent the views of advocacy or special interest groups.

~~The College bylaws include C~~ [comprehensive information regarding conflict of interest obligations is included in the College bylaws.](#)

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Committee Records

The ~~Committee~~ [ICRC shall ensure](#) that [College staff record, approve, and maintain](#) accurate minutes of all Committee meetings and proceedings ~~are recorded, approved, and maintained by the College staff~~. Electronic means are suitable for ~~maintaining the maintenance of~~ minutes and records.

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Resources

~~The Committee is supported by~~ [The Manager of Investigations and Resolutions](#) [Professional Conduct supports the ICRC, as do](#) ~~Other staff members provide support to the committee.~~

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Confidentiality

~~Members of the ICRC will~~ [ICRC Appointees](#) have access to highly sensitive and confidential information, which they must keep in the strictest confidence. ~~It is understood that~~ [The](#) duty of confidentiality for [ICRC members](#) [Appointees of this committee are](#) especially stringent. ~~Members~~ [Appointees of the ICRC shall](#) ~~must~~ not discuss with anyone any information that the Committee considers, even ~~in~~ [of](#) a general nature, except for the purpose of providing the annual report to the Board.

Each [ICRC Appointee](#) ~~member of the ICRC~~ must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the ~~Committee~~ [ICRC](#).

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Evaluation

The Committee ICRC terms of reference will be reviewed annually by the Governance Committee and amended where necessary, — for example, in response to statutory, regulatory, or policy amendments. The Board must approve Aany amendments to the terms must be approved by the Board.

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Policy Type: Section 4: ~~College Committees of the College/~~ Terms of Reference ~~(ToR)~~

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Policy Reference/and Title: 4.2 ~~Discipline Committee~~

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Date Prepared: December 2009

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Date Revised: March 2010, October 2012, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, January 2025

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Date Reviewed: n/a

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Committee Category

Statutory

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Mandate

The Discipline Committee ~~(the “Committee”)~~ is mandated to protect the public interest by establishing and maintaining a framework for dealing with matters referred to it for a discipline hearing by the Inquiries, Complaints and Reports Committee (ICRC). ~~#The Discipline Committee is responsible for holding fair and open hearings ofon allegations of a registrant’s professional misconduct or incompetence.-~~ The Discipline Committee ~~shall bejs~~ known as the Ontario Occupational Therapists Discipline Tribunal in English and Tribunal de discipline des ergothérapeutes de l’Ontario in French. ~~Whether orally or in writing, and ee~~ each reference to ~~the Ontario Occupational Therapists Tribunal or Tribunal de discipline des ergothérapeutes de l’Ontario~~ either of these entities, ~~whether orally or in writing, shall be deemed to bejs~~ considered a reference to the ~~College~~ Committee of the College as specified in the Health Professions Procedural Code and any other legislation or policy where the context requires.

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Although the Committee is a College committee of the College of Occupational Therapists of Ontario (the “College”), it is independent of the College. It fairly and impartially holds hearings between the College and registrants ~~of the College~~.

Accountability and Authority

The Discipline Committee ~~is a statutory committee of the College and iswas~~ established pursuant ~~according~~ to section 10(1)(4), of the Health Professions Procedural Code, ~~which is (the “Code”)~~ being Schedule 2 ~~toof~~ the Regulated Health Professions Act, 1991 (RHPA).

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Limitations

The Committee ~~shall only~~ exercises only the authority, and fulfills only the duties and responsibilities authorized under the RHPA Regulated Health Professions Act, 1991, the Occupational Therapy Act, 1991, and the regulations and bylaws made under these acts.

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Duties and Responsibilities

The Committee ~~shall be responsible for~~ undertakes the following activities:

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- Reviews and updates all College policies and documents of the College with regard to regarding the disciplinary process.
- Through panels, holds hearings, by way of panels, on specified allegations of a registrant's professional misconduct and/or incompetence referred by the ICRC, in accordance with according to the legislative requirements of the legislation.
- Through panels, holds hearings, by way of panels, on a registrant's application for reinstatement of a certificate of registration, if the certificate was revoked on the grounds of professional misconduct or incompetence.
- Considers applications from persons who are not parties to the hearing, to participate in the hearing according to the circumstances defined in section 41.1 of the Code, and to determine the extent of the participation.
- Makes orders excluding the public from a hearing or a part of a hearing in accordance with according to the circumstances defined in section 45 of the Code.
- Makes orders preventing public disclosure of matters discussed at the hearing in accordance with according to section 45 of the Code.
- Upon request of a witness in a sexual abuse case, makes an order that no person shall publish the identity of the witness in accordance with according to section 47 of the Code.
- Hears motions and makes orders on any other procedural matters before and during a hearing.
- When a registrant has been found to have committed an act of professional misconduct or to be incompetent, makes an order(s) for a penalty or costs in accordance with according to sections 51, 52, 53, and 53.1 of the Code.
- Has written decisions and reasons, and ensures that the findings of a hearing are made public.
- Reviews and approves the Committee's Rules of Procedures of the Committee.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or controlling mitigating risks.

Committee Composition

The Committee shall be composed of comprises:

- All Elected Directors and Academic Appointees.
- All Public Directors.
- One or more Professional Committee Appointee(s).
- One or more Community Appointee(s at the Board's discretion), at the discretion of the Board.
- One or more Adjudicator Appointee(s), who have been specifically appointed to chair the Committee's panels of the Committee and one of whom has been specifically appointed to chair the Committee.

Panels

The Chair may select Panels may be selected by the chair to consider alleged registrant professional misconduct and incompetence referred to the Committee by the ICRC. In accordance with According to

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the Code, panels ~~shall be composed of~~comprise at least three members; ~~at least~~ two of whom shall be Public Directors and ~~at least one~~ whom shall be an Elected Director/ or Academic Appointee/Director.

Where necessary, hearing panel members may be selected from the ~~appointees~~members of the Fitness to Practise (FTP) Committee.

No person shall can be selected for a panel who has if they have taken part in the investigation of what is to be the subject matter of the panel's hearing.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Committee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics which guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Adjudication and hHearing

- Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The terms of eCommittee ~~Appointees~~members who are also ~~members of the Board Directors~~ is one year.

The term of eCommittee ~~Appointees~~members who are not ~~members of the Board Directors~~ is three years, with a maximum of two consecutive terms; ~~with the exception of~~ Adjudicator Appointees ~~are an exception to this; they have for whom there is~~ no limit to the number of terms they may serve.

The Board approves appointments to the eCommittee. The term of office for ~~each eCommittee Appointee~~members shall begins immediately after their appointment.

Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

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Quorum

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PursuantAccording to section 14.07.1 of the College bylaws, a majority of Committee Appointeesmembers of the Committee constitutes quorum. When sitting inFor panels, pursuantaccording to the Code's requirements of the Code, a minimum of three members of a panelconstitutes quorum, and at least one of whomthem must be a Public Director member appointed to Board by the Lieutenant Governor in Board, constitute quorum.

Selection of the Chair

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The Board annually appoints the Chair of the Discipline Committee is to be appointed annually by the Board.

In the event thatIf the Chair is unable or unwilling to preside at the meeting, the Chair shallwill designate an acting Chair from among the Committee Appointeesmembers to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall thenwill select an acting Chair to preside at the meeting from among its appointeesmembers.

Voting

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Whenever possible, decision-making at the Committee level shall-beis conducted using a consensus model. When necessary, formal voting will-beis used.

Unless specifically provided otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall-beis decided by a simple majority of the votes cast at the meeting by the Committee Appointeesmembers present.

The Chair, -as a Committee Appointeemember of the Committee, the Chair may vote.

In the event of a tie vote, the motion is defeated.

Reporting

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The Committee shall provide a report of its activities -at every Board meeting, the Committee reports on activities that have beenit has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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All Committee Appointeesmembers have a duty to carry out their responsibilities in a manner that serves and protects the public interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointeesmembers have a duty to uphold and further the RHPA's intent of the Regulated Health Professions Act, 1991 to regulate the professional practice of occupational therapy in Ontario in the public interest, and Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

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The Committee shall ensure that ~~College staff record, approve, and maintain~~ accurate minutes of all Committee meetings and proceedings ~~are recorded, approved, and maintained by the College~~. Electronic means are suitable for ~~the maintenance of~~ maintaining minutes and records.

Resources

~~The Committee is supported by~~ The Manager of ~~Investigations and Resolutions~~ Professional Conduct supports the Committee, as do: ~~Other staff members provide support to the Committee~~.

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Confidentiality

~~Members of the~~ Committee ~~Appointees will~~ have access to highly sensitive and confidential information, which they must keep in the strictest confidence. ~~It is understood that~~ The duty of confidentiality for ~~members appointees~~ of this Committee ~~are~~ especially stringent. ~~Members of the~~ Committee ~~Appointees must~~ shall not discuss with anyone any information that the Committee considers, even ~~in~~ of a general nature, except for the purpose of providing the annual report to the Board.

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Each ~~Committee Appointee~~ ~~member of the Committee~~ must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference ~~will be~~ reviewed annually ~~by the Governance Committee~~ and amended where necessary, ~~—~~ for example, in response to statutory, regulatory, or policy amendments. ~~The Board must approve~~ Any amendments to the terms ~~must be approved by the Board~~.

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Policy Type: Section 4: ~~College Committees of the College/~~ Terms of Reference ~~(ToR)~~

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Policy Reference/and Title: 4.3 ~~/~~ Registration Committee

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Date Prepared: December 2009

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Date Revised: March 2010, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, January 2025

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Date Reviewed: n/a

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Committee Category

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Statutory

Mandate

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The Registration Committee ~~(the "Committee")~~ is mandated to ensure protection of the public interest by providing strategic direction to the College and to the Registrar ~~& Chief Executive Officer (CEO) with regards to~~ the ~~College's~~ registration processes ~~of the College~~.

Accountability and Authority

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The Registration Committee ~~is a statutory committee of the College of Occupational Therapists of Ontario (the "College") and is~~ was established ~~pursuant~~ according to sections 10(1)(2) of the Health Professions Procedural Code ~~(the "Code"), being which is~~ Schedule 2 ~~of~~ the *Regulated Health Professions Act, 1991 (RHPA)*.

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Limitations

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The Committee ~~shall only~~ exercises ~~only~~ the authority, and fulfills ~~only~~ the duties and responsibilities authorized under the *RHPA Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

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Duties and Responsibilities

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The Committee ~~shall be responsible for~~ undertakes the following activities:

- ~~On the Board's behalf, oversees~~ ~~Oversee on behalf of the Board,~~ the College's review of its registration practices to ensure ~~that~~ they are transparent, objective, impartial, and fair.
- Advises the Board on the ~~College's R~~ registration ~~R~~ requirements ~~of the College~~, including education, examinations, and qualifications criteria.
- Develops policies and procedures necessary to administer the ~~R~~ registration program.
- ~~Through panels, meets~~ Meeting in the form of panels to ~~M~~ make ~~M~~ decisions regarding applications for registration, ~~when the Registrar & CEO refers these decisions referred to by the Registrar to the Committee in accordance with~~ according to the Code, the regulations, and College policy.

- Considers registration applications ~~for registration~~ referred to it by the Registrar & CEO when the Registrar:
 - Has doubts, on reasonable grounds, about whether the applicant fulfills the registration requirements,
 - ~~is of the opinion~~ Believes that terms, conditions, or limitations should be imposed on a certificate of registration, or
 - Proposes to refuse the application.
- Considers applications to remove or modify a term, condition, or limitation that was imposed as a result of a Registration proceeding.
- Considers applications and applicants' submissions, and make orders with respect to ~~about~~ the disposition of ~~the~~ applications in accordance with ~~according to~~ the Code.
- Oversees the College's participation in hearings or reviews of the Registration Committee's decisions before the Health Professions Appeal and Review Board.
- Prepares a report on fair registration practices ~~report~~ annually or at such other times as the Fairness Commissioner may specify.
- Oversees the implementation of a registration practices audit, as required, by the Fairness Commissioner.
- Provides other reports and information to the Fairness Commissioner, as required.
- Develops amendments to the registration portion of the General Regulation, for approval by the Board and the Ministry of Health.
- Brings recommendations to the Board, as required, on associated policies / or measures that will assist in avoiding or controlling ~~mitigating~~ risks.

Composition of Committee

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The Committee ~~shall be composed of~~ comprises at least all of the following:

- Two Public Directors,
- One or more Professional Committee Appointee(s),
- ~~At the discretion of the Board,~~ One or more Community Appointee(s at the Board's discretion.)

Panels

~~The Chair may select panels to perform statute-specific functions. According to the Code, panels comprise at least three members: two Public Directors and one Elected Director or Academic Appointee.~~

Composition Matrix

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In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Registration Committee will strive to demonstrate the following competencies:

Ability

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- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Occupational Therapy Practice

- Familiarity with occupational therapy practice and domains of practice (clinical, education, research, and administration).

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Education/Examinations

- Knowledge and experience with the development and administration of education programs and examinations.

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Registration Processes/Requirements

- Understand the process, procedures and requirements that underpin registration and renewal at the College and be able to evaluate information to determine eligibility.

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International Health Professional/Graduate

- Understand the process for becoming a health professional in Canada with foreign credentials or ideally have experience in navigating that process.

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Term of Office

The terms of Committee ~~Appointeesmembers~~ who are also ~~members-of-the-BoardDirectors~~ is one year.

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The term of Committee ~~Appointeesmembers~~ who are not ~~members-of-the-Board-Directors~~ is three years, with a maximum of two consecutive terms.

The Board approves appointments to the ~~eC~~Committee. The term of office for ~~each~~ Committee ~~Appointeemembers-shall~~ begins immediately after their appointment.

Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

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Quorum

~~Pursuant~~According to section 14.06.1 of the College bylaws, a majority of ~~Committee Appointeesmembers-of-the-Committee~~ constitutes quorum.

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Selection of the Chair

The ~~Board annually appoints the~~ Chair of the Registration Committee ~~is to be appointed annually by the Board.~~

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~~In the event that~~~~f~~ the Chair is unable or unwilling to preside at the meeting, the Chair ~~shall~~~~will~~ designate an acting Chair from among the Committee ~~Appointeesmembers~~ to preside ~~at the meeting~~. If the Chair

is unable to delegate their chairing duties, the Committee ~~shall then will~~ select an acting Chair to preside at the meeting from among its ~~appointeesmembers~~.

Voting

Whenever possible, decision-making at the Committee level ~~shall beis~~ conducted using a consensus model. When necessary, formal voting ~~will beis~~ used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee ~~shall beis~~ decided by a simple majority of the votes cast at the meeting by the Committee ~~Appointees members~~ present.

~~The Chair, aAs a Committee Appointeemember-of-the-Committee,~~ the Chair may vote.

In the event of a tie ~~vote~~, the motion is defeated.

Reporting

~~At every Board meeting, T~~the Committee ~~shall provides~~ a report of ~~its~~the activities ~~at every Board meeting-on-activities-that-have-beenit has~~ undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee ~~Appointeesmembers~~ have a duty to carry out their responsibilities in a manner that serves and protects the ~~public interest-of-the-public~~. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee ~~Appointeesmembers~~ have a duty to uphold and further the ~~RHPA's intent of the Regulated Health Professions Act, 1991~~ to regulate the professional practice of occupational therapy in Ontario, ~~and Appointees also have a duty~~ not to represent the views of advocacy or special interest groups.

~~The College bylaws include C~~comprehensive information regarding conflict of interest obligations ~~is included in the College bylaws~~.

Committee Records

The Committee ~~shall ensures~~ that ~~College staff record, approve, and maintain~~ accurate minutes of all Committee meetings and proceedings ~~are recorded, approved and maintained by the College~~. Electronic means are suitable for ~~the maintenance-ofmaintaining~~ minutes and records.

Resources

~~The Committee is supported by t~~The ~~Manager of Registration Manager~~ and ~~Program Director of Programs support the Committee, as do~~ Other staff members ~~provide support to the Committee~~.

Confidentiality

~~Members of the~~ Committee ~~Appointees will~~ have access to highly sensitive and confidential information, which they must keep in the strictest confidence. ~~It is understood that t~~The duty of confidentiality for ~~appointeesmembers~~ of this Committee ~~areis~~ especially stringent. ~~Members of the Committee~~

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~~shall~~Appointees must not discuss with anyone any information that the Committee considers, even ~~in~~of a general nature, except for the purpose of providing the annual report to the Board.

Each ~~Committee Appointee~~member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference ~~will be~~are reviewed annually ~~by the Governance Committee~~ and amended where necessary, ~~—~~for example, in response to statutory, regulatory, or policy amendments. ~~The Board must approve. A~~any amendments to the terms ~~must be approved by the Board~~.

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Policy Type: Section 4: ~~College Committees of the College / Terms of Reference (ToR)~~

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Policy Reference/and Title: 4.4 ~~Executive Committee~~

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Date Prepared: December 2009

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Date Revised: March 2010, October 2012, June 2015, June 2017, March 2020, June 2020, January 2021, March 2022, March 2023, April 2024

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Date Reviewed: n/a

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Committee Category

Statutory

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Mandate

The ~~Board's~~ Executive Committee ~~of the Board of Directors of the College of Occupational Therapists of Ontario (the "Board") is~~was established to act on ~~the Board's~~ behalf ~~of Board~~ when immediate action is required.

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Accountability and Authority

The Executive Committee ~~(the "Committee") is a statutory committee of the College and is~~was established ~~pursuant~~according to section 10(1)(1) of the ~~Health Professions Procedural Code (the "Code"), being~~which is Schedule 2 ~~to~~of the *Regulated Health Professions Act, 1991 (RHPA)*.

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The Committee is empowered to act on ~~the Board's~~ behalf ~~of the Board~~ between meetings on matters that require immediate attention except for anything relating to the making, amending, or revoking of a College bylaw or regulation. ~~The Committee apprises the Board~~Directors ~~will be apprised~~ of any action ~~taken by~~the Committee ~~has taken~~ on the Board's behalf in a timely manner ~~with an opportunity being provided for~~the Board ~~has an opportunity~~ to review such decisions at ~~the its~~Board's next scheduled meeting.

Limitations

The Committee ~~shall only~~ exercises ~~only~~ the authority, and fulfills ~~only~~ the duties and responsibilities authorized under the ~~RHPA~~*Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

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Duties and Responsibilities

The Committee ~~shall be responsible for~~undertakes the following activities:

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Risk Management

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- Leads the Board's oversight of the College's risk management framework.

- Oversees the College's risk register on the management of managing material risk to the College. This includes financial, operational, legal, reputational, or any other material risk to the College, and evaluates risk mitigation strategies and activities.
- Reviews the College's risk management controls and policies, and seeks input and assistance from other Committees, as appropriate.
- Reviews the appropriateness of the insurance coverage maintained by the College.

Other Duties and Responsibilities

- Monitors proper College operations of the College in cooperation with the Registrar & Chief Executive Officer (CEO).
- Exercises the Board's full powers of the Board in all matters of administrative urgency, reporting every action at the next Board meeting of the Board.
- Reviews and approves the agenda for Board meetings, as prepared by the Registrar & CEO, for clarity and priority; identify/Identifies items for which Board meetings may be closed to observers in accordance with according to section: 7(2) of the Health Professions Procedural Code, and recommends closure, with rationale, to the Board.
- Reviews selected briefing materials and reports for the Board for clarity, comprehensiveness, and planning.
- Calls special Board meetings of the Board.
- Provide guidance and support to Guides and supports the Registrar & CEO.
- Conducting the evaluation of Evaluates the Registrar & CEO's performance in accordance with according to agreed-upon strategic priorities, and reviews and decides on on compensation.
- Regularly reviews, considers, and making recommendations recommends to the Board for changes to applicable legislation; regulations; and College bylaws, policies, strategic goals, programs, Rules of Procedure, standards, and guidelines, that fall within the Committee's scope and purpose of the Committee.
- Perform such other duties and tasks as the Board assigns assigned to the Committee by the Board or as authorized under the Code.

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Composition of Committee

The Committee shall be composed of comprises the Board Chair, the Vice-Chair, and two Board Directors and is constituted by as follows:

- Two Elected Directors/ or Academic Appointees.
- Two Public Directors.

• The Board Chair, Vice-Chair, and two Public Directors on the Executive Committee are officers of the College.

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Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals chosen by the Board to join the Executive Committee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

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Governance eExpertise

- Understand how governance works, how committees should function, and be able to think critically about committee structures and practices.

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Term of Office

The ~~Board elects the~~ Committee ~~shall be elected~~ annually ~~by the Board~~.

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Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as is necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

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Quorum

~~Pursuant~~~~According~~ to section 14.06.1 of the College bylaws, a majority of ~~members of the~~ Committee ~~Appointees~~ constitutes quorum.

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Selection of the Chair

The Chair of the Executive Committee ~~shall be~~ the ~~Board~~ Chair ~~of the Board~~.

~~In the event that~~if the Chair is unable or unwilling to preside at the meeting, the Chair ~~shall~~~~will~~ designate an acting Chair from among the Committee ~~Appointees~~~~members~~ to preside ~~at the meeting~~. If the Chair is unable to delegate their chairing duties, the Committee ~~shall then will~~ select an acting Chair to preside at the meeting from among its ~~appointees~~~~members~~.

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Voting

Whenever possible, decision-making at the Committee level ~~shall be~~ ~~is~~ conducted using a consensus model. When necessary, formal voting ~~will be~~ ~~is~~ used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee ~~shall be~~ ~~is~~ decided by a simple majority of the votes cast at the meeting by the Committee ~~Appointees~~~~members~~ present.

~~The Chair, as~~ a ~~Committee Appointee~~ ~~member of the Committee~~, ~~the Chair~~ may vote.

In the event of a tie ~~vote~~, the motion is defeated.

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Reporting

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The Committee shall provide a report of its activities at every Board meeting, the Committee reports on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointeesmembers have a duty to carry out their responsibilities in a manner that serves and protects the public interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointeesmembers have a duty to uphold and further the RHPA's intent of the Regulated Health Professions Act, 1991 to regulate the professional practice of occupational therapy in Ontario, and Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations included in the College bylaws.

Committee Records

The Committee shall ensure that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings are recorded, approved, and maintained by the College. Electronic means are suitable for the maintenance of maintaining minutes and records.

Resources

The Committee is supported by the Registrar/Chief Executive Officer & CEO supports the Committee, as do other staff members provide support to the Committee.

Confidentiality

Members of the Committee Appointeeswill have access to highly sensitive and confidential information, which they must keep in the strictest confidence. It is understood that the duty of confidentiality for appointeesmembers of this Committee are especially stringent. Members of the Committee shall Appointees must not discuss with anyone any information that the Committee considers, even in of a general nature, except for the purpose of providing the annual report to the Board.

Each member of the Committee appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually by the Governance Committee and amended where necessary, for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms must be approved by the Board.

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Policy Type: Section 4: ~~College Committees of the College /~~ Terms of Reference ~~(ToR)~~

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Policy Reference/and Title: 4.5 ~~/~~ Fitness to Practise Committee

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Date Prepared: December 2009

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Date Revised: March 2010, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, January 2025

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Date Reviewed: n/a

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Committee Category

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Statutory

Mandate

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The Fitness to Practise Committee (~~the "Committee"~~) is mandated to protect the public interest by establishing and maintaining a framework for dealing with matters referred to it for an incapacity hearing by the Inquiries, Complaints and Reports Committee (~~the "ICRC"~~).

Although the Fitness to Practise Committee is a College committee ~~of the College of Occupational Therapists of Ontario (the "College")~~, it is independent of the College. It fairly and impartially holds closed hearings between the College and registrants ~~of the College~~.

Accountability and Authority

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The Fitness to Practise Committee ~~is a statutory committee of the College and is was~~ established pursuant ~~according~~ to section 10(1)(5) of the Health Professions Procedural Code (the "Code"), ~~being which is~~ Schedule 2 ~~to of~~ the Regulated Health Professions Act, 1991 (RHPA).

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Limitations

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The Committee ~~shall only~~ exercises ~~only~~ the authority, and fulfills ~~only~~ the duties and responsibilities authorized under the RHPA Regulated Health Professions Act, 1991, the Occupational Therapy Act, 1991, and the regulations and bylaws made under these acts.

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Duties and Responsibilities

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The Committee ~~shall be responsible for~~ undertakes the following activities:

- ~~To review~~ Reviews and updates all College policies and documents ~~of the College with regard relating~~ to the Fitness to Practise process.
- ~~Through panels, holds~~ To hold closed hearings, ~~by way of panels,~~ on general allegations of a registrant's capacity to practise the profession as referred to the Committee by the ICRC, ~~in accordance with~~ according to the legislative requirements ~~of the legislation~~.

- ~~Through panels, holds To hold~~ closed hearings, ~~by way of panels,~~ on a ~~memberregistrant's~~ application for reinstatement of a ~~C~~certificate of ~~R~~registration if the ~~C~~certificate was revoked on the grounds of incapacity.
- ~~To, if~~ a panel finds a ~~memberregistrant~~ to be an incapacitated ~~member,~~ makes ~~s~~ orders ~~in accordance with~~ ~~according to~~ section 69 of the Code.
- ~~To issue~~ ~~issues to the parties~~ a written decision with reasons, ~~at the conclusion of the proceedings, to the parties.~~
- ~~To review~~ ~~Reviews~~ and approves ~~s~~ the ~~Committee's~~ Rules of Procedure ~~of the Committee.~~
- Brings ~~s~~ recommendations to the Board, as required, on associated policies ~~/ or~~ measures that will assist in avoiding or ~~controlling~~ ~~mitigating~~ risks.

Composition of Committee

The Committee ~~shall be composed of~~ ~~comprises:~~

- All Elected Directors ~~/ and~~ Academic Appointees ~~s.~~
- All Public Directors ~~,~~
- One or more Professional Committee Appointee ~~(s).~~
- One or more Community Appointee ~~(s),~~ at the ~~Board's~~ discretion ~~of the Board~~
- One or more Adjudicator Appointee ~~(s),~~ who have been specifically appointed to chair ~~the~~ ~~Committee's~~ panels ~~of the Committee~~ and one of whom has been specifically appointed to ~~be the~~ ~~Chair of~~ ~~chair~~ the Committee.

~~No member shall be selected for a panel who has taken part in the investigation of what is to be the subject matter of the panel's hearing or who has taken part in a matter before the ICRC or Quality Assurance Committee relating to the same registrant who is the subject of the panel's hearing.~~

Panels

~~The Chair may select P~~ ~~panels may be selected by the Chair~~ to investigate whether a registrant is incapacitated. ~~In accordance with~~ ~~According to~~ the Code, panels ~~shall be composed of~~ ~~comprise~~ at least three ~~(3)~~ members, ~~including~~ at least one ~~(1)~~ ~~of whom shall be a~~ Public Director.

Where necessary, ~~hearing~~ panel members may be selected from the ~~appointees~~ ~~members~~ of the Discipline Committee.

~~No member shall~~ ~~person can be selected for a panel who has~~ ~~if they have taken part in either of the following: the investigation of what is to be the subject matter of the panel's hearing or who has taken part in a matter before the ICRC or Quality Assurance Committee relating to the same registrant who is the subject of the panel's hearing.~~

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Fitness to Practise Committee, will strive to demonstrate the

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following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

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Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

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Adjudication and Hearing

- Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.

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Writing/Editing

- Experience in professional and academic writing and editing.

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Term of Office

The terms of Committee ~~Appointeesmembers~~ who are also ~~members-of-the Board-Directors~~ is one year.

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The term of Committee ~~Appointeesmembers~~ who are not ~~members-of-the Board-Directors~~ is three years, with a maximum of two consecutive terms. ~~with the exception of~~ Adjudicator Appointees ~~are an exception to this; they havefor whom there is~~ no limit to the number of terms they may serve.

The Board approves appointments to the ~~e~~Committee. The term of office for ~~each~~ Committee ~~Appointeemembers shall~~ begin immediately after their appointment.

Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

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Quorum

~~Pursuant to~~According to section 14.07.1 of the College bylaws, a majority of ~~Committee Appointeesmembers of the Committee~~ constitutes quorum. ~~When sitting in~~For panels, pursuant according to the ~~Code's requirements of the Code~~, a minimum of three members ~~of a panel~~ constitutes a quorum.

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Selection of the Chair

The ~~Board annually appoints the~~ Chair of the Fitness to Practise Committee ~~is to be appointed annually by the Board.~~

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~~In the event that~~if the Chair is unable or unwilling to preside at the meeting, the Chair ~~will~~shall designate

an acting Chair from among the Committee ~~Appointeesmembers~~ to preside ~~at the meeting~~. If the Chair is unable to delegate their chairing duties, the Committee ~~shall then will~~ select an acting Chair to preside at the meeting from among its ~~appointeesmembers~~.

Voting

Whenever possible, decision-making at the Committee level ~~shall be is~~ conducted using a consensus model. When necessary, formal voting ~~will be is~~ used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee ~~shall be is~~ decided by a simple majority of the votes cast at the meeting by the Committee ~~Appointeesmembers~~ present.

~~The Chair, a~~As a ~~Committee Appointeemember of the Committee~~, ~~the Chair~~ may vote.

In the event of a tie ~~vote~~, the motion is defeated.

Reporting

~~The Committee shall provide a report of its activities a~~t every Board meeting, ~~the Committee reports~~ on activities ~~that have been it has~~ undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee ~~Appointeesmembers~~ have a duty to carry out their responsibilities in a manner that serves and protects the ~~public~~ interest ~~of the public~~. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee ~~Appointeesmembers~~ have a duty to uphold and further the ~~RHPA's intent of the Regulated Health Professions Act, 1991~~ to regulate the professional practice of occupational therapy in Ontario in the public interest, ~~and~~ ~~Appointees also have a duty~~ not to represent the views of advocacy or special interest groups.

~~The College bylaws include C~~comprehensive information regarding conflict of interest obligations ~~is included in the bylaws~~.

Committee Records

The Committee ~~shall ensures~~ that ~~College staff record, approve, and maintain~~ accurate minutes of all Committee meetings and proceedings ~~are recorded, approved, and maintained by the College~~. Electronic means are suitable for ~~the maintenance of~~ ~~maintaining~~ minutes and records.

Resources

~~The Committee is supported by t~~The Manager of ~~Professional Conduct Investigations and Resolutions~~ supports the Committee, ~~as do~~. ~~O~~ther staff members ~~provide support to the Committee~~.

Confidentiality

~~Members of the~~ Committee ~~Appointeeswill~~ have access to highly sensitive and confidential information, which they must keep in the strictest confidence. ~~It is understood that t~~The duty of confidentiality for

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~~members appointees~~ of this Committee ~~are is~~ especially stringent. ~~Members of the Committee shall~~~~Appointees must~~ not discuss with anyone any information that the Committee considers, even ~~in of~~ a general nature, except for the purpose of providing the annual report to the Board.

Each ~~member of the~~ Committee ~~Appointee~~ must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference ~~will be~~ reviewed annually ~~by the Governance Committee~~ and amended where necessary, ~~—~~for example, in response to statutory, regulatory, or policy amendments. ~~The Board must approve A~~any amendments to the terms ~~must be approved by the Board~~.

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Policy Type: Section 4: ~~College Committees of the College/~~ Terms of Reference ~~(ToR)~~

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Policy Reference/and Title: 4.6 / Quality Assurance Committee

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Date Prepared: December 2009

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Date Revised: March 2010, October 2012, June 2014, June 2017, March 2022, March 2023, April 2024

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Date Reviewed: n/a

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Committee Category

Statutory

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Mandate

The Quality Assurance Committee ~~(the “Committee”)~~ is mandated to protect the public interest by establishing and maintaining a program to ~~assure-ensure~~ the quality of the practice ~~of/in~~ the profession and to promote continuing evaluation, competence, and improvement among ~~the~~ registrants.

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The Committee ~~is responsible to assesses and supports the ensure continuing competence of occupational therapists: so that services to the public are safe, effective, and ethical. that registrants provide quality service to the public by practicing according to practice standards and guidelines, and continually upgrading their skills, knowledge, and judgement.~~

Accountability and Authority

The Quality Assurance Committee ~~is a statutory committee of the College of Occupational Therapists of Ontario (the “College”) and is was~~ established pursuant ~~according~~ to section 10(1)(6) of the Health Professions Procedural Code (the “Code”), ~~being which is~~ Schedule 2 ~~to of~~ the Regulated Health Professions Act, 1991 (RHPA).

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Limitations

The Committee ~~shall only~~ exercises only the authority, and fulfills only the duties and responsibilities authorized under the RHPA Regulated Health Professions Act, 1991, the Occupational Therapy Act, 1991 (the Act), and the regulations and bylaws made under these acts.

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Duties and Responsibilities

The Committee ~~shall be responsible for~~ undertakes the following activities:

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- Develops ~~and modify/refine/modify or refines~~ administers, and evaluates a risk-based a Quality Assurance Program ~~(the “Program”)~~ that includes, ~~but is not limited to:~~
 - Continuing education or professional development
 - Self-, peer, and practice assessments

~~— A mechanism for the College to monitor registrants' participation in and compliance with the Pprogram.~~

- Monitors registrants' participation in the Pprogram, which includes:
 - ~~— Communicating and transparently about requirements.~~
 - ~~— Facilitating registrant participation.~~
 - ~~— Monitoring registrants' progress and completion of requirements.~~
 - ~~— Deliberating on any non-compliance ofwith requirements.~~
 - ~~— Ensuring that registrants have participated adequately.~~
 - Following up onwith registrants whose participation is found to be unsatisfactory.
- Establishes such policies and procedures necessary to administer the Pprogram.
- Appoints and arranges for the training of assessors for the purposes of the Pprogram.
- Receives and reviews reports from assessors for registrants thatwho have been assessed, and takeTakes such action as is, in the Committee's opinion of the Committee, permitted under section 80.2 of the Code to ensure the registrant's continued competence of the registrant
- Discloses the registrant's name of the registrant and allegations against the registrant to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinionbelieves that the registrant may have committed an act of professional misconduct, or may be incompetent or incapacitated according to (Code, s. section 80.2(1)(4)) of the Code.
- Develops amendments to regulations of the Act, for approval by the Board and the Ministry of Health.
- Brings recommendations to the Board, as required, on associated policies/ or measures that will assist in avoiding or controllingmitigating risks.
- Receives and reviews recommendations from the Quality Assurance Subcommittee on the ongoing development, implementation, and evaluation of the program components of the Quality Assurance Program

Composition of Committee

The Committee ~~shall be composed of~~comprises at least all of the following:

- One Public Director.
- Four or more Professional Committee Appointee(s)
- ~~At the discretion of the Board,~~One or more Community Appointees at the Board's discretion.

Panels

The Chair selects panels. ~~In accordance with~~According to regulation, panels ~~shall be composed of~~comprise at least three ~~(3)~~ members, including at least one ~~(1)~~ of whom shall be a Public Director.

Composition Matrix

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In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Quality Assurance Committee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

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Quality Improvement

- Experience and understanding of the quality assurance and quality improvement programs and assessments in health care. Experience and knowledge in developing tools that support continuous improvement.

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Research and Analytical Skills

- Experience providing evidence-based research to support a project or initiative.

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Standards and Scope of Practice

- Understand the standards, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

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Writing/Editing

- Experience in professional and academic writing and editing.

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Term of Office

The terms of Committee ~~Appointeesmembers~~ who are also ~~members-of-the-Board-Directors~~ is one year.

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The term of Committee ~~Appointeesmembers~~ who are not ~~members-of-the-Board-Directors~~ is three years, with a maximum of two consecutive terms.

The Board approves appointments to the ~~e~~Committee. The term of office for ~~each~~ Committee ~~Appointeemembers shall~~ begins immediately after their appointment.

Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

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Quorum

~~Pursuant~~According to section 14.06.1 of the College bylaws, a majority of ~~Committee Appointeesmembers of the Committee~~ constitutes quorum. ~~When sitting on~~For panels, ~~according to the Code's requirements~~, three ~~(3)~~ members ~~of a panel~~ constitutes a quorum.

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Selection of the Chair

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The Board annually appoints the Chair of the Quality Assurance Committee is to be appointed annually by the Board.

In the event that if the Chair is unable or unwilling to preside at the meeting, the Chair shall will designate an acting Chair from among the Committee Appointeesmembers to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then will select an acting Chair to preside at the meeting from among its appointeesmembers.

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Voting

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Whenever possible, decision-making at the Committee level shall be is conducted using a consensus model. When necessary, formal voting will be is used.

Unless specifically provided otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall be is decided by a simple majority of the votes cast at the meeting by the Committee Appointeesmembers present.

The Chair, as a Committee Appointeemember of the Committee, the Chair may vote.

In the event of a tie vote, the motion is defeated.

Reporting

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The Committee shall provide a report of its activities at every Board meeting, the Committee reports on activities that have been it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

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Conflict of Interest

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All Committee Appointeesmembers have a duty to carry out their responsibilities in a manner that serves and protects the public interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointeesmembers have a duty to uphold and further the RHPA's intent of the Regulated Health Professions Act, 1991 to regulate the professional practice of occupational therapy in Ontario, and Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include C comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

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The Committee shall ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings are recorded, approved, and maintained by the College. Electronic means are suitable for the maintenance of maintaining minutes and records.

Resources

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The Committee is supported by The Manager of Quality Assurance and Program Director of Programs support the Committee, as do: O other staff members provide support to the Committee.

Confidentiality

~~Members of the~~ Committee ~~Appointees~~ will have access to highly sensitive and confidential information, which they must keep in the strictest confidence. ~~It is understood that t~~The duty of confidentiality for ~~appointees~~members of this Committee ~~are~~is especially stringent. ~~Members of the Committee shall~~ ~~Appointees must~~ not discuss with anyone any information that the Committee considers, even ~~in~~of a general nature, except for the purpose of providing the annual report to the Board.

Each ~~Committee Appointee~~member of the ~~Committee~~ must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference ~~will be~~ reviewed annually ~~by the Governance Committee~~ and amended where necessary, ~~—~~for example, in response to statutory, regulatory, or policy amendments. ~~The Board must approve~~ Any amendments to the terms ~~must be approved by the Board~~.

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Policy Type: Section 4: ~~College~~ Committees of the College / Terms of Reference ~~(ToR)~~

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Policy Reference/and Title: 4.7 / Patient Relations Committee

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Date Prepared: December 2009

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Date Revised: March 2010, October 2014, June 2017, June 2020, January 2021, March 2022, March 2023, April 2024

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Date Reviewed: n/a

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Committee Category

Statutory

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Mandate

The Patient Relations Committee (the "Committee") is mandated to ensure there is that a comprehensive client or patient relations program exists, which includes the administering of the Sexual Abuse Funding Program, in compliance with the relevant legislation.

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Accountability and Authority

The Patient Relations Committee is a statutory committee of the College of Occupational Therapists of Ontario (the "College") and is was established pursuant according to section 10(1)(7) of the Health Professions Procedural Code (the "Code"), being which is Schedule 2 to of the Regulated Health Professions Act, 1991 (RHPA).

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Limitations

The Committee shall only exercises only the authority, and fulfills only the duties and responsibilities authorized under the RHPA Regulated Health Professions Act, 1991, the Occupational Therapy Act, 1991, and the regulations and bylaws made under these acts.

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Duties and Responsibilities

The Committee shall be responsible for undertakes the following activities:

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- Advise the College on development developing and implementation of implementing College measures and resources to promote professional and accountable patient-therapist relationships between therapists and clients or patients.
- Advise the College with regards to on engagement with the Ppublic, and advises Rregistrants with regards to on Patient Relations measures and resources.
- Advise the Board on the College's Patient Relations Program of the College, which shall includes the following:
 - Develop developing and recommend ing to the Board measures for preventing and dealing with the sexual abuse of clients or patients, including but not necessarily limited to:

- Educational requirements for registrants.
- Guidelines for the conduct of registrants and their [clients or patients](#).
- Training for the College's staff.
- The [manner of providing](#)~~provision of~~ information to the public.
- ~~Administer on the Board's behalf, of the Board administers~~ the [College's](#) Sexual Abuse Funding Program ~~of the College~~, including:
 - Developing policies and procedures governing the administration of requests for funding.
 - Developing appropriate forms for [clients or patients](#) to seek funding for counselling, therapy, or other expenses which may be allowed under this program.
 - Processing any requests for funding in a timely manner.
 - [Bring](#)ing recommendations to the Board, as required, on associated policies/ [or](#) measures that will assist in avoiding or [controlling](#)~~mitigating~~ risks.

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Composition of Committee

The Committee ~~shall be composed of~~[comprises](#) at least [all of the following](#):

- Two Public Directors.
- One or more Professional Committee Appointee(s).

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Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Patient Relations Committee will strive to demonstrate the following competencies:

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Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

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Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

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Lived hHealthcare eExperience

- Significant personal experience or experience caring for someone with health challenges or maneuvering through the health-care system.

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Term of Office

The terms of Committee ~~Appointees members~~ who are also ~~members of the Board Directors~~ is one year.

The term of Committee ~~Appointees members~~ who are not ~~members of the Board Directors~~ is three years, with a maximum of two consecutive terms.

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The Board approves appointments to the eCommittee. The term of office for each Committee Appointeemembers shall begins immediately after their appointment.

Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

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Quorum

~~Pursuant~~According to section 14.06.1 of the College bylaws, a majority of members of the Committee Appointees constitutes quorum.

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Selection of the Chair

The Board annually appoints the Chair of the Patient Relations Committee is to be appointed annually by the Board.

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~~In the event that~~if the Chair is unable or unwilling to preside at the meeting, the Chair shallwill designate an acting Chair from among the Committee Appointeesmembers to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall thenwill select an acting Chair to preside at the meeting from among its appointeesmembers.

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Voting

Whenever possible, decision-making at the Committee level shall-beis conducted using a consensus model. When necessary, formal voting will-beis used.

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Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall-beis decided by a simple majority of the votes cast at the meeting by the Committee Appointeesmembers present.

~~The Chair, a~~As a Committee Appointeemember of the Committee, the Chair may vote.

In the event of a tie-vote, the motion is defeated.

Reporting

~~The Committee shall provide a report of its activities a~~t every Board meeting, the Committee reports on activities that have beenit has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

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Conflict of Interest

All Committee Appointeesmembers have a duty to carry out their responsibilities in a manner that serves and protects the public interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees members have a duty to uphold and further the RHPA's intent of the

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~~Regulated Health Professions Act, 1991~~ to regulate the professional practice of occupational therapy in Ontario, and ~~Appointees also have a duty~~ not to represent the views of advocacy or special interest groups.

~~The College bylaws include C~~comprehensive information regarding conflict of interest obligations ~~is included in the College bylaws.~~

Committee Records

The Committee ~~shall~~ ensures that ~~College staff record, approve, and maintain~~ accurate minutes of all Committee meetings and proceedings ~~are recorded, approved, and maintained by the College.~~ Electronic means are suitable for ~~the maintenance of~~maintaining minutes and records.

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Resources

~~The Committee is supported by~~ The Manager of Practice ~~supports the Committee, as do.~~ Other staff members ~~provide support to the Committee.~~

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Confidentiality

~~Members of the~~ Committee ~~Appointees will~~ have access to highly sensitive and confidential information, which they must keep in the strictest confidence. ~~It is understood that~~ the duty of confidentiality for ~~members appointees~~ of this Committee ~~are~~ especially stringent. ~~Members of the Committee shall~~ ~~Appointees must~~ not discuss with anyone any information that the Committee considers, even ~~in~~ of a general nature, except for the purpose of providing the annual report to the Board.

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Each ~~member of the~~ Committee ~~appointee~~ must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference ~~will be~~ reviewed annually ~~by the Governance Committee~~ and amended where necessary, ~~—~~ for example, in response to statutory, regulatory, or policy amendments. ~~The Board must approve~~ Any amendments ~~to the terms must be approved by the Board.~~

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Policy Type: Section 4: College Committees of the College / Terms of Reference (ToR)

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Policy Reference/and Title: 4.8 / Quality Assurance Subcommittee

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Date Prepared: January 2004

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Date Revised: June 2004, January 2019, June 2020, March 2022, March 2023, April 2024

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Date Reviewed: n/a

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Committee Category

Non-Statutory

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Mandate

The Quality Assurance Subcommittee's (the "Committee's") primary function is to provide recommendations to the Quality Assurance Committee on the ongoing development, implementation, and evaluation of the components of the Quality Assurance (QA) Program.

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Accountability and Authority

The Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the "College") and is accountable directly to the Quality Assurance Committee.

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Limitations

The Committee shall only exercise only the its authority, and fulfills only the duties and responsibilities authorized by these Terms of Reference.

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Duties and Responsibilities

The Committee shall be responsible for undertakes the following activities:

- To provide Provides recommendations on the QA program components as directed by the Quality Assurance Committee.
- To assist in the development of Helps develop processes and activities within the QA program, which may include:
 - Competency and Enhance Assessments.
 - Annual Learning Plan.
 - Annual eLearning Module.
- To support Supports the development of the provincial and/or national Annual eLearning Module, including identification of identifying learning objectives, developing case scenario development, reviewing content review, developing reflective practice exercises development and performing online testing, as possible.

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- To make recommendations on the development and implementation of additional tools to assess occupational therapists' performance related to the Competencies and Standards of Practice, as required.

Composition of Committee

The Committee shall be composed of at least all of the following:

- Four or more Professional Committee Appointees.
- At the discretion of the Board, one or more Community Appointee(s) at the Board's discretion.

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Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Quality Assurance Subcommittee will strive to demonstrate the following competencies:

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Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

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Quality Improvement

- Experience and understanding of the quality assurance and quality improvement programs and assessments in health care. Experience and knowledge in developing tools that support continuous improvement.

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Research and Analytical Skills

- Experience providing evidence-based research to support a project or initiative.

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Standards and Scope of Practice

- Understand the standards, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

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Writing/Editing

- Experience in professional and academic writing and editing.

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Additional Attributes:

- Knowledge of the Essential Competencies of Practice, the Standards of the profession and the components/requirements of the QA program.
- Compliance with annual QA requirements of the year of application and ongoing is required.
- Knowledge of adult learning principles and techniques.
- Knowledge of curriculum development.

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Term of Office

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The term of Committee ~~Appointeesmembers who are not members of the Board~~ is three years, with a maximum of two consecutive terms.

The Board approves appointments to the ~~e~~Committee. The term of office for ~~each~~ Committee ~~Appointeemembers shall~~ begins immediately after their appointment.

Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

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Quorum

~~Pursuant~~According to section 14.06.1 of the College bylaws, a majority of ~~members of the~~ Committee ~~Appointees~~ constitutes quorum.

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Selection of the Chair

The ~~Board annually appoints the~~ Chair of the Quality Assurance Subcommittee ~~is to be appointed annually by the Board.~~

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~~In the event that~~if the Chair is unable or unwilling to preside at the meeting, the Chair ~~shall~~will designate an acting Chair from among the Committee ~~Appointeesmembers~~ to preside ~~at the meeting~~. If the Chair is unable to delegate their chairing duties, the Committee ~~shall then~~will select an acting Chair to preside at the meeting from among its ~~appointeesmembers~~.

Voting

Whenever possible, decision-making at the Committee level ~~shall be~~is conducted using a consensus model. When necessary, formal voting ~~will be~~is used.

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Unless specifically provided for otherwise under the College bylaws, every motion that properly comes before the Committee ~~shall be~~is decided by a simple majority of the votes cast at the meeting by the Committee ~~Appointeesmembers~~ present.

~~The Chair, as a~~ Committee ~~Appointeemember of the Committee,~~ the Chair may vote.

In the event of a tie ~~vote~~, the motion is defeated.

Reporting

The Committee ~~shall provide a report of reports, its activities~~ to the Quality Assurance Committee on activities ~~that have~~the Committee ~~has~~ been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

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Conflict of Interest

All Committee ~~Appointeesmembers~~ have a duty to carry out their responsibilities in a manner that serves and protects the ~~public~~ interest ~~of the public~~. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial

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interest. All Committee ~~Appointees~~members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991*; to regulate the professional practice of occupational therapy in Ontario, and ~~Appointees also have a duty~~ not to represent the views of advocacy or special interest groups.

~~The College bylaws include C~~comprehensive information regarding conflict of interest obligations ~~is included in the College bylaws.~~

Committee Records

The Committee ~~shall ensure~~s that ~~College staff record, approve, and maintain~~ accurate minutes of all Committee meetings and proceedings ~~are recorded, approved, and maintained by the College.~~ Electronic means are suitable for ~~the maintenance of~~maintaining minutes and records.

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Resources

~~The Committee is supported by t~~The Manager of Quality Assurance and ~~Program~~ Director of Programs support the Committee, as do. ~~Other staff members provide support to the Committee.~~

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Confidentiality

~~Members of the~~ Committee ~~Appointees~~will have access to highly sensitive and confidential information, which they must keep in the strictest confidence. ~~It is understood that t~~The duty of confidentiality for ~~appointees~~members of this Committee is especially stringent. ~~Members of the Committee shall~~Appointees must not discuss with anyone any information that the Committee considers, even ~~in~~of a general nature, except for the purpose of providing the annual report to the Board.

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Each ~~member of the~~ Committee ~~Appointee~~ must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference ~~will be~~are reviewed annually ~~by the Governance Committee~~ and amended where necessary, ~~—~~for example, in response to statutory, regulatory, or policy amendments. ~~The Board must approve A~~any amendments to the terms ~~must be approved by the Board.~~

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Policy Type: Section 4: College Committees of the College / Terms of Reference (ToR)

Policy Reference and Title: 4.9 / Practice Subcommittee

Date Prepared:

Date Revised: June 2017, June 2020, March 2022, March 2023, April 2024

Date Reviewed: n/a

Committee Category

Non-Statutory

Mandate

The Practice Subcommittee's (the "Committee's") primary function is to explore, debate, and provide recommendations on current OT Practice/occupational therapy practice issues relevant to the College's mandate of the College of Occupational Therapists of Ontario (the "College").

Accountability and Authority

The Committee is a non-statutory committee of the College and is directly accountable to the Executive Committee.

Limitations

The Committee shall only exercises only the its authority; and fulfills only the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

The Committee shall be responsible for/undertakes the following activities:

- To e/Conducts a regular environmental scan on practice issues which affect professional regulations.
- To identify/Identifies current practice issues for consideration and possible action by the Executive Committee.
- To act/Acts as an advisory committee on OT/occupational therapy practice.
- To make recommendations for/Recommends action on specific practice issues.
- To develop/Develops, reviews, and revises College resources related to practice as the Board directs/directed by Board

Composition of Committee

The Committee shall be composed of/comprises at least all of the following:

- One Elected Director / or Academic Appointee.
- Four or more Professional Committee Appointees.

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- ~~At the discretion of the Board, one or more Community Appointee(s) at the Board's discretion.~~

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Practice Subcommittee will strive to demonstrate the following competencies:

Standards and Scope of Practice

- Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Systems Perspective

- Knowledge of the health-care system, as well as practice and industry specific understanding. For example, models of care, scope of ~~Occupational therapy~~ practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, health-care employers and various practice roles.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The terms of Committee ~~Appointeesmembers~~ who are also ~~members of the BoardDirectors~~ is one year.

The term of Committee ~~Appointeesmembers~~ who are not ~~members of the BoardDirectors~~ is three years, with a maximum of two consecutive terms.

The Board approves appointments to the ~~e~~Committee. The term of office for ~~each~~ Committee ~~appointeemembers shall~~ begins immediately after their appointment.

Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

Quorum

~~Pursuant~~According to section 14.06.1 of the College bylaws, a majority of ~~members of the~~ Committee ~~Appointees~~ constitutes quorum.

Selection of the Chair

The ~~Board annually appoints the~~ Chair of the Practice Subcommittee ~~is to be appointed annually by the Board.~~

~~In the event that~~If the Chair is unable or unwilling to preside at the meeting, the Chair ~~shall~~will designate an acting Chair from among the Committee ~~Appointeesmembers~~ to preside ~~at the meeting~~. If the Chair is

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unable to delegate their chairing duties, the Committee ~~shall then~~will select an acting Chair to preside at the meeting from among its ~~appointees~~members.

Voting

Whenever possible, decision-making at the Committee level ~~shall be~~is conducted using a consensus model. When necessary, formal voting ~~will be~~is used.

~~Unless specifically provided for otherwise under the Health Professions Procedural Code or the College bylaws, e~~Every motion that properly comes before the Committee ~~shall be~~is decided by a simple majority of the votes cast at the meeting by the Committee ~~Appointees~~members present. ~~This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA), or the College bylaws.~~

~~The Chair, a~~As a ~~Committee Appointee~~member of the Committee, ~~the Chair~~may vote.

In the event of a tie ~~vote~~, the motion is defeated.

Reporting

~~The Committee shall provide a report of its activities a~~t every Board meeting, ~~the Committee reports~~ on activities ~~that have been~~it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee ~~Appointees~~members have a duty to carry out their responsibilities in a manner that serves and protects the ~~public interest of the public~~. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee ~~Appointees~~members have a duty to uphold and further the ~~RHPA's intent of the Regulated Health Professions Act, 1991~~ to regulate the professional practice of occupational therapy in Ontario, ~~and Appointees also have a duty~~ not to represent the views of advocacy or special interest groups.

~~The College bylaws include C~~comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~shall ensure~~s that ~~College staff record, approve, and maintain~~ accurate minutes of all Committee meetings and proceedings ~~are recorded, approved, and maintained by the College~~. Electronic means are suitable for ~~the maintenance of~~maintaining minutes and records.

Resources

~~The Committee is supported by t~~The Manager of Practice and ~~Program~~ Director of Programs ~~support the Committee, as do~~ other staff members ~~provide support to the Committee~~.

Confidentiality

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~~Members of the~~ Committee ~~Appointees~~ will have access to highly sensitive and confidential information, which they must keep in the strictest confidence. ~~It is understood that t~~he duty of confidentiality for ~~appointees~~ members of this Committee ~~are~~ especially stringent. ~~Members of the Committee shall~~ ~~Appointees must~~ not discuss with anyone any information that the Committee considers, even ~~in~~of a general nature, except for the purpose of providing the annual report to the Board.

Each ~~member of the~~ Committee ~~Appointee~~ must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference ~~will be~~ reviewed annually ~~by the Governance Committee~~ and amended where necessary, ~~—~~for example, in response to statutory, regulatory, or policy amendments. ~~The Board must approve A~~any amendments to the terms ~~must be approved by the Board~~.

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Policy Type: Section 4: College Committees of the College / Terms of Reference (ToR)

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Policy Reference/and Title: 4.10 / Governance Committee

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Date Prepared: March 2020

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Date Revised: June 2020, January 2021, March 2022, March 2023, June 2024

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Date Reviewed: n/a

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Committee Category

Non-statutory

Mandate

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The Governance Committee (the "Committee") is responsible for researches, reviews, and makes recommendations to enhance the quality of the Board's of the College of Occupational Therapists of Ontario's work through best governance practices.

Accountability and Authority

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The Governance Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the "College") and is accountable directly to the Board.

Limitations

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The Committee shall only exercises only the its authority; and fulfills only the duties and responsibilities authorized by these Terms of Rference.

Duties and Responsibilities

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The Committee shall be responsible forundertakes the following activities:

- Reviews all governance policies and processes, and recommends to the Board changes within the College's control. This includes, among other thingsThese policies and processes include:
 - The terms of reference for all committees and roles on the Board and on committees.
 - the bylaws and Rules of pProcedure as they apply to the Board or committee meetings.
 - aAll governance policies and related bylaws.
- Regularly monitors, evaluates, and recommends practices that will promote and enhance governance excellence and best practices at both the Board and Committee level.
- Establishes and administers a process for assessing the effectiveness of the Board, and its Committees, and makes recommendations to the Board.
- Oversees the process involving a potential sanction or disqualification of an Elected Director, or a Professional Committee Appointee, or a Community Appointee in accordance withaccording to the College bylaws.

- Initiates and holds an inquiry should there be reasonable grounds exist to doubt or dispute the validity of the any Director's election of any Director to the Board.
- Reviews and recommends to the Board the appointment(s) of the Nominations Committee Appointees members and Committee Chair.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or controlling mitigating risks.

Composition of Committee

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The Committee shall be composed of comprises at least all of the following:

- Two Elected Directors or Academic Appointees.
- Two Public Directors.
- At the discretion of the Board, one or more Community Appointee(s) at the Board's discretion.

Composition Matrix

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In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Governance Committee will strive to demonstrate the following competencies:

Ability

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- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Governance Expertise

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- Understand how governance works, how committee should function, and be able to think critically about committee structures and practices.

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Human Resources

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- Experience and understanding of human resource management with a strong understanding of organizational structure including recruiting, assessing and succession planning – well versed in assessing the competence and character of individuals based on a set of specific requirements.

Cross-Cultural Experience

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- Demonstrated leadership in promoting diversity, equity, and inclusion, including experience working with diverse teams and populations.

Term of Office

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The term of Committee Appointees members is three years, with a maximum of two consecutive terms.

The Board approves appointments to the eCommittee. The term of office for each Committee Appointees members shall begins immediately after their appointment.

Meetings

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~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as is necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

Quorum

~~Pursuant~~According to section 14.06.1 of the College bylaws, a majority of ~~members of the~~ Committee ~~Appointees~~ constitutes quorum.

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Selection of the Chair

The ~~Board annually appoints the~~ Chair of the Governance ~~e~~Committee ~~is to be appointed annually by the~~ Board.

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~~In the event that~~if the Chair is unable or unwilling to preside at the meeting, the Chair ~~shall~~will designate an acting Chair from among the Committee ~~Appointees~~members to preside ~~at the meeting~~. If the Chair is unable to delegate their chairing duties, the Committee ~~shall then~~will select an acting Chair to preside at the meeting from among its ~~appointees~~members.

Voting

Whenever possible, decision-making at the Committee level ~~shall be~~is conducted using a consensus model. When necessary, formal voting ~~will be~~is used.

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~~Unless specifically provided for otherwise under the Health Professions Procedural Code, being Scheduled 2 to the Regulated Health Professions Act, 1991 or the College bylaws, e~~Every motion that properly comes before the Committee ~~shall be~~is decided by a simple majority of the votes cast at the meeting by the Committee ~~Appointees~~members present. ~~This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA), or the College bylaws.~~

~~The Chair, a~~As a member of the Committee ~~Appointee~~, the Chair may vote.

In the event of a tie ~~vote~~, the motion is defeated.

Reporting

~~The Committee shall provide a report of its activities a~~t every Board meeting, ~~the Committee reports~~ on activities ~~that have been~~it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

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Conflict of Interest

All Committee ~~Appointees~~members have a duty to carry out their responsibilities in a manner that serves and protects the ~~public~~ interest ~~of the public~~. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee ~~Appointees~~members have a duty to uphold and further the ~~RHPA's~~ intent ~~of the Regulated Health Professions Act, 1991~~ to regulate the professional practice of occupational therapy in Ontario, ~~and~~ ~~Appointees also have a duty~~ not to represent the views of advocacy or special interest groups.

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The College bylaws include comprehensive information regarding conflict of interest obligations included in the College bylaws.

Committee Records

The Committee shall ensure that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings are recorded, approved, and maintained by the College. Electronic means are suitable for the maintenance of maintaining minutes and records.

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Resources

The Committee is supported by the Director of Regulatory Affairs and Registrar/ & Chief Executive Officer support the Committee, as do other staff members Chief Executive Officer.

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Other staff members provide support to the Committee.

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Confidentiality

Members of the Committee Appointees will have access to highly sensitive and confidential information, which they must keep in the strictest confidence. It is understood that the duty of confidentiality for appointees members of this Committee are especially stringent. Members of the Committee shall Appointees must not discuss with anyone any information that the Committee considers, even in of a general nature, except for the purpose of providing the annual report to the Board.

Each member of the Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually by the Governance Committee and amended where necessary, for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms must be approved by the Board.

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Policy Type: Section 4: College Committees of the College / Terms of Reference (ToR)

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Policy Reference/and Title: 4.11 - Finance and Audit Committee

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Date Prepared: January 2021

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Date Revised: March 2022, March 2023, April 2024, June 2024

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Date Reviewed: n/a

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Committee Category

Non-statutory

Mandate

The Finance and Audit Committee (the "Committee") is responsible to assist the Board of the College of Occupational Therapists of Ontario (the "Board") in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audits, internal control systems, investments, and policies.

Accountability and Authority

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The Finance and Audit Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the "College") and is accountable directly to the Board.

The Board grants the Committee the authority to fulfill the Dduties and Rresponsibilities as outlined below, in order to achieve its mandate. The Committee shall have has access to the personnel, documents, records, and resources necessary to carry out its responsibilities. The Committee shall have has the authority to initiate investigations into any matter within the Committee's scope of responsibilities and is empowered to retain reasonable legal, accounting, or other consultants to for advise the Committee.

Limitations

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The Committee shall only exercise only the its authority, and fulfill only the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

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The Committee shall be responsible for undertakes the following activities:

Financial Planning and Reporting

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The Committee:

- Analyzes each financial plan and annual budget that the submitted by the Registrar/ & Chief Executive Officer (CEO) submits.

- Reviews all financial statements and reports prepared for the College, and advises the Board on any issues with any of the following:
 - Financial plans and the annual budget, submitted by which the Registrar /Chief Executive Officer & CEO submits for recommendation to the Board.
 - The appropriateness and validity of any material assumptions and estimates used in preparation of preparing financial plans or the annual budget.
 - Any significant assumptions, forecasts, or targets used by that the Senior Leadership Team uses to prepare in preparation of the financial plans and/or annual budgets.
- Ensures that the Registrar /Chief Executive Officer & CEO provides the Board in a timely manner with meaningful financial information regarding the College's financial status, including forecasts to make decisions.
- Reviews and recommends to the Board approval of the:
 - The Unaudited financial statements and reports
 - The Management discussion and analysis, if any, that accompanies the audited financial statements.
- Considers and makes recommendations for changes to the College's fee schedule.

External Audit

The Committee:

- Recommends to the Board the appointment of the External Auditor, and approves engagement fees.
- Annually determines Determines whether the performance of the External Auditor's performance is satisfactory, and effective and meets the College's requirements of the College on an annual basis.
- Confirms the independence of the External Auditor's independence, including a review of all relationships and engagements between the External Auditor and the College for non-audit services that may reasonably be thought to bear on influence the independence of the External Auditor's independence.
- Holds an annual discussion with the External Auditor prior to before the presentation of the draft audited financial statements to the Board. The discussion concerns regarding the audit result of their audit and any issues, findings, or concerns that they wish the External Auditor wishes to raise relating to the College's staff, accounting records, accounting practices, and systems of internal control.
- Reviews and recommends to the Board the approval of the annual audited financial statements.
- Holds periodic in-camera meetings with the External Auditor, if necessary, to inform them of any matters that may be relevant.

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Internal Controls

The Committee:

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- Ensures ~~there are that~~ adequate systems and practices are in place to provide reasonable assurance of compliance with laws, regulations, and standards of ethical conduct, ~~with respect to regarding~~ the College's financial affairs.
- Through discussion with the Registrar ~~/Chief Executive Officer & CEO~~, other members of the Senior Leadership Team, and the External Auditor, obtains reasonable assurances that the College has implemented appropriate systems of internal control which are effective and operating continuously.
- ~~Over~~ These systems guide financial reporting and information technology and.
- To ensure compliance with ~~its~~ the College's policies and procedures ~~and that these systems are operating effectively~~.
- Requires reporting to the Committee of all fraudulent and illegal acts, whether actual or alleged, ~~to the Committee along with and the~~ Registrar & CEO's response to them.
- Reviews and oversees both the Senior Leadership Team's processes for identifying and responding to the risks of fraud and the internal controls established to mitigate these risks.

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Investments

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The Committee:

- Reviews and recommends to the Board policies with respect to on the College's investments.
- Monitors the College's investments at least quarterly, to review compliance with policies.

Policy Review

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The Committee:

- Makes recommendations s to the Board on major policies governing financial, investment, and risk management matters.
- Oversees, reviews, and makes recommendations to the Board relating to discretionary expenditures, travel and expense accounts, credit cards, and other benefits including per diem policies.
- Upon the Board's request, reports on any review, investigation, process, policy, or other matters relating to the College's financial, investment, or risk management affairs of the College.

Risk Management

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The Committee:

- Brings recommendations to the Board, as required, on associated policies / or measures that will assist in avoiding or controlling mitigating risks.

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Composition of Committee

The Finance and Audit Committee shall be composed of comprises at least all of the following:

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- Two Elected Directors / or Academic Appointees.
- One Public Director.

- ~~At the discretion of the Board, one or more Community Appointee(s) at the Board's discretion.~~

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Finance and Audit Committee will strive to demonstrate the following competencies:

Financial Literacy and Expertise

- Knowledge and understanding of financial processes, accounting and reporting and internal control principles. Membership includes at least one CPA or equivalent financial expertise.

Business Experience

- Knowledge and experience of business management practices.

Term of Office

~~The term of office for Committee members shall begin immediately after their appointment.~~ The terms of Committee ~~Appointees~~members who are also ~~members of the Board~~Directors is one year, and

~~†~~The term of Committee ~~Appointees~~members who are not ~~members of the Board~~ Directors is three years, with a maximum of two consecutive terms.

The Board approves appointments to the ~~e~~Committee. ~~The term of office for each Committee Appointee~~members shall begin immediately after their appointment.

Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

Quorum

~~Pursuant~~According to section 14.06.1 of the College bylaws, a majority of ~~members of the~~ Committee ~~Appointees~~ constitutes quorum.

Selection of the Chair

The ~~Board annually appoints the~~ Chair of the Finance and Audit Committee ~~is appointed annually by the Board.~~

~~In the event that~~if the Chair is unable or unwilling to preside at the meeting, the Chair ~~shall~~will designate an acting Chair from among the Committee ~~Appointees~~members to preside ~~at the meeting~~. If the Chair is unable to delegate their chairing duties, the Committee ~~shall then~~will select an acting Chair to preside at the meeting from among its ~~appointees~~members.

Voting

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Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Health Professions Procedural Code, being Scheduled 2 to the Regulated Health Professions Act, 1991 or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA), or the College bylaws.

The Chair, as a Committee member of the Committee, the Chair may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report at every Board meeting, the Committee reports on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

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Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the public interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the RHPA's intent of the Regulated Health Professions Act, 1991 to regulate the professional practice of occupational therapy in Ontario, and Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations included in the College bylaws.

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Committee Records

The Committee shall ensure that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings are recorded, approved, and maintained by the College. Electronic means are suitable for the maintenance of maintaining minutes and records.

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Resources

The Committee is supported by the Director of Finance, People and Corporate Services supports the Committee, as do other staff members provide support to the Committee.

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Confidentiality

Members of the Committee will have access to highly sensitive and confidential information, which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee is especially stringent. Members of the Committee shall Appointees must not discuss with anyone any information that the Committee considers, even in a general nature, except for the purpose of providing the annual report to the Board.

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Each ~~member of the~~ Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference ~~will be~~ reviewed annually by the Governance Committee and amended where necessary, ~~—~~ for example, in response to statutory, regulatory, or policy amendments. The Board must approve ~~Any~~ amendments to the terms ~~must be approved by the Board~~.

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Policy Type: Section 4: ~~College~~ Committees of the College / Terms of Reference ~~(ToR)~~

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Policy Reference/and Title: 4.12 ~~Nominations Committee~~

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Date Prepared: June 2002

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Date Revised: March 2010, January 2018, June 2020, March 2022, March 2023, April 2024

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Date Reviewed: June 2017

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Committee Category

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Non-statutory

Mandate

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The Nominations Committee assists the Board of Directors in ensuring that the Board and Committees have Directors and Committee Appointees members respectively with the necessary competencies and attributes to enable them to fulfill their roles and the public protection mandate. The Committee also fulfills specific roles related to the election of officers and to the Executive Committee and recommends to the Board candidates for appointment and re-appointment to Committees.

Accountability and Authority

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The Nominations Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the "College") and is accountable directly to the Board.

Limitations

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The Committee shall only exercise only their authority, and fulfill only the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

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The Committee shall be responsible for undertakes the following activities:

- Collaborates with the Board and College staff to determine the competencies and skills that the Committee members considers it necessary for Directors and Committee Appointees to possess.
- Implements a competency-based framework established by the Board that is structured, transparent, and objective for actively recruiting, evaluating, and selecting qualified, diverse candidates for appointment to Committees.
- Recommends candidates to the Board candidates for appointment and re-appointment to Committees and as Committee Chairs.
- Supports the Board in the election of officers to the Executive Committee. This includes the following activities:
 - Calling for nominations.

- Reviewing the Board memberDirector nomination forms.
- Ensuring ~~there are~~that at least one candidate(s) is available for each officer position.
- Ensuring the consent of nominated candidatesmembers to stand for election.
- Requesting a candidate statement from each individual standing for election.
- Communicating the completed slate to College staff for distribution at the elections meeting.
- Ensuring that College staff make the slate and statements of candidacy available to Board memberDirectors by electronic mail prior to email before the commencement of the election starts.

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Composition of Committee

The Committee ~~shall be composed of~~comprises at least the following:

- Two or more Community Appointees.
- ~~And at the discretion of the Board, o~~One Professional CommitteeCommunity Appointee at the Board's discretion.

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Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Nominations Committee will strive to demonstrate the following competencies:

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Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

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Governance eExpertise

- Understand how governance works, how committee should function, and be able to think critically about committee structures and practices.

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Human Resources

- Experience and understanding of human resource management with a strong understanding of organizational structure including recruiting, assessing and succession planning – well versed in assessing the competence and character of individuals based on a set of specific requirements.

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Cross-Cultural Experience

- Demonstrated leadership in promoting diversity, equity, and inclusion, including experience working with diverse teams and populations.

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Term of Office

The term of Committee Appointeesmembers is three years, with a maximum of two consecutive terms.

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The Board approves appointments to the ~~e~~Committee. The term of office for each Committee ~~Appointeemembers shall~~ begins immediately after their appointment.

Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as is necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

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Quorum

~~Pursuant~~According to section 14.06.1 of the College bylaws, a majority of ~~members of the~~ Committee ~~Appointees~~ constitutes quorum.

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Selection of the Chair

The ~~Board annually appoints the~~ Chair of the Nominations ~~e~~Committee ~~is to be appointed annually by the~~ Board.

~~In the event that~~if the Chair is unable or unwilling to preside at the meeting, the Chair ~~shall~~will designate an acting Chair from among the Committee ~~Appointeesmembers~~ to preside ~~at the meeting~~. If the Chair is unable to delegate their chairing duties, the Committee ~~shall then~~will select an acting Chair to preside at the meeting from among its ~~appointeesmembers~~.

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Voting

Whenever possible, decision-making at the Committee level ~~shall be~~is conducted using a consensus model. When necessary, formal voting ~~will be~~is used.

~~Unless specifically provided for otherwise under the Health Professions Procedural Code, being Scheduled 2 to the Regulated Health Professions Act, 1991 or the College bylaws, e~~Every motion that properly comes before the Committee ~~shall be~~is decided by a simple majority of the votes cast at the meeting by the Committee ~~Appointeesmembers~~ present. ~~This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA), or the College bylaws.~~

~~The Chair, a~~As a ~~Committee Appointeemember of the Committee,~~ the Chair may vote.

In the event of a tie ~~vote~~, the motion is defeated.

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Reporting

~~The Committee shall provide a report of its activities a~~t every Board meeting, ~~the Committee reports~~ on activities ~~that have been~~it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

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Conflict of Interest

All Committee ~~Appointeesmembers~~ have a duty to carry out their responsibilities in a manner that serves and protects the ~~public~~ interest ~~of the public~~. As such, they must not engage in any activities or in

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decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee ~~Appointees~~members have a duty to uphold and further the ~~RHPA's intent of the Regulated Health Professions Act, 1994~~ to regulate the professional practice of occupational therapy in Ontario, ~~and Appointees also have a duty~~ not to represent the views of advocacy or special interest groups.

~~The College bylaws include C~~comprehensive information regarding conflict of interest obligations ~~is included in the College bylaws.~~

Committee Records

The Committee ~~shall ensure~~s that ~~College staff record, approve, and maintain~~ accurate minutes of all Committee meetings and proceedings ~~are recorded, approved, and maintained by the College.~~ Electronic means are suitable for ~~the maintenance of~~maintaining minutes and records.

Resources

~~The Committee is supported by~~The Director of Regulatory Affairs and Registrar/ & Chief Executive Officer ~~support the Committee, as do. O~~ther staff members ~~provide support to the Committee. Where appropriate, the Committee may seek the advice or participation of external individuals with relevant expertise, competencies, or lived experience to support recruitment, evaluation, and selection processes. Any such individual shall serves in an advisory capacity only, and shalldoes not participate in Committee decision-making or voting, and areis subject to appropriate confidentiality and conflict of interest requirements as determined by the College.~~

Confidentiality

~~Members of the~~ Committee ~~Appointees~~will have access to highly sensitive and confidential information, which they must keep in the strictest confidence. ~~It is understood that~~The duty of confidentiality for ~~appointees~~members of this Committee ~~are~~is especially stringent. ~~Members of the Committee shall~~Appointees ~~must~~ not discuss with anyone any information that the Committee considers, even ~~in~~of a general nature, except for the purpose of providing the annual report to the Board.

Each ~~member of the~~ Committee ~~Appointee~~ must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference ~~will be~~reviewed annually ~~by the Governance Committee~~ and amended where necessary, ~~—~~for example, in response to statutory, regulatory, or policy amendments. ~~The Board must approve A~~any amendments to the terms ~~must be approved by the Board.~~

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Policy Type: Section 4: College Committees of the College / Terms of Reference (ToR)

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Policy Reference/and Title: 4.13 Equity Perspectives Advisory Committee

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Date Prepared: January 2024

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Date Revised: April 2024

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Date Reviewed: n/a

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Committee Category

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Advisory

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The Equity Perspectives Advisory Committee's (the "Committee") primary function is to explore, discuss, and provide recommendations on current OT Practice occupational therapy practice issues relevant to Equity, Diversity, and Inclusion (EDI).

Accountability and Authority

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The Equity Perspectives Advisory Committee is a non-statutory committee of the College and is directly accountable to the Executive Committee.

Limitations

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The Committee shall only exercises only theirs authority; and fulfills only the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

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The Committee shall be responsible for undertakes the following activities:

- To conduct Conducts a regular environmental scan on OT practices & occupational therapy practice and EDI so as to which:
 - Influence social, structural, political, and ecological, and other determinants of health.
 - Impact on Affect identity and privilege in OT occupational therapy.
 - Influence OT occupational therapists' understanding of human diversity.
 - Support culturally safer relationships and anti-racist, ethical spaces.
- To identify Identifies current practice issues impacting EDI for consideration and possible action by the Executive Committee.
- To act Acts as an advisory committee on EDI to other statutory and non-statutory committees.
- To make recommendations for Recommends action on specific practice issues related to EDI.
- To develop Develops, reviews, and revises College resources related to on practice & and EDI as the Board directs directed by Board.

- To make recommendations for Recommends action on specific client or patient or relations issues related to involving EDI.

Composition of Committee

The Committee shall be composed of comprises at least the following:

- Four to six Professional Committee Appointees, representing a cross-section of current OT practice occupational therapy practice and with either lived experience or practice experience related to EDI.
- One to a maximum of six Community a Appointees with expertise in EDI.

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Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the advisory committee will strive to demonstrate the following competencies:

Lived Experience of Physical, Mental, or Cognitive Health Limitations

- Lived experience of an impairment or functional limitation that reduces full involvement in society because of barriers faced. Lived experience of these barriers can enhance thoughtful decisions that protect the public. (Accessible Canada Act, 2019)

Lived Health Care Experience

- Significant personal experience or experience caring for someone with health challenges or maneuvering through the health-care system.

Standards and Scope of Practice

- Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Systems Perspective

- Knowledge of the health-care system, as well as practice and industry specific understanding. For example, models of care, scope of Occupational therapy practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, health-care employers and various practice roles.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee members shall begins immediately after their appointment.

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Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

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Quorum

~~Pursuant~~According to section 14.06.1 of the College bylaws, a majority of ~~members of the~~ Committee ~~Appointees~~ constitutes quorum.

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Selection of the Chair

~~The Board annually appoints the~~ Chair of the Equity Perspectives Advisory Committee ~~is to be appointed annually by the Board.~~

~~In the event that~~If the Chair is unable or unwilling to preside at the meeting, the Chair ~~shall~~will designate an acting Chair from among the Committee ~~Appointees~~members to preside ~~at the meeting.~~ If the Chair is unable to delegate their chairing duties, the Committee ~~shall then~~will select an acting Chair to preside at the meeting from among its ~~appointees~~members.

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Voting

Whenever possible, decision-making at the Committee level ~~shall be~~is conducted using a consensus model. When necessary, formal voting ~~will be~~is used.

~~Unless specifically provided for otherwise under the Health Professions Procedural Code or the College bylaws, e~~Every motion that properly comes before the Committee ~~shall be~~is decided by a simple majority of the votes cast at the meeting by the Committee ~~Appointees~~members present. ~~This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA), or the College bylaws.~~

~~The Chair, a~~As a ~~Committee Appointee~~member of the Committee, ~~the Chair~~ may vote.

In the event of a tie ~~vote,~~ the motion is defeated.

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Reporting

~~The Committee shall provide a report of its activities a~~t every Board meeting, ~~the Committee reports~~ on activities ~~that have been~~it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

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Conflict of Interest

All Committee ~~Appointees~~members have a duty to carry out their responsibilities in a manner that serves and protects the ~~public~~ interest ~~of the public.~~ As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee ~~Appointees~~members have a duty to uphold and further the ~~RHPA's intent of the Regulated Health Professions Act, 1991~~ to regulate the professional practice of occupational therapy in

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Ontario, and Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee shall ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings are recorded, approved, and maintained by the College. Electronic means are suitable for the maintenance of maintaining minutes and records.

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Resources

The Committee is supported by the Manager of Practice and Program Director of Programs support the Committee, as do Other staff members provide support to the Committee.

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Confidentiality

Members of the Committee Appointees will have access to highly sensitive and confidential information, which they must keep in the strictest confidence. It is understood that the duty of confidentiality for appointees members of this Committee are is especially stringent. Members of the Committee shall Appointees must not discuss with anyone any information that the Committee considers, even in of a general nature, except for the purpose of providing the annual report to the Board.

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Each member of the Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually by the Governance Committee and amended where necessary, for — for example, in response to statutory, regulatory, or policy amendments. The Board must approve Any amendments to the terms must be approved by the Board.

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Policy Type: Section 4: College Committees of the College / Terms of Reference (ToR)

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Policy Reference/and Title: 4.14 Indigenous Insights Advisory Committee

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Date Prepared: January 2024

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Date Revised: April 2024

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Date Reviewed: n/a

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Committee Category

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Advisory

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The Indigenous Insights Advisory Committee's (the "Committee") primary function is to explore, discuss, and provide recommendations on current OT Practice occupational therapy practice issues relevant to Indigenous people Peoples.

Accountability and Authority

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The Indigenous Insights Advisory Committee is a non-statutory committee of the College and is directly accountable to the Executive Committee.

Limitations

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The Committee shall only exercises only the authority, and fulfills only the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

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The Committee shall be responsible for undertakes the following activities:

- To conducts a regular environmental scans on OT occupational therapy practices which:
 - Address the distinct health needs of all Indigenous peoples.
 - Influence health outcomes and indicators identified in the Truth and Reconciliation Commission of Canada's Calls to Action (2015) for Health.
 - Impact on Affect the health-care rights of Indigenous Peoples, people who are identified by treaties and laws.
 - Recognize the value of Indigenous healing practices, and create practice guidance for OTs occupational therapists in the treatment of treating Indigenous clients or patients in collaboration with Indigenous Healers and Elders.
 - Support culturally safer relationships and anti-racist, ethical spaces.
 - Encourage the education, recruitment, and retention of Indigenous OTs occupational therapists to serve Indigenous communities and provide culturally competent mentorship for other OTs occupational therapists.

- To identify/identifies current practice issues impacting Indigenous people/Peoples for consideration and possible action by the Executive Committee.
- To act/Acts as an advisory committee on Occupational therapy practice and Indigenous peoples to other committees.
- To make recommendations for/Recommends action on specific practice issues related to Indigenous people/Peoples.
- To develop/Develops, reviews, and revises College resources related to practice and Indigenous people/Peoples as the Board directs/directed by Board.
- To make recommendations for/Recommends action on specific client or patient relations issues related to connected with Indigenous people/Peoples.

Composition of Committee

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The Committee shall be composed of/comprises at least all of the following:

- Four to six Professional Committee Appointees, representing a cross-section of current Occupational therapy practice and with either lived experience or practice experience related to Indigenous people/Peoples.
- One to a maximum of six eCommunity advisors/Appointees.

Composition Matrix

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In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Indigenous Insights Advisory Committee, will strive to demonstrate the following competencies:

Lived Experience of Physical, Mental, or Cognitive Health Limitations

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- Lived experience of an impairment or functional limitation that reduces full involvement in society because of barriers faced. Lived experience of these barriers can enhance thoughtful decisions that protect the public (Accessible Canada Act, 2019).

Lived Health Care Care Experience

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- Significant personal experience or experience caring for someone with health challenges or maneuvering through the health-care system.

Standards and Scope of Practice

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- Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Systems Perspective

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- Knowledge of the health-care system, as well as practice and industry specific understanding. For example, models of care, scope of Occupational therapy practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, health-care employers and various practice roles.

Writing/Editing

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- Experience in professional and academic writing and editing.

Term of Office

The term of Committee ~~Appointees members who are not members of the Board~~ is three years, with a maximum of two consecutive terms.

The Board approves appointments to the ~~e~~Committee. The term of office for each Committee ~~Appointeemembers shall~~ begins immediately after their appointment.

Meetings

~~Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.~~

Quorum

~~Pursuant~~According to section 14.06.1 of the College bylaws, a majority of ~~members of the~~ Committee ~~Appointees~~ constitutes quorum.

Selection of the Chair

The ~~Board annually appoints the~~ Chair of the Indigenous Insights Advisory Committee ~~is to be appointed annually by the Board.~~

~~In the event that the~~f Chair is unable or unwilling to preside at the meeting, the Chair ~~shall~~will designate an acting Chair from among the Committee ~~Appointeesmembers~~ to preside ~~at the meeting~~. If the Chair is unable to delegate their chairing duties, the Committee ~~shall then~~will select an acting Chair to preside at the meeting from among its ~~appointeesmembers~~.

Voting

Whenever possible, decision-making at the Committee level ~~shall be~~is conducted using a consensus model. When necessary, formal voting ~~will be~~is used.

~~Unless specifically provided for otherwise under the Health Professions Procedural Code or the College bylaws, e~~Every motion that properly comes before the Committee ~~shall be~~is decided by a simple majority of the votes cast at the meeting by the Committee ~~Appointeesmembers~~ present. ~~This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA), or the College bylaws.~~

~~The Chair, a~~As a ~~Committee Appointeemember of the Committee,~~ the Chair may vote.

In the event of a tie ~~vote~~, the motion is defeated.

Reporting

~~The Committee shall provide a report of its activities a~~t every Board meeting, the Committee reports on activities ~~that have been~~it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

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Conflict of Interest

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All Committee ~~Appointees~~members have a duty to carry out their responsibilities in a manner that serves and protects the ~~public~~ interest ~~of the public~~. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee ~~Appointees~~members have a duty to uphold and further the ~~RHPA's intent of the Regulated Health Professions Act, 1991~~ to regulate the professional practice of occupational therapy in Ontario, ~~and~~Appointees also have a duty not to represent the views of advocacy or special interest groups.

~~The College bylaws include C~~comprehensive information regarding conflict of interest obligations ~~is included in the College bylaws.~~

Committee Records

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The Committee ~~shall~~ensures that ~~College staff record, approve, and maintain~~ accurate minutes of all Committee meetings and proceedings ~~are recorded, approved and maintained by the College~~. Electronic means are suitable for ~~the maintenance of~~maintaining minutes and records.

Resources

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~~The Committee is supported by t~~The Manager of Practice and ~~Program~~ Director ~~of Programs support the Committee, as do. O~~ther staff members ~~provide support to the Committee.~~

Confidentiality

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~~Members of the~~ Committee ~~Appointees~~will have access to highly sensitive and confidential information, which they must keep in the strictest confidence. ~~It is understood that t~~he duty of confidentiality for ~~appointees~~members of this Committee ~~are~~is especially stringent. ~~Members of the Committee shall~~Appointees ~~must~~ not discuss with anyone any information that the Committee considers, even ~~in~~of a general nature, except for the purposes of providing the annual report to the Board.

Each ~~member of the~~ Committee ~~Appointee~~ must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

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The Committee terms of reference ~~will be~~ reviewed annually ~~by the Governance Committee~~ and amended where necessary, ~~for —for example,~~ in response to statutory, regulatory, or policy amendments. ~~The Board must approve A~~ny amendments to the terms ~~must be approved by the Board.~~

Policy Type: Section 5: Governance

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Policy Reference/and Title: 5.1 Code of Conduct for Directors and Committee Appointees

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Date Prepared: December 2009

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Date Revised: March 2010, October 2014, October 2019, March 2021, January 2024

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Date Reviewed: October 2016

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Purpose

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This policy establishes ~~To establish~~ the Code of Conduct (Code) for Directors and Committee Appointees as they work to meet their public protection mandate, support strong governance practices, and safeguard the ~~College's~~ integrity of the College.

Why this Policy is in the Public Interest Aspect

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This policy establishes how ~~Board~~ Directors and Committee Appointees should conduct themselves while serving the ~~b~~Board in the public interest.

Application

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This policy applies to:

- All ~~Board~~ Directors and ~~Committee Appointees, who~~ are expected to read and understand the Code of Conduct and sign an ~~undertaking of~~ acknowledgement of and agreement to adhere to the Code.
- The Governance Committee ~~Appointees particularly~~, who are ~~also~~ expected to consider the concerns and possible breach of the Code and initiate an investigation.
- The Board Chair and the Registrar & ~~Chief Executive Officer (CEO)~~, who ~~will~~ oversee the investigations and sanctions process.

Policy

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As ~~College~~ leaders of the College, Directors and Committee Appointees must always earn and preserve the ~~public's~~ confidence of the public by demonstrating a high standard of ethical and professional conduct. All Directors and Committee Appointees ~~shall~~ must conduct themselves ethically, respectfully, and lawfully, and act in a manner ~~that is~~ consistent with the College's statutory mandate to regulate occupational therapy in the public interest.

The Code is broken down into four core values and the principles that exemplify them:

1. Fiduciary Duties

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Directors and Committee Appointees stand in a fiduciary relationship to the College and ~~they~~ must:

- 1.1 Act honestly, in good faith, and in the ~~College's~~ best interests of the College consistent with its mandate to protect the public. This duty supersedes any loyalties to other organizations, associations, persons, or personal or professional interests.

- 1.2 Uphold the decisions made by a majority of ~~the Board and Committees~~ Directors or Committee Appointees, regardless of the level of prior disagreement.
- 1.3 Adhere to the College's established governance model, and respect the distinction between governance and operations.

2. Accountability and Competence

Directors and Committee Appointees are accountable to the public for their decisions and actions, and ~~they~~ must:

- 2.1 Exercise all powers and discharge all responsibilities in good faith and in the College's best interests ~~of the College~~ consistent with its mandate to protect the public.
- 2.2 ~~At all times~~ Always conduct themselves in a way that protects the College's reputation, and, in particular, act with fairness, honesty, and integrity.
- 2.3 Be familiar and comply with ~~the provisions of the Regulated Health Professions Act, 1991 ("RHPA") and its regulations and the Health Professions Procedural Code; the Occupational Therapy Act, 1991 and its regulations;~~ and the College's bylaws and policies ~~of the College~~.

2.4 Participate in all required orientation and training sessions.

2.4.2.5 Participate in Board and committee performance evaluations and governance effectiveness reviews.

2.5.2.6 Regularly and punctually attend all Board or Ccommittee meetings. Participate by reviewing all materials in advance, engaging constructively and respectfully in discussions, and recognizing the diverse background, skills, and experience of all other Directors, Committee Appointees, and staff.

3. Integrity

Directors and Committee Appointees are committed to maintaining the highest standards of professional and personal conduct and ~~they~~ must:

- 3.1 Conduct themselves in a manner that respects the College's integrity ~~of the College~~ by striving to be fair, impartial, and unbiased in their decision-making.
- 3.2 Avoid or, declare any appearance of or actual conflicts of interest, and comply with College bylaws and policies relating to conflict of interest.
- 3.3 Preserve confidentiality of all information before the Board or Ccommittee unless the Board has authorized disclosure ~~has been authorized by the Board~~ or it is otherwise permitted under the RHPA.
- 3.4 Maintain appropriate decorum during all Board and Ccommittee meetings by adhering to the rules of order ~~adopted by that~~ the Board has adopted.
- 3.5 Refrain from speaking, or appearing to speak, on the College's behalf ~~of the College~~, unless explicitly authorized to do so by the Board Chair or Registrar & CEO.
- 3.6 Outside the formal Board or committee decision-making process, ~~R~~refrain from engaging in any discussions with other Directors or Committee Appointees ~~outside the formal Board or Committee decision-making process~~ that are intended to influence the decisions that the

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Board or a Committee makes on matters that come before it.

- 3.7 Respect the boundaries of staff, whose role is not to report to or work for individual Directors or Committee Appointees. Avoid contacting staff members directly except on matters where the staff member has been assigned to provide administrative support to the Board or Committee or where otherwise appropriate.
- 3.8 Maintain appropriate boundaries with all Directors, Committee Appointees, and staff. Refrain from behaviour that may reasonably be perceived as discriminatory or as verbal, physical, or sexual abuse or harassment.
- 3.9 Intervene, as appropriate, when observing discriminatory behaviour or verbal, physical, or sexual abuse or harassment by others.

4. Diversity and Inclusion

Directors and Committee Appointees lead by example. To support and respect the individuality and personal values of their colleagues and staff, they must:

- 4.1 Support a culturally safe environment, recognizing the diverse backgrounds, skills, and experiences and supporting the inclusiveness and diversity of all people.
- 4.2 Be respectful of different viewpoints that may be expressed, in good faith, by other Directors and Committee Appointees during Board or Committee deliberations.
- 4.3 Support an environment for Directors, Committee Appointees, staff, registrants, and stakeholders interested parties that is free from bullying, harassment, sexual or otherwise, or physical contact, psychological, verbal, and physical abuse, threats, and violence.

[Appendix A shows the form that Directors and Committee Appointees must sign stating that they have read this policy.](#)

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Appendix A: Code of Conduct for Directors and Committee Appointees

Acknowledgement and Agreement

I, _____, acknowledge that I have read and understood policy 5.1, “Code of Conduct for Directors and Committee Appointees.”

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I agree to abide by ~~these policies and the implied~~ the Code of Conduct.

I further acknowledge and agree that my obligations under the Code of Conduct continue beyond the expiration of my tenure as a ~~Board~~ Director or Committee Appointee of the College.

Signature: _____ Date: _____

Policy Type: Section 5: Governance

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Policy Reference and Title: 5.2 Confidentiality and Disclosure of College Information

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Date Prepared: December 2009

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Date Revised: March 2010, January 2024

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Date Reviewed: October 2016, October 2019

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Purpose

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This policy outlines the expectations of all Board Directors and Committee Appointees to adhere to the confidentiality requirements set out in section 36 of the *Regulated Health Professions Act, 1991* (RHPA) and section 83 of the Health Professions Procedural Code. Those provisions require them Directors and Committee Appointees to treat as confidential and safeguard all sensitive information obtained or available as a result of their appointment or election to the Board or a committee College.

Why this Policy is in Public Interest Aspect

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Board Directors and Committee Appointees are expected to maintain confidentiality while serving the Board, as provided for in legislation. The public should have assurance that the information the College holds is kept in strict confidence.

Application

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This policy applies to:

- All Board Directors and Committee Appointees, who are expected to read and understand the Confidentiality and Disclosure of College Information this policy and sign an undertaking of acknowledgement of and agreement to adhere to the policy.
- The Governance Committee Appointees particularly, who are also expected to consider the concerns and possible breach of the Confidentiality and Disclosure of College Information this policy and initiate an investigation.
- The Board Chair and the Registrar & Chief Executive Officer CEO, who will oversee the investigations and sanctions process, if necessary.

Policy

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- Directors and Committee Appointees will sign a statement of confidentiality (see Appendix A) upon commencement of when starting their term and annually thereafter.
- All records (defined as any tangible information in any form i.e. document, recording, tape etc.) obtained as a Director or Committee Appointee member will remain the College's exclusive property of the College. "Records" are defined as any tangible information in any form—for example, a document, recording, or tape.



3. ~~During their term or at any time thereafter,~~ Directors and Committee Appointees ~~do~~ will not, ~~during their term or at any time thereafter,~~ disclose the ~~College's~~ private affairs or ~~the~~ confidential information ~~of the College~~ to any person unless the disclosure is necessary to carry out the ~~College's~~ business ~~of the College~~.
4. Directors, ~~and~~ Committee Appointees, and the public are free to discuss matters ~~discussed~~ talked ~~about~~ in open Board meetings. Directors and Committee Appointees are not permitted to discuss items addressed during an in-camera session held ~~in accordance with~~ according to the RHPA. In camera sessions are strictly confidential unless the Board agrees to a policy or statement about the release of specific information.
5. Only when completing documented duties, should Directors and Committee Appointees remove any books, records, documents, or property belonging to the College, from the office. Any such property issued to a ~~member~~ Director or Committee Appointee in the course of their duties ~~will be~~ is returned to the College upon ~~the Director or Committee Appointee completing their~~ completion of the ~~Directors and Committee Appointee's~~ term.

~~Note: The law also imposes fiduciary duties on Board members that include the obligation to keep matters confidential.~~

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Appendix A: Confidentiality and Disclosure of College Information

I acknowledge that I have read and understood the College's Confidentiality provisions of the *Regulated Health Professions Act, 1991*.

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Confidential and/or personal information refers to personal information related to registrants, employees/staff members, and/or volunteers; College information not yet made public; and strategic, business, or operating plans.

I understand that:

- All confidential and/or personal information that I have access to or learn through my employment or affiliation with the College is confidential.
- As a condition of my employment or affiliation with the College (which includes appointment on any committee), I must comply with the College's privacy policy and related procedures.
- My failure to comply may result in the termination of my employment or affiliation with the College and may also result in legal action being taken against me by the College and others.

I agree that I will not access, use, or disclose any confidential and/or personal information that I learn of or possess because of my employment or affiliation with the College, unless it is necessary for me to do so in order to perform my responsibilities. I also understand that under no circumstances may confidential and/or personal information be communicated either within or outside of the College except to other persons whom the College has authorized by the College to receive such information.

I agree that I will not alter, destroy, copy, or interfere with this information, except with prior authorization and in accordance with according to the applicable College policies and procedures.

I agree to keep any computer access codes (for example, passwords) confidential and secure. I will protect physical and electronic access devices (for example, keys, badges, and storage devices) and the confidentiality of any information being accessed.

I will not lend my access codes or devices to anyone, nor will I attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the Registrar & Chief Executive Officer (CEO).

In the event that I have questions or concerns about any matter covered by this statement or if I have concerns about confidentiality or security matters concerning the College, I will promptly contact the Registrar & CEO.

Name (please print)

Signature

Date

Policy Type: Section 5: Governance

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Policy Reference and Title: 5.3 ~~Conflict of Interest~~

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Date Prepared: December 2009

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Date Revised: March 2010, October 2012, June 2015, January 2019, October 2021, January 2024

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Date Reviewed: January 2016

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Purpose

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This policy defines "conflict of interest" as it relates to College work and provides guidance to advise Directors and Committee Appointees with respect to about their duties regarding conflict of interest.

Why this Policy is in Public Interest Aspect

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The Board Directors and Committee Appointees need to understand when and how to avoid or manage a conflict of interest, to effectively serve in the public interest.

Application

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This policy applies to:

- All Board Directors and Committee Appointees, who are expected to read and understand this policy and sign the Conflict of Interest Questionnaire.
- The Governance Committee Appointees particularly, who are also expected to consider what action is required when the conflict of interest is not disclosed.
- The Board Chair and the Registrar & Chief Executive Officer (CEO), who will oversee the investigations and sanctions process, if necessary.

Definitions

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1- A conflict of interest exists where a reasonable member of the public would conclude that a Director's or Committee Appointee's personal, professional, or financial interest, relationship, or affiliation may affect their judgement or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

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2- For the purposes of this policy, a "family member" or a "close personal relationship associate" could be a spouse, partner, other family member, or anyone with whom they have the Director or Committee Appointee has a direct financial relationship, such as a business partner, employer, or employee.

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3- Directors and Committee Appointees must disclose all involvements with other organizations, vendors, or associations that might give rise to, or might reasonably be seen as giving rise to, a conflict of interest.

4- The situations in which a potential conflict of interest may arise cannot be exhaustively set out. Conflicts of interest generally arise in the following situations:

- **Director or Committee Appointee self-interest:** – When a Director or Committee Appointee directly or indirectly engages in any business arrangements with the College or has a significant interest in a transaction or contract with the College.
- **Interest of a close personal relationship or association Director’s or Committee Appointee’s family member or close personal associate:** – When a Director’s or Committee Appointee’s family member or practice/business partner(s) close personal associate engages in any business arrangement with the College.
- **Gifts Benefits:** – When a Director or Committee Appointee, or a their family member, or close personal associate relationship, or any other person, company, or organization chosen by the Director or Committee Appointee, accepts gifts, credits, payments services or anything else of more than a token or nominal value (\$50 or less) benefits from a party with whom the College may enter into a business arrangement (including a supplier of goods or services). These benefits include gifts, credits, payment services, or anything of more than a token or nominal value (\$50 or less).
- **Competing Interests:** – When a Director or Committee Appointee owes obligations (including fiduciary obligations) to another organization that are competing or inconsistent with those of the College and its duty to act in the public interest.
- **Failure to Disclose Information:** – When a Director or Committee Appointee fails to disclose information that is relevant to the College’s affairs of the College.

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Policy

1. All Directors and Committee Appointees have a duty to act solely in the College’s best interests of the College and to maintain the public’s trust and confidence of the public in the integrity of the decision-making processes of the Board and College committees.
2. Directors and Committee Appointees must avoid or resolve conflicts of interest while performing their duties for the College. Even if there is no actual conflict of interest is present, they must make best efforts to avoid situations that a member of the public or a registrant might consider or perceive as a conflict of interest.
3. Directors and Committee Appointees recognize that a conflict of interest or an appearance of a conflict of interest by a Director or a Committee Appointee Member could:
 - 3.1 Could bring discredit to the College.
 - 3.2 Could amount to a breach of the fiduciary obligation of the Director or Committee Appointee person to the College.
 - 3.3 Could create liability for either the College and/or the Director or Committee Appointee person involved.
4. Both prior to before serving on the Board or Committee, and annually during a Director or Committee Appointee’s Member’s term of office, each Director or Committee Appointee shall disclose in writing to the Registrar & CEO any professional, business, or personal interests. They should must also notify the Registrar & CEO as soon as possible of any changes to this information.

Interests that Require Declaration

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5. Directors and Committee Appointees must disclose all involvements with other organizations, vendors, or associations that might give rise to, or might reasonably be seen as giving rise to, a conflict of interest. Each Director ~~or~~ and Committee Appointee ~~should~~ must declare any of the following interests that relate to themselves, or a family member, or a close personal relationship ~~associate~~:
 - 5.1 Any paid or unpaid employment or professional practice.
 - 5.2 Ownership of any company, business, or consultancy.
 - 5.3 Appointments, offices, and memberships of other professional bodies or associations, voluntary or otherwise.
 - 5.4 Any close personal ties with other College Directors, Committee Appointees, or College employees ~~staff members~~.
 - 5.5 Any other interest which may be relevant ~~and not covered above~~.

Process for ~~Resolution of~~ Resolving Conflicts of Interest

6. ~~As a standard agenda item, a~~ All Directors and Committee Appointees will be invited to declare at the beginning of each meeting, as a standard agenda item, any conflicts of interests they have in relation to items on the agenda. The declared interests will be recorded in the Board's/ or Ccommittee's minutes.
7. Where a Director or Committee Appointee believes that they have a conflict of interest in a matter, they ~~shall~~:
 - 7.1 ~~Prior to~~ Before any consideration of the matter under discussion, declare to the Board or the Ccommittee that they have a conflict of interest that prevents them from participating.
 - 7.2 Do Not take part in the discussion of or vote on any question in respect of about the matter.
 - 7.3 Leave the room (or if the meeting is held virtually, log out) for the portion of the meeting relating to the matter even when the meeting is open to the public.
 - 7.4 Do Not attempt in any way to influence the voting or do anything which might reasonably be perceived as an attempt to influence other Directors or Committee Appointees or the decision relating to the matter.
8. Where a Director or Committee Appointee is in doubt as to whether they have a conflict of interest, they ~~shall~~ consult with an appropriate person in a hearing, such as the Board Chair, the relevant Committee Chair, the Registrar & CEO, a designated staff member ~~of staff~~, or independent legal counsel in a hearing.
9. Where a Director or Committee Appointee believes that another Director or Committee Appointee has a conflict of interest that has not been formally declared, the first Director or Committee Appointee ~~shall~~ advise an appropriate person in a hearing; Examples of such a person includesuch as the Board Chair, the relevant Committee Chair, the Registrar & CEO, a designated staff member ~~of staff~~, or independent legal counsel in a hearing. The person who is suggested as having a conflict of interest is entitled to address the matter before the Board or relevant committee makes any decision ~~is made by the Board or relevant Committee~~, as appropriate.

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10. Where the Board or ~~C~~committee concludes that one of its Directors or Committee Appointees has a conflict of interest that has not been declared, it can direct the Director or Committee Appointee to do the following: to not participate in the discussion or decision, leave the room (or if the meeting is held virtually, log out) for the portion of the meeting relating to the matter involving the conflict of interest, and not try to otherwise exert influence in the matter.
11. Every declaration or finding of conflict of interest, ~~as well as~~ and any consequent action, ~~shall be~~ recorded in the meeting minutes ~~of the meeting~~.

Appendix A shows the College's Conflict of Interest Questionnaire.

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Appendix A: Conflict of Interest Questionnaire

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CONFLICT OF INTEREST QUESTIONNAIRE

Name:

Role within the College: Board Director Committee/Community Appointee

INSTRUCTIONS:

Answer all questions. Your response should indicate whether you are disclosing a conflict of interest for you or a family member.

For the purposes of this policy:

Family Relationship includes immediate and extended family members. Immediate family members could be spouses, partners, children, stepchildren or parents. Extended family members could include aunts, uncles, cousins, nieces, or nephews.

Close personal relationships could include close friendships, romantic relationships, or close business or financial relationships.

If any answers to questions below should change after the questionnaire has been completed, you must immediately notify the College.

Complete the questionnaire, date, and sign the affirmation at the end of the document.

1. Please list all paid employment, including full and part-time work, consultancies, contract, and paid directorships.

2. To the best of your knowledge, do you or does any family or close personal relationship have a direct or indirect ownership or other financial interest in any corporation, company, or other business related to occupational therapy?

If yes, please provide details.

YES NO

Commented [ML2]: In this questionnaire,

- a) Please update wording from “family relationship” to “family member” and “close personal relationship” to “close personal associate” throughout, as discussed.
- b) Given that Committee Appointees include Community Appointees, do the latter still need to be mentioned separately?
- c) Under Instructions, add “close personal associate” after “family member.”
- d) In the paragraph on family relationships, add comma after “stepchildren”.
- e) Reword the paragraph on close personal relationships as follows: Close personal associates could include close friends, romantic partners, or close business or financial associates.
- f) In question 1, add hyphen after “full” and pluralize “contract.”
- g) In question 3, do the following:
 - change the comma after “professional bodies” to a space and “and”
 - add a period after “please provide details”
- h) In question 5, cap initial letter of “directors.”
- i) In the “I understand” paragraph, cap the “Q” in “questionnaire.”
- j) In the “I certify” paragraph, do the following:
 - add “arises” after “conflict of interest”
 - change the “of” before “any College” to “or”
 - delete the comma before “provide”

Commented [GS2R2]: Please make all proposed changes except 99(b) - leave the categories “Committee/Community Appointee” as is.

3. Do you maintain membership in other professional bodies, associations, voluntary or otherwise (individuals are free to main membership in professional organizations)? A declaration of these memberships gives assurance that there is no conflict with the College's mandate.

If yes, please provide details

YES NO

4. To the best of your knowledge, do you or does any family or close personal relationship hold a position of responsibility such as director, owner, board member, officer, or employee of another organization where their duties may reasonably be seen as influencing their judgement in matters under consideration by the Board or its committees?

If yes, please provide details.

YES NO

5. To the best of your knowledge, do you or does any family or close personal relationship have any close personal ties with other College directors, committee members, or College staff?

If yes, please provide details.

YES NO

I understand that upon appointment or election, and annually thereafter, every Director and Committee/Community Appointee shall fully complete a Conflict of Interest questionnaire.

I certify the above information is true and correct to the best of my knowledge. If any matter that gives rise to, or may be perceived to rise to, a conflict of interest during my participation on the Board of Directors of any College committee, I will promptly notify the responsible staff, and provide an updated questionnaire.

I confirm I have read, considered, and understood the Conflict of Interest policy and agree to abide by its provisions.

Full Name:

Signature:

Date:

Policy Type: Section 5: Governance

Policy Reference and Title: 5.4 Rules of Order

Date Prepared: June 2017

Date Revised: January 2019, April 2024

Date Reviewed: n/a

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Purpose

The purpose of these Rules of Order is to ensure that the meetings of the Board meetings are purposeful, efficient, and carried out with fairness, reasonableness, and good faith towards all who participate.

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Application

This policy applies to:

- The Board Chair
- All Board Directors
- Any observers or invited guests in attendance at attending Board meetings

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Policy

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General Procedures

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1. These rules of order are subject to review periodically.
2. These rules shall apply, with necessary modifications, to meetings conducted by any electronic means permitted by these the College bylaws, including audio or video conferencing.
3. If it appears that greater informality is beneficial in the particular circumstances, the Board Chair may relax the above rules may be relaxed by the Board Chair if it appears that greater informality is beneficial in the particular circumstances, unless the Board requires strict adherence.

Motions

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4. Motions require a mover and seconder.
5. When a motion is under debate, no other motion can be made except to amend it the first motion, to postpone it, to put the motion to a vote, to adjourn the debate or the Board meeting, or to refer the motion to a committee.
6. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
7. The Chair puts the motion to a vote under the following circumstances: When it appears to the Board-Chair believes that the debate on a matter has concluded, when the Board has passed a

motion to vote on the motion, or when the time allocated to the debate on the matter has concluded, the Board Chair shall put the motion to a vote.

8. No Board Director shall be present in the room, participate in debate, or vote upon any motion in which they have a conflict of interest, and the vote of any Board Director so interested shall be disallowed.
9. When a matter is being voted on, no Board Director shall enter or leave the boardroom, Board room, and no further debate is permitted.
10. Any motion decided by the Board shall not be re-introduced during the same meeting except by a two-thirds vote of two-thirds of the Board Directors present.
11. In the event of a tie occurs vote, the Board Chair will cast the deciding vote.
12. A Board Directors should exercise caution when considering an abstentions. In accordance with According to College bylaws, Board decisions are made by majority vote of Directors present. It should be noted that, if a Board Director is present and abstains, this is will equivalent to a "No" vote. Abstentions will not be noted by name in the minutes.

Amendments and Other Subordinate Motions

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13. A motion that has been moved and seconded may be amended by a motion to amend. The Board Chair shall rule a motion to amend out of order if it is irrelevant to the main motion or defeats the main motion's basic effect of the main motion.
14. When a motion has been moved and seconded, no other motion may be made except a motion to do one of the following: to amend the first motion; to refer the motion to a Committee; to postpone the first motion, either indefinitely or to a specific meeting; to call the question; to adjourn the debate; or to adjourn the meeting.
15. When If a motion to refer a motion to a Committee has been made, it shall be decided before any amendment is decided, and, if it is passed, no further debate or discussion is will be permitted.
- 16.15. A motion to amend the motion shall be disposed of before the main motion is decided. Only one motion to amend a motion can be made at a time.

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Preserving Order

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- 17.16. The Board Chair shall preserve orders and decorum and shall rules on any question of order or procedure. A Director may appeal the Chair's ruling to the Board.
- 18.17. Whenever the Board Chair is of the opinion believes that a motion offered to the Board is contrary to these rules or the College bylaws, they shall immediately inform the Board of their opinion, rule the motion out of order, and explain why.
- 19.18. The Board Chair shall manage the speaking order or may delegate management of the speaking order.
- 20.19. When called upon, the Board Director shall addresses the Board Chair and confines discussion to the matter under debate.

~~21-20.~~ The ~~Board~~ Chair may limit the number of times a ~~Board~~ Director may speak, limit the length of speeches, and impose other restrictions reasonably necessary to finish the meeting agenda of a meeting.

~~22-21.~~ If a ~~Board~~ Director believes that another Director has behaved improperly or that the Board has broken the College bylaws or these rules, the Director may state a point of order. The ~~Board~~ Chair shall promptly rule on the point of order, which is subject to an appeal to the Board.

~~23-22.~~ Staff persons~~members~~ and consultants with expertise in a matter may be permitted to answer specific questions. In addition, the Registrar & Chief Executive Officer may provide information relevant to a matter on their own initiative, subject to the Chair's ~~direction of the Board Chair~~.

~~24-23.~~ Observers at a Board meeting are not allowed to speak to a matter that is under debate, and ~~Board~~ Directors shall~~must~~ not discuss a matter with observers while it is being debated.

~~25-24.~~ ~~Board~~ Directors are to be silent while others are speaking.

~~26-25.~~ At all meetings, ~~Board~~ Directors are expected to limit the use of cellular telephones, and access personal email to regularly scheduled breaks. During Board meetings, ~~E~~electronic devices shall only~~must~~ be used during Board meetings only to review materials related to the matter under debate and to make personal notes of the debate.

Policy Type: Section 5: Governance

Policy Reference and Title: 5.5 In Camera Policy and Procedure

Date Prepared: January 2000

Date Revised: June 2020, January 2024, June 2025

Date Reviewed: October 2011, March 2017

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Purpose

This document establishes the circumstances under which the Board of Directors may exclude the public or staff from a meeting, or portion of a meeting in accordance with section 7(2) of the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991.

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It also outlines the appropriate use of in camera sessions to ensure transparency, accountability, and compliance with legislation which protecting sensitive matters.

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Why this Policy is in the Public Interest Aspect

In camera sessions serve the public interest by providing a framework for managing sensitive discussions that could involve privacy, security, or legal implications. This policy ensures that such sessions are used only when necessary and with appropriate justification.

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Application

This policy applies to all Board Directors and Committee Appointees.

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Policy

The Board may move into an in camera session for any of the following reasons:

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- To discuss matters involving public security.
- To consider financial, or personal, or other sensitive matters where the harm created by public disclosure outweighs the desirability of adhering to the principle of having meetings open to the public.
- To avoid prejudicing Where a person involved in a criminal proceeding or civil proceeding may be prejudiced.
- To deliberate on personnel matters or property acquisitions.
- To receive legal advice or instructions from the College's solicitors, or
- To determine whether to exclude the public or to restrict the publication of disclosed matters.

Meetings of the Executive, Governance, and Finance and Audit Committees may hold in camera sessions, particularly for matters involving human resources or legal or financial sensitivity. During these sessions, certain staff members may be asked to leave, at the Chair's discretion of the Chair. All other

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College committees must include appropriate staff members in all meetings, as staff are essential to conducting the College's business ~~of the College~~.

Procedure

1. The Chair ~~shall~~ indicate to those present at the meeting that an in camera session is to take place and states the reason ~~in accordance with~~ according to the Occupational Therapy Act, 1991.
2. All non-participating guests and staff ~~will~~ leave the meeting room as directed.
3. The Chair may invite the Registrar & Chief Executive Officer CEO or other senior staff and guests to remain, as appropriate.
4. The Chair ~~will~~ reminds all those present at the session in camera meeting that all discussion, including any decisions, are strictly confidential.
5. The Vice-Chair, ~~or~~ a Director, or another attendee, whom the Chair has appointed ~~by the Chair~~, will record a summary of the discussion and any decisions made.
6. ~~Prior to~~ Before the end of the in camera session or at the next in camera session meeting, the attendees will review and approve the minutes. The approved record will be securely stored in the College's confidential filing system.
- ~~7.~~ All matters discussed in the in camera session, including the minutes, remain confidential and must not be disclosed.
- ~~8.7.~~ Information from an in camera session is strictly confidential unless the Board agrees to a policy or statement about the release of specific information.

See Appendix A for the form to facilitate the recording of in camera sessions.

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Appendix A: In Camera Meeting Minutes

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In Camera Meeting Minutes
(for up to 5 motions)

Board or Committee (*Executive, Governance or Finance & Audit*): _____

Date: _____

Chair: _____

Minute-taker: _____

Present:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Motion to move *in camera* to discuss: (*Choose all that apply*) Duplicate from regular meeting

<input type="checkbox"/>	Matters involving public security
<input type="checkbox"/>	To consider financial or personal, or other sensitive matters where the harm created by public disclosure outweighs the desirability of adhering to the principle of having meetings open to the public;
<input type="checkbox"/>	Where a person involved in a criminal proceeding or civil proceeding may be prejudiced
<input type="checkbox"/>	To deliberate personnel matters or property acquisitions;
<input type="checkbox"/>	To receive legal advice or instructions from the College's solicitors; or
<input type="checkbox"/>	To determine whether to exclude the public or to restrict the publication of disclosed matters.

MOVED BY: _____

SECONDED BY: _____

THAT *the meeting move in camera.*

CARRIED / DEFEATED / MOTION AMENDED (*circle one*)

Commented [ML3]: In this form,

a) Set all instance of "*in camera*" in Roman (not italics) except on the second last page in the instance where the entire sentence is italicized.

b) On page 1, add a comma after "Governance" and change the ampersand in "Finance & Audit" to an "and."

c) On page 1, rewrite the list of options as follows:

Matters involving public safety
Financial, personal, or other sensitive matters where the harm created by public disclosure outweighs the desirability of adhering to the principle of having meetings open to the public
A person involved in a criminal or civil proceeding
Personnel matters or property acquisitions
Legal advice or instructions from the College's solicitors
Whether to exclude the public or to restrict the publication of disclosed matters

d) On page 2 and subsequent pages, italicize the opening parenthesis before "(if needed)."

Commented [GS3R2]: OK.

Motion to approve today's *in camera* minutes

MOVED BY: _____

SECONDED BY: _____

THAT today's in camera minutes be approved as presented.

CARRIED / DEFEATED / MOTION AMENDED (circle one)

Motion to come out of camera

MOVED BY: _____

SECONDED BY: _____

THAT the meeting move out of camera.

CARRIED / DEFEATED / MOTION AMENDED (circle one)

Motion to adjourn (if needed)

MOVED BY: _____

SECONDED BY: _____

THAT the meeting be adjourned.

CARRIED / DEFEATED / MOTION AMENDED (circle one)

Board or Committee Name: _____

Date: _____

Page ___ of ___

Policy Type: Section 5: Governance

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Policy Reference and Title: 5.6 / Virtual Meetings

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Date Prepared: January 2024

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

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This policy gives guidance on conducting virtual meetings. All participants in virtual meetings must have a clear understanding of the College's expectations for appropriate etiquette and professional online behaviour, especially for public meetings, such as Board meetings.

Why this is in the Public Interest Aspect

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When circumstances allow, some meetings may be conducted virtually. Such meetings are convenient, effective, and efficient in the public interest. This policy gives guidance on how such meetings should be conducted.

Application

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This policy applies to all Board Directors and Committee Appointees.

Policy

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The Rules of Order apply to all virtual meetings but recognize that Board meetings are held in a public forum, and thus, professionalism and adherence to these protocols is even more important in such meetings. The expectations for all Committee Appointees and Board Directors are outlined below.

Pre-Meeting

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- Prepare for the meeting by reviewing the meeting materials.
- Arrive a few minutes early to the meeting and complete a sound check.
- Arrange your viewing options to allow you to see both the materials and the virtual platform (use a second screen or split screen).
- Ensure that you are fully visible by the camera and that you have adequate lighting to be seen.
- Reduce external distractions as much as possible, and ensure that, for Board meetings and committee meetings, you are in a private space that ensures confidentiality of meeting activities and materials.
- Dress as you would to attend in-person.
- Keep your camera on. All attendees (except for observers and non-senior staff during Board meetings,) all attendees are asked to have their cameras on, except if unless they are experiencing

a poor internet connection or are only on only the phone due to technical arrangements. If you are on the phone, identify yourself to staff.

Meeting Navigation

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- Be on time. As with in-person meetings, ~~these virtual meetings should be to~~ start on time. Frequent lateness is disruptive, and the Chair addresses this will be addressed directly ~~by the Chair~~ with the ~~d~~Director or ~~e~~Committee ~~a~~Appointee.
- Keep your microphone off unless you are speaking. ~~Only the person speaking should have their microphone on.~~ When done speaking, signal this by turning the microphone off. The Chair should then be the next to speak. Limit ~~your~~ speaking to pertinent and relevant points as you would in-person. ~~1-2~~One to two minutes per point is preferred.
- Put your hand up if you wish to speak. By viewing those with their hand up, ~~T~~he Chair identifies who will speak next ~~by viewing those with their hand up.~~
- Reference Give page numbers when referring to documents in your package, to help others navigate to the same place.

Voting

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- To vote in favour of a motion, raise your hand and keep it raised until the Chair asks those in favour to lower their hands.; ~~or, if you are~~ not on camera, say your name and say "in favour".
- To oppose a motion, raise your hand when asked for "all opposed."; and keep it raised until the Chair asks those opposed to lower their hands.; ~~or if you are~~ not on camera, say your name and say "opposed".
- Alternatively, use the voting buttons on the virtual application ~~may be used~~.

Use of Chat Function

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- Use ~~T~~he ~~C~~chat function ~~is to be used~~ for emergency purposes only (~~i.e. for example, if you need to leave leaving the meeting quickly, or have~~ technology issues).
- Keep comments short and professional. All comments in the chat ~~function~~ are recorded, ~~including both~~ comments directed to "everyone" and those directed to specific individuals. ~~All comments are to be professional and limited.~~
- College staff monitor and manage ~~Any~~all comments in the chat ~~will be monitored and managed by~~ College staff and brought bring forward concerns to the Chair, as appropriate.

Breaks

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- Turn off your camera ~~Cameras~~ and ~~microphones~~ ~~are to be turned off~~ during breaks. ~~It is preferred that~~ To avoid delays when the meeting reconvenes, preferably do not ~~participants NOT~~ disconnect from the meeting ~~to avoid delays when the meeting reconvenes.~~
- ~~All participants are asked to r~~Return from breaks at the time the Chair ~~indicates~~ by the Chair.

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- For public Board meetings, ~~please~~ refrain from eating on camera.

Post-Meeting

- ~~All participants are required to s~~Safely and securely dispose of any confidential College materials.
- Delete any electronic materials from your devices, and empty the deleted folder.
- Securely shred all hard copy materials. If secure shredding is unavailable to you, ~~please~~ return the meeting materials to the College office for safe shredding.

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Policy Type: Section 5: Governance

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Policy Reference / and Title: 5.7 Social Media / Media Relations

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Date Prepared: January 2024

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

This policy provides guidance on responsible conduct on social media. This policy will protect the College's online reputation while encouraging Board Directors and Committee Appointees to share information about the College on their online networks, when appropriate.

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Why this Policy is in the Public Interest Aspect

Board Directors and Committee Appointees who conduct themselves responsibly on social media will protect the College's online reputation in the public interest.

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Application

This policy applies to all Board Directors and Committee Appointees.

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Policy

The College uses social media platforms to raise awareness of the College's mandate and role in public protection. In addition, these platforms provide opportunities to engage and inform College audiences. The College expects Directors and Committee Appointees to maintain a professional image online to avoid tarnishing the College's reputation and avoid presenting unnecessary risks to the College. They Directors and Committee Appointees should be aware of what not to post on public accounts to avoid embarrassing the College or exposing it to legal issues. Board Directors and Committee Appointees need to be aware:

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- That they are free to follow, like, and share the content of College social media platforms. The College uses Facebook; and Instagram, X (formerly known as Twitter) under the handle @CollegeofOTs. The College can also be found on LinkedIn and YouTube under 'College of Occupational Therapists of Ontario.
- About the College's Social Media Terms of Use. See Appendix A. This The terms of use includes community guidelines, disclaimers, and agreements.
- About, and if not sure, confirm with the College, Of appropriate College-related content to share on social media that relates to the College. If unsure, Directors and Committee Appointees should confirm with the College. The Communications Team administers the administrator for all College social media platforms. This means that Communicates coordinates all appropriate content, management, and activity on these platforms is coordinated through Communications.

- That only college Communications staff may respond to external comments on College social media channels.
- That they should use a personal email address, not a work email address, as their primary means of identification on social media.
- That they need to be careful about what they do online to avoid attracting negative attention or posts that may embarrass the College. They must Avoid posting controversial or polarizing opinions online, —for example, about politics.
- That their comments could be mistakenly associated with the College's position of the College, even when they identify themselves as the author and solely responsible for their words/or posting.
- That all communication remains in cyberspace and that they should avoid writing anything they can't/cannot say in public.
- That inappropriate activity on College social media platforms should be reported to the Registrar and Chief Executive Officer-CEO.

APPENDIX Appendix A:

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Social Media Terms of Use¹

The College of Occupational Therapists of Ontario (“the College” or “COTO”) uses social media (including but not limited to [Facebook](#), [LinkedIn](#), [Twitter](#), [Instagram](#), and [YouTube](#)) to share information about the College and to communicate with practitioners, members of the public, and other interested parties.

Please also keep in mind that while we strive to reply to messages, [please call or email the College for any urgent matters](#).

Community Guidelines

- COTO welcomes user participation and engagement with our content. However, we reserve the right to edit or delete our posts for clarification, or to remove comments at our discretion.
- Users may have their content deleted or hidden, and/or may be removed or banned from COTO’s social media account(s) if the content they post:
 - iis abusive, or obscene, or uses profane or offensive language.
 - iis aggressive, malicious, or threatening.
 - iis misleading or false.
 - eDiscusses an ongoing investigation.
 - includes hateful, defamatory, discriminatory, or harassing remarks.
 - eConstitutes spam, advertises services or products, or is off topic.
 - includes personal or confidential information.
 - relates to a specific individual.
 - breaches a law, statute, regulation, order, code, standard, or rule.
 - iis posted without the necessary rights or licenses.
 - encourages conduct that may or would constitute a criminal offence or give rise to civil liability, and/or ares contrary to the principles of the *Canadian Charter of Rights and Freedoms*.
- The submitter of comments and content is fully responsible for the comments and content posted.
- COTO is not responsible for such comments and content, nor for any information, references, links, opinions, claims, or advice in such comments and content, an is COTO responsible to collect, review, use, update, edit, retain, return, dispose of, share, circulate, act on, consider, or respond to, any such comments and content.

Please notify the College’s [Communications Team](#) if you see a comment, content, or user that you think does not comply with our Community Guidelines.

¹ This content is adapted, with permission, from the [College of Medical Laboratory Technologists of Ontario](#); the original work is available on [cmlto.com](#).

Disclaimers and Agreements

- The information COTO posts on its social media channels should not be considered official College policies or guidance. Users can access official College policies and guidelines on the College website.
- By using any of COTO's social media sites (including without limitation by posting any comment or content), each user agrees:
 - ~~n~~ot to facilitate or to encourage any violations of our Terms of Use.
 - ~~by posting comments and content, you are giving~~To give COTO permission to use and distribute ~~these~~any comments and content ~~the user posts~~.
 - ~~t~~To indemnify the College and to hold the College harmless from any liability, loss, damage, or expense, including without limitation professional and other fees and expenses, arising out of such user's use of any of the College's social media site(s), and any comments or content posted.
- Use of COTO's social media sites and their content is at each user's own risk. All platforms and content are provided "as is."
 - Users must not rely on any content published on or linked from our social media sites without first making their own enquiries to verify it is accurate, current, and complete.
 - External link sources may include, but are not limited to:
 - o Government ministries, departments, commissions, boards, services, and agencies.
 - o Offices of the Legislature.
 - o Hospitals and other health institutions and organizations.
 - o Universities and Colleges.
 - o News and media outlets and publications.
 - o Community groups and organizations.
 - o Professional associations and individual occupational therapists.
- COTO follows and engages with other social media accounts, including ~~those of~~ various organizations, interested parties, members of the media, and practitioners.
 - COTO's decision to like, comment, follow, or share content and/or links from a particular user or organization should not be interpreted as endorsement of that user or organization, ~~of the~~ content of the post or website, or of any organization(s) linked to, or mentioned by the post. These do not necessarily reflect the views and values upheld by COTO.

¹~~This content is adapted, with permission, from the College of Medical Laboratory Technologists of Ontario; the original work is available on cmlto.com~~

Policy Type: Section 5: Governance

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Policy Reference / and Title: 5.8 / Supporting Positive Relationships

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Date Prepared: June 2024

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

This policy provides guidance and support to enhance positive relationships and a safe work environment, free from any form of harassment, discrimination, or violence.

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Application

This policy applies to all Board-Directors, Committee Appointees, and Staff.

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Policy

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The College appreciates the value and dignity of all those it interacts with, including the public, Registrants, Staff, Board-Directors, and Committee Appointees. A safe and supportive work environment is founded on healthy relationships based on respect, caring, trust, empathy, and dignity, and this environment thrives in an environmenta space in which diversity is accepted and honoured. All those who interact with the College are entitled to a positive, supportive, safe, and caring environment, free from discrimination, violence, bullying, harassment, or any other inappropriate behaviour.

For those who interact with the College to feel they are a valued and connected part of an inclusive environment, the College will:

- Is proactive in identifying opportunities to recognize and celebrate positive behaviour and achievements.
- Strives to respond to the concerns and questions of the public, Registrants, Staff, Board Directors, and Committee Appointees concerns and questions in a timely manner.
- Ensures that the public, Registrants, Staff, Board-Directors, and Committee Appointees are aware of their rights and obligations under the College policies and under the appropriate laws of Ontario and Canada.
- Communicates openly, honestly, and respectfully with the public, Registrants, Staff, Board Directors, and Committee Appointees.
- Actively seeks feedback from the public, Registrants, Staff, Board-Directors, and Committee Appointees to ensure that their needs are being met.
- Ensures that procedures or decisions that are made regarding registrants, staff, Board-Directors, and Committee Appointees are lawful, safe, and dignified and that their information is treated privately and confidentially, as appropriate.

- Ensures that policies that clarify procedures for staff are in place to provide for effective handling of complaints and protect against wrongful conditions, including ~~but not limited to,~~ human rights violations, violence and harassment in the workplace, and inappropriate preferential treatment.
- Deals s firmly, confidently, and consistently with any distressed or challenging behaviour, in line with this policy, and adopts s a restorative approach to restoring-rebuilding relationships that have deteriorated while allowing a fresh start.
- Works s in partnership with all concerned to develop and support policies which build on the College's ethos and culture.
- Maintains s an open mind, ensuring that all diverse voices are heard, included, and respected in all the College's work.

Policy Type: Section 5: Governance

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Policy Reference and Title: 5.9 Consent Agenda

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Date Prepared: January 2024

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

This policy establishes the consent agenda policy which is expected to guide Board meetings and further strengthens governance practices while safeguarding the College's integrity of the College

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Why this Policy is in the Public Interest Aspect

The consent agenda leads to efficient use of time during Board meetings. The agenda will support Board Directors and strengthens governance practices in the public interest.

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Application

This policy applies to and supports all Board Directors as they fulfil their roles.

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Definition

A consent agenda groups together routine meeting items into a single agenda that encompasses all the items that the Board would normally approve of with little comment. The grouped items can then be approved once, instead of filling multiple motions.

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Policy

Items that do not require discussion may come forward as part of the consent agenda. The Board uses a consent agenda to increase efficiency and support the Board Directors in making more productive use of their meeting time.

1. When developing the Board meeting agenda, the Board Chair and the Registrar and Chief Executive Officer (CEO) determines the items to be added onto the agenda.
2. The consent agenda should be part of the meeting agenda, which means that all the supporting materials are included in the Board meeting package.
3. Items that require discussion and/or decision should not be included in the consent agenda but should be brought forward in the regular agenda with a briefing note.
4. The Board should collectively agree on the items that can routinely be addressed through the consent agenda, which may include but not limited to:
 - Registrar and CEO Reports
 - Committee Reports

- Correspondence that requires no action; and is provided for information only e.g. —for example, information about a new bill in legislature.
 - Formal approval of items that have been thoroughly discussed previously
5. The following process is to be followed for approval of This is the process for approving the consent agenda:
- 5.1 At the beginning of the meeting, when seeking approval of the agenda, the Board Chair asks whether any of the consent agenda items should be moved to the regular discussion items.
 - 5.2 When the consent agenda is before the Board, and before asking for a motion to approve the consent agenda in its entirety, the Board Chair asks if there are whether any identified corrections that need to be made on any of the components. The Chair also asks and whether there are anyone has any questions for clarification; either of which An affirmative response to either of the Chair's questions may give rise to a request by a Board Director to move a component out of the consent agenda. The remaining components on the consent agenda can then be approved.
 - 5.3 If a Director asks that a component be moved, it must be moved. Any reason is sufficient to move a component. A Director may wish to move a component to discuss it more fully, to further query the item, or to vote against it.
 - 5.4 Once the component has been removed from the consent agenda, the Chair may decide to take up the matter immediately or move it to a matter for discussion to discuss it at some later point in the meeting.

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Policy Type: Section 5: Governance

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Policy Reference and Title: 5.10 Equity Impact Assessment

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Date Prepared: January 2024

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

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This policy outlines the equity impact assessment (EIA) as it relates to College work and provides guidance to guide Directors and Committee Appointees with respect to their duties of ensuring duty to ensure that all College policies, programs, and processes are fair and non-discriminatory.

Why this Policy is in the Public Interest Aspect

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This policy will support the Board Directors and Committee Appointees in ensuring that College policies, programs, and processes are inclusive, fair, and non-discriminatory, which is essential for serving the public interest.

Application

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The policy applies to support all Directors and Committee Appointees as they fulfil their roles.

Definition

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Equity Impact Assessment (EIA) is a process used in decision-making to guide users through the steps of identifying and addressing potential unintended impacts (positive or negative) of a policy, program, or initiative on certain populations, particularly equity-deserving groups. This means that the tool can assist in integrating equity considerations into new initiatives and more detailed planning. The tool therefore supports the achievement of the College's long-term strategic priority of responding to the needs of diverse communities.

Policy

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Organizations and governments have recognized the need to eliminate racial and other discriminatory barriers in the workplace. In 2021, the Ministry of Health's College Performance Measurement Framework (CPMF) required all health regulatory colleges to use an Equity Impact Assessment (EIA) tool to demonstrate that their policies, programs, and projects or processes are fair and non-discriminatory. For the College to achieve this goal, the Board must ensure the following:

- Equity Impact Assessment (EIA) is reflected in the strategic planning activities and appropriately resourced within the organization to support relevant operational activities.
- That equity is embedded across the College's decision-making process, so that it becomes a core value and one criterion to be weighed in all decisions.

- [Evaluation of The College evaluates](#) the potential impacts of any policy, program, or process on registrants and clients [or patients](#) from different demographic groups based on characteristics such as gender, sexual orientation, place of origin, ethnicity, and Indigenous identity.
- [The College develops Recommendations](#) ~~are developed~~ aimed at mitigating negative impacts [as well as and](#) maximizing positive impacts on equity-deserving groups.
- The College conducts [Equity Impact Assessments EIAs](#) to ensure that decisions are fair and that a policy, program, or process is not discriminatory.
- The [Equity Impact Assessment EIA](#) tool supports the achievement of the [College's](#) long-term strategic priority of responding to the needs of diverse communities in Ontario.

[Appendix A shows the template for an EIA.](#)

Appendix A: Equity Impact Assessment Template

Project/Program/Policy/Program/Project Name				
Name and Position of the pPerson cCompleting the EIA				
Date				
Project/Program/Policy Summary				
Equity-Deserving Group	Potential Impact Positive or negative	Mitigation (Ways to reduce negative and amplify positive impacts)	Monitoring (Ways to measure success for each mitigation strategy identified)	Dissemination (Ways to share results and recommendations to address equity concerns)
Visible Mminorities				
Indigenous communities Community				
People living with Ddisabilities				
Religious/faith communities				
Sexual-OrientationLGBTQ2S+				
Sex/GenderSex and gender non-conforming people				
Francophones				
Others (Ddescribe)				

Equity Impact AssessmentEIA Steps

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If the policy, program, or projectinitiative has the potential tomight impact equity-deserving groups, apply the following EIA steps should be applied:

1. Identify the Equity-Deserving Groups

Identify the affected group/s and potential unintended impacts (positive or negative) on the group of the planned policy, program, or projectinitiative. Consider a wide range of vulnerable or marginalized groups to avoid overlooking a project's unintended consequences of an initiative.

AskingAsk questions such as:

- How willdoes the policy, program, or projectinitiative affect equity for the identified Eequity-deserving groups in your geographic or practice area?
- Will itthe policy, program, or project have a differential impact on people or communities that you serve? Will itfavour some clients, patients, or staffemployees than members over others?

- ~~Are there~~ Might other equity-deserving communities ~~which may~~ experience unintended results ~~off from~~ this program?

2. Assess the Potential Impacts

Use available data or evidence to prospectively assess the unintended impacts of the planned policy, program, or ~~project~~ initiative on equity-deserving groups in relation to the broader population. Consider a broader range of evidence, including consultation findings, literature, environmental scans, or field evidence. ~~Weigh~~ These sources of evidence ~~should be weighed~~ based on their strength and quality. ~~Note where there is~~ Where data is very limited data or no evidence is available ~~or and~~ where possible, implement strategies to gather the required evidence; strategies could include conducting surveys, holding focus groups, or ~~consultation~~ consulting with experts or members of the affected groups.

~~Determine whether your initiative will have a positive or negative impact on equity-deserving communities by asking questions~~ Ask questions such as:

- How will the policy, program, or ~~project~~ initiative affect access to services for ~~this~~ these populations?
- Is it likely to have positive ~~impacts or~~ effects that enhance service equity?
- Is it likely to have negative effects that contribute to, maintain, or strengthen disparities?
- How will it affect the quality and responsiveness of service for ~~this~~ these communities?
- Will providing this program, or improving access to it, help to narrow the gap between the best- and worst-off outcomes?
- ~~If you do not know, what more do you need to know and how will you find out?~~
- Will some people or communities benefit more from ~~the program~~ it than others, and why?
- ~~If you do not know the answers to these questions, what more do you need to know, and how will you find out?~~

3. Mitigate

Develop or identify evidence-based recommendations to minimize or eliminate negative impacts and maximize positive impacts on equity-deserving groups. These recommendations ~~comprise~~ constitute the mitigation strategy. ~~Uptake of~~ Applying these recommendations in the rollout of the ~~project~~ initiative will help to ensure help ensures that ~~the initiative~~ it contributes to equity and does not perpetuate or widen existing disparities. ~~Where possible, recommendations should be informed by a diversity of members of the affected communities.~~

~~Analyze how the impact of your initiative will be mitigated by asking~~ Ask questions such as:

- How can you reduce or remove barriers and other inequitable effects?
- How can you maximize the positive effects or benefits that enhance health equity?
- What specific changes do you need to make to the ~~policy, program, or project~~ initiative, so it ~~that~~ meets the needs of each equity-seeking community you have identified? How does it need to be customized or targeted?

- Could you engage ~~the~~ interested third parties in designing and planning these changes?
- Will you be making recommendations to decision-makers?

4. Monitor

Identify ways to measure success for each mitigating strategy identified. Determine how the policy, program, or project/initiative will be monitored to determine/assess its impacts on equity-deserving groups in-comparison-to/compared with the broader target population; ~~The~~ resulting data will enhance the overall evidence base for equity-based interventions and can be fed back into the development and planning process. Conduct a short process and impact evaluation to determine whether the tool was practical and appropriate (process), and whether there was uptake of the recommendations for adjustments made as part of the mitigation strategy were applied (impact).

Analyze how the impact of your initiative will be monitored by asking/Ask questions such as:

- How will you know if/whether your program has enhanced equity?
- How will you know when the program is successful?
- What equity indicators and objectives will you measure, and how?
- How has/will the program reduce d or eliminate d barriers to access (e.g. for example, by providing translation)?

5. Disseminate

This step involves identifying/Identify ways to share results and recommendations to address equity. By sharing the results of your EIA, you are raising awareness of the gaps in equity and service provision that need to be filled, and sharing lessons learned, which are important to reduce inequities in-the-long run/long term.

It is important to dDocument and share the EIA results-of-the-EIA with relevant groups and interested third parties who would be interested in learning from the information you have collected. By sharing the results of your application of the EIA, you are contributing to the growing body of knowledge on the reduction of inequities. By sharing results of new indicators and evaluations, you are also increasing future access to evidence and evaluation data for-the-future.

After the EIA process has been completed, it-is-useful-to consider your results, particularly those from the monitoring strategy, and how these can be incorporated into broader planning instruments such as the College's sStrategic pPlan.

Ask Qquestions such as:

- Where would be a logical place in your organization to document the EIA results-of-your-EIA?
- What would be a good forum for and/or strategy to disseminate the EIA results-of-your-EIA?

Sharing your evaluation results is-an-important-contribution-to-the-growing-body-of-knowledge-on-the reduction-of-health-inequities This step helps you to link impacts to mitigation strategies that your organization may have implemented to reduce health inequities among vulnerable or marginalized groups. These results should be reviewed to identify any additional modifications to your project.

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Additional resources on the [mMinistry of Health](#) EIA tool:

Ministry of Health:

<https://www.health.gov.on.ca/en/pro/programs/heia/>

<https://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx>

<https://www.health.gov.on.ca/en/pro/programs/heia/resources.aspx>

Policy Type: Section 5: Governance

Policy Reference: 5.11 / ~~Board and Committee~~ **Competency Profile Data**
Title: **Collection for Directors and Committee Appointees**

Date Prepared: October 2023

Date Revised: n/a

Date Reviewed: n/a

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Purpose

1. ~~The purpose of this policy is to~~ set out the procedure for the voluntary disclosure, by current and prospective ~~Board Directors~~ and ~~Committee members~~ **Committee Appointees**, of skills and diversity information to the College for the purposes of identifying gaps in representation and promoting substantive ~~diversity, equity, Diversity,~~ and ~~inclusion~~ **(EDI)**.

2. ~~It is voluntary for current and prospective Board and Committee members to provide information on the diversity questions.~~

3. The College ~~shall collect~~ information which is voluntarily provided by registrants using an electronic form. ~~that~~ **The form** is accessible ~~and~~ in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* and its regulations, and ~~that~~ **it** protects **the confidentiality and privacy and respects the dignity of individual board Directors and committee members** **Committee Appointees**: confidentiality and privacy and respects their dignity.

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Application

The policy applies to all **Directors and Committee Appointees**.

Background

In keeping with its values and commitments, the College ~~of Occupational Therapists of Ontario (the College)~~ strives for organizational excellence in its mandate to serve the public interest, regulate its registrants, and be accountable and accessible to the public ~~that~~ it serves.

~~In making the decision~~ **deciding** to begin to invite current and prospective ~~Board Directors~~ and ~~Committee members~~ **Committee Appointees** to share skills and diversity data voluntarily, the College recognized that advancing ~~diversity, equity and inclusion~~ **EDI** ~~are~~ **is an** important component of the College's public protection mandate. ~~Inviting current and prospective Board and Committee members to provide the College with data will~~ **This invitation** enables the College to engage in data-driven decision-making to develop benchmarks and indicators against which it can:

- Measure the effectiveness of its own strategic priorities for advancing ~~diversity, equity, and inclusion~~ **EDI**.
- Assess the degree to which its registrants, Board, and ~~College~~ committees reflect the Ontario public ~~that the College~~ serves and ~~the degree to which the Board and committees~~ have **inclusive** decision-making and programming ~~which are inclusive~~.

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The College will consider skills and diversity data with the underlying goal of better serving the College's mandate to protect the public interest. This policy is based on the fundamental principle that only what is measured can be effectively understood and improved.

The aim of this practice is This policy aims to collect information on current and prospective Board Directors and Committee members Committee Appointees to identify gaps in representation, inform recruitment strategies, and enhance onboarding and training requirements. This aim is part of the overall journey to transform the College and achieve our goals, with diversity, equity, and inclusion EDI as a priority one of our priorities. Becoming proactive with respect to diversity, equity and inclusion about EDI helps to identify perspectives not present in decision-making, enhance onboarding, and determine training requirements.

Principles

The policy on Board and Committee Competency Profile Data Collection for Directors and Committee Appointees policy adheres to the following guiding principles regarding data collection:

Principle 1: Privacy, Confidentiality, and Dignity

Protect the confidentiality of information, and respect the privacy and dignity of individuals, groups, and communities.

Principle 2: Commitment

Be committed to using the information voluntarily provided by Board Directors and Committee members Committee Appointees to help eliminate systemic racism and advance equity.

Principle 3: Quality Assurance

Make continuous efforts to ensure the quality of the personal information collected, to conduct analysis carefully and thoroughly in a careful and thorough manner.

Principle 4: Organizational Resources

Use College resources in ways that fulfill the requirements of this policy.

Policy

1. Consent to Provide Information and Withdrawal of Consent

- 1.1 The information collected from current and prospective Board Directors and Committee members Committee Appointees shall be based on voluntary express consent that is freely given.
- 1.2 No program, service, or benefit will be withheld, and there shall be no consequences or disciplinary actions will occur if a current or prospective Board Director or Committee Appointee member for not providing does not provide the information.
- 1.3 The request for information shall be provided to the current and prospective Board Directors and Committee members Committee Appointees in writing, and in an accessible manner in accordance with according to the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and its regulations.

2. Confidentiality, Secure Storage, Retention, and Disposal of Information

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- 2.1 The handling of information voluntarily provided by current and prospective ~~Board Directors~~ and ~~Committee members~~ Committee Appointees to the College ~~pursuant of~~ according to this policy ~~shall~~ strictly adhere s to the confidentiality requirements of ~~S~~section 36(1) of the Regulated Health Professions Act, 1991.
- 2.2 The College ~~shall~~ takes reasonable steps to ~~secure information throughout and~~ maintain all information in and protect all information using a secure database.
- 2.3 Access to personal information is ~~to be~~ limited to only those individuals who need it in the performance of their duties. ~~Therefore, t~~The College ~~shall~~ determines the level of access of information that College ~~employees~~ staff and the Nominations Committee require in the performance of their duties. ~~Access to information will be limited according to the determination.~~
- 2.4 The College ~~shall~~ retains information ~~that is~~ stored in its electronic database for at least five years after the day it was last used, or as reasonably necessary for the purposes of identifying perspectives in decision-making and advancing equity and inclusion. Retaining personal information for at least five years allows analysis of long-term trends and longitudinal analysis.
- 2.5 The College ~~shall~~ takes reasonable steps to securely dispose of information maintained in records (hard copy or electronic), including:
 - Taking reasonable steps so that personal information is securely destroyed in such a way that it cannot be reconstructed or retrieved, ~~and~~
 - Securely disposing of devices with memory capabilities (~~e.g for example~~, computers, photocopiers, and fax machines).

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3. **Data Analysis**

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- 3.1 The College ~~will~~ de-identifys the personal information voluntarily provided by its current and prospective ~~Board Directors~~ and ~~Committee members~~ Committee Appointees and ~~will minimize~~ maximizes the amount of personal information in the least identifiable form possible. The College ~~shall~~ de-identifys and disaggregates all such information when conducting analysis and developing reports.
- 3.2 The College ~~shall~~ ensures that ~~in its reports of the data analysis~~ no individual current ~~and or~~ prospective ~~Board Director and or~~ Committee Appointee member is identifiable ~~in its reports of the data analysis~~.

4. **Compliance Monitoring**

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The Registrar and ~~Chief Executive Officer~~ CEO and the Director, ~~of~~ Regulatory Affairs, ~~shall~~ ensure full compliance with this Ppolicy.

5. **Policy Review of this Policy**

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The ~~College~~ Boards ~~shall~~ reviews this Ppolicy at minimum every three years and ensures that this Ppolicy is updated with the most recent changes to relevant legislation and policy directives in Ontario and Canada.

Policy Type: Section 6: Finance

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Policy Reference / and Title: 6.1 Financial Planning and Budgeting

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Date Prepared: December 2009

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Date Revised: March 2010, June 2019, June 2022, June 2024

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Date Reviewed: June 2016, June 2023, October 2025

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Purpose

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To establish the Board's responsibility for overseeing financial management that will ensure that adequate resources are available to support the College's mandate and strategic directions. To achieve this, financial planning for any fiscal year or the remaining part of any fiscal year will be aligned with leadership outcomes and be derived from a financial plan.

Application

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This policy applies to:

- All Board Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting to the Board.

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Policy

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The Board is ultimately responsible for ensuring that appropriate strategies, policies, and processes are in place to support prudent financial stewardship. Financial planning and budgeting is an important part of this responsibility.

Procedure

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The Finance and Audit Committee will ensure that the Registrar and CEO's financial planning and budgeting:

1. Contains information to enable credible projection of revenues and expenses, and separates capital and operational items, cash flow, and disclosure of planning assumptions.
2. Provides adequate cash flow to support operations throughout the year and to support reserves without Board approval.
3. Allocates sufficient funds to satisfy operational requirements.
4. Appropriately balances resources, human, technological, and financial, between the budget and the expected leadership outcomes.
5. Provides sufficient resources to support the Board's ability to perform its leadership role.

6. Conservatively projects a Balanced Budget that does not deviate (+/-plus/minus) from revenues by more than 3% in any fiscal year; unless the Board directs otherwise directed by the Board.

See Appendix A for a guide on reviewing financial information.

Appendix A:

Board Reference Material ~~BOARD REFERENCE MATERIAL~~

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Guide for Review of Financial Information

This guide is provided for ~~Board~~ Directors to use as a reference in their review of standard financial information ~~that is provided~~ in their ~~council~~ Board meeting packages.

The Financial Report ~~provided~~, typically includes highlights of the financial statements, an update on statutory remittances and filings, and updated financial statements. The checklist ~~below~~ provides general tips on what to look for when reviewing the Financial Report and ~~also provides general tips regarding on~~ financial responsibility.

CHECKLIST FOR REVIEWING FINANCIAL INFORMATION

Financial Report:

- ✓ Review the ~~H~~ highlights of the ~~F~~ financial ~~S~~ statements for a summary of the overall financial picture.
- ✓ Check that the status of remittance payments is being reported.
- ✓ ~~(Note: Remittance payments are those payments a company is required to make to government. This includes These comprise~~ HST and payroll remittances (EI, CPP, ~~and~~ ~~Income T~~ax).
- ✓ Review spending in Reserve Funds on the Statement of Reserve Funds.

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Financial Statements:

- ✓ Check ~~that the~~ HST Payable on the Statement of Financial Position (~~verify that number~~ is changing quarterly).
- ✓ Review the Deferred Revenue balance. If it is going down each reporting period within the fiscal year, ~~then~~ it is being allocated to operations ~~regularly on a regular basis~~.
- ✓ Check that the College has the funds to cover its debts.
- ✓ Ask about any negative numbers.

General:

- ✓ Feel free to ask general questions ~~at the Board meeting e.g. —for example, to verify that~~ no conflict of interests exists with ~~the College's External A~~ auditor ~~relationship~~ or that of any other ~~interested~~ ~~party~~ stakeholder.

Revised: June 2019, June 2022, June 2024

Reviewed: June 2023

Policy Type: Section 6: Finance

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Policy Reference / and Title: 6.2 / Financial Condition and Activities

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Date Prepared: December 2009

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Date Revised: March 2010, June 2019, June 2022

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Date Reviewed: June 2016, June 2023, June 2024, October 2025

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Purpose

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To establish the Board's responsibility for overseeing financial management that will ensure ~~there are laid down~~ that financial procedures and rules ~~are in place~~ to guide the Finance and Audit Committee and the Registrar & ~~Chief Executive Officer~~ (CEO) in carrying out their financial responsibilities.

Application

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This policy applies to:

- All ~~Board~~ Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & CEO, who is accountable ~~to the Board~~ for implementing financial decisions, maintaining effective financial controls, and reporting ~~to the Board~~.

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Policy

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The Finance and Audit Committee ~~will ensure~~s that the College's financial condition and activities remain aligned with approved expenditures and supports ~~the~~ the achievement of leadership outcomes.

Procedure

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The Finance and Audit Committee ~~will ensure~~s that the Registrar & CEO:

1. Spend~~s~~ only those funds that have been received to date, unless the debt guideline (below) is met or unless ~~the Board~~ directs ~~otherwise by the Board~~.
2. Indebts~~s~~ the College in any amount, only if ~~the Board approves the debt~~ approved by the Board.
3. Follow~~s~~ all financial policies.
4. Settles~~s~~ payroll and debts.
5. Ensures ~~that~~ tax payments or other government-ordered payments or filings are filed on time and accurately.

Debt Guidelines — Board Tolerance

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1. Balanced budget plus/minus 3%.
2. Complian~~ce~~y with any covenants stipulated by the bank ~~(if any)~~.

3. Zero tolerance to external debt unless [the Board](#) approves [by the Board](#).

Policy Type: Section 6: Finance

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Policy Reference and Title: 6.3 / Asset Protection

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Date Prepared: December 2009

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Date Revised: March 2010, June 2019, June 2022, June 2024

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Date Reviewed: June 2016, June 2023, October 2025

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Purpose

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The purpose of this policy is to ensure that the College's assets of the College are effectively protected and adequately maintained.

Application

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This policy applies to:

- All Board Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting to the Board.

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Policy

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As part of its financial oversight responsibilities, the Board ensures, through the Finance and Audit Committee, will ensure that all College assets are well protected, secure, and adequately maintained.

Procedure

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The Finance and Audit Committee will ensure that the Registrar & CEO:

1. Insures against theft and casualty losses to at least 80% of replacement value and against liability losses to Board-member Directors, non-Board-member Directors of Board committees, staff, and the College itself.
2. Maintains an appropriate insurance policies and general liability insurance policy for the College, including general liability, directors' and officers' liability, and cyber liability.
3. Does Not unnecessarily expose the College, its Board, or staff to claims of liability.
4. Makes purchases only when:
 - 4.1 appropriate safeguards are in place to prevent conflicts of interest.
 - 4.2 for services over \$30,000 with a new supplier, the College has obtained comparative pricing and quality reviews have been obtained where prudent; and
 - 4.3 there is an assurance exists of a balanced consideration between long-term quality and cost.

5. Protects intellectual property and information from inappropriate access, loss, or significant damage.
6. Receives, processes, and disburse funds under controls which are sufficient, and meet the Board-appointed auditor's standards.
7. Acts in the College's best interests of the College with respect to regarding the College's investments.
8. Uses College funds of the College appropriately, and ensures that others do as well.
9. Does Not purchase, mortgage, or dispose of real property (i.e., land or buildings).
10. Obtain Executive Committee and Board approval before entering into a lease agreement for property (i.e., land or buildings).

Policy Type: Section 6: Finance

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Policy Reference / and Title: 6.4 Investments

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Date Prepared: December 2009

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Date Revised: March 2010, June 2019, June 2022

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Date Reviewed: June 2016, June 2023, June 2024, October 2025

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Purpose

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The purpose of this policy is to ensure that the College's investments are protected, adequately maintained, and not unnecessarily risked.

Application

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This policy applies to:

- All Board Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting to the Board.

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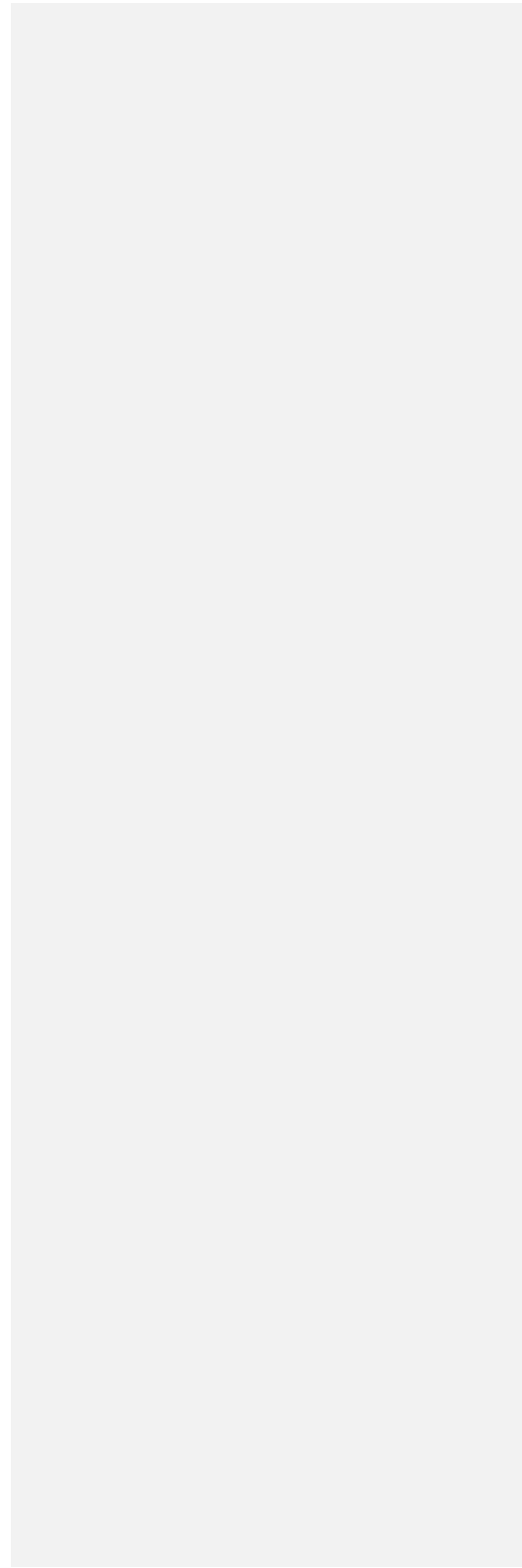
To ensure sound financial stewardship, the Board makes sure, through the Finance and Audit Committee, will ensure that all College investments are protected, adequately maintained, and not unnecessarily risked.

Procedure

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The Finance and Audit Committee will ensure that the Registrar & CEO:

- Invests in funds that allow for the preservation of preserving capital, where "capital" is defined as the cost of the investment.
- Maintains liquidity necessary to meet the day-to-day cash requirements for College operations and planned capital investments.
- Invests or holds funds identified as surplus in:
 - Investments having a term of not more than 10ten years.
 - Short-term investments.
- Presents annually the investment outcomes to the Finance and Audit Committee.
- Presents annually the investment outcomes to the Board.
- Invests in funds that are in Canadian dollars and issued by a Canadian institution.



Policy Type: Section 6: Finance

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Policy Reference and Title: 6.5 External Audit

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Date Prepared: December 2009

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Date Revised: March 2010, June 2019, June 2022

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Date Reviewed: June 2016, June 2023, June 2024, October 2025

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Purpose

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The purpose of this policy is to ensure that an external financial audit is undertaken yearly.

Application

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This policy applies to:

- All Board Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting to the Board.

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To ensure accountability, transparency, and sound financial stewardship, the Board makes sure, through the Finance and Audit Committee, will ensure that an external, neutral third party annually performs a financial audit.

Procedure

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The Finance and Audit Committee will ensure that the Registrar & CEO:

- Provides for an annual external audit of financial performance by an auditors appointed by the Board.
- Provides a review of the auditor appointment at least every five years unless the Board directed by the Board otherwise.
- Supports and manages the audit process.
- Allows for reasonable additional external audits if, or when, the Board requests them.

Policy Type: Section 6: Finance

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Policy Reference / and Title: 6.6 / Honoraria and Allowable Expenses

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Date Prepared: May 1994

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Date Revised: January 2016(per diems), March 2018, January 2019(preparation Time Rate), January 2020 (km travel rate), January 2021, January 2022, January 2023 (km travel rate), June 2023 (added 1 hr. rate), January 2024 (km travel rate), January 2025 (max/day meal rate), October 2025

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Date Reviewed: January 1997, June 1999, October 2000, March 2002, June 2002, August 2004, October 2004, March 2008, June 2008, July 2010, June 2012, January 2013, January 2021, January 2024, June 2024, January 2025

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Purpose

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The purpose of this policy is to provide guidelines on how an elected Board Director, Academic Appointee, or Committee Appointee who prepares for and attends meetings or who incurs allowable expenses while conducting College business, will be paid an honorarium or reimbursed, respectively.

Application

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This policy applies to:

- All Board Directors, who are ultimately responsible for financial oversight and risk management.
- All Academic Appointees and Committee Appointees, who may receive honoraria or reimbursements.
- The Finance and Audit Committee particularly, which also supports the Board by conducting detailed reviews of financial matters, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting to the Board.

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Definitions:

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- Honoraria:** Refers to token payments to elected Board Directors, Academic Appointees, and Committee Appointees who provide services to the College for which a traditional fee or payment is not typically charged or expected. These payments are expressions of appreciation and goodwill for the voluntary services that elected Board Director, Academic Appointee or Committee Appointee these individuals provide to the College.
- Allowable Expenses:** These include accommodations, meals, gratuities, travel, internet charges, and dependent care.

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Policy

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An ~~e~~Elected ~~Board~~ Director, Academic Appointee, or Committee Appointee who prepares for and attends meetings ~~respecting on~~ College business ~~will be~~is paid an honorarium.

An ~~e~~Elected ~~Board~~ Director, Academic Appointee, or Committee Appointee who incurs allowable expenses while conducting College business ~~will be~~is reimbursed. The Director or ~~a~~Appointee is required to consider economy and necessity when incurring expenses.

Honorarium payments ~~should are~~ always ~~be~~ gratuitous. The decision to provide an honorarium should have no influence on ~~the an individual's~~ decision ~~of the individual~~ to participate or volunteer their time. ~~There is~~The party providing the payment has no legal obligation to make the payment, and the recipient has no legal right to the payment.

These payments are typically made to recognize or thank individuals for their contributions, particularly when traditional compensation is not expected or legally required. The policy aims to ensure fair and consistent practices while adhering to relevant regulations and ethical considerations.

Honoraria Claims Procedure

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1. ~~Board member~~Elected Directors, ~~Academic Appointees, and/or~~ Committee Appointees ~~shall~~ submit their honoraria and reimbursement claims using the third- party online vendor platform, provided by the College.
2. Honoraria may be claimed for attendance, and preparation time. Preparation time ~~will be~~is paid when ~~an e~~Elected ~~Board~~ Directors, Academic Appointees, ~~and or~~ Committee Appointees are required to review materials that ~~are the College~~ distributes ~~sd by the College in advance of before~~ the meeting.
3. ~~Travel Pper diems for travel equal or greater than 250 km one way shall only be claimed when travel meets the following two conditions:~~
 - 3.1 ~~Travel must occur on the date prior to the scheduled meeting date.~~
 - 3.2 ~~The distance travelled in one direction must be equal to or greater than 250 km one way.~~
4. ~~3.~~ The per diem amount of ~~the~~ Chair or Vice-Chair is payable only when ~~they are~~ acting in the capacity of Chair or Vice-Chair of the Board, or as Chair of a statutory or standing committee, for the meeting of the specific ~~c~~Committee or Board. All other participation ~~will be~~is remunerated at the standard rate.
5. ~~4.~~ If ~~the College cancels~~ a full- day meeting ~~is cancelled by the College~~ without 48 hours' of notice, ~~e~~Elected ~~Board~~ Directors, Academic Appointees, ~~and or~~ Committee Appointees will be entitled to be reimbursed at half of the ~~applicable full-day A~~attendance rate. ~~Full-day meetings that are cancelled will be reimbursed at half of the full-day Attendance rate. If the College cancels a half-day meeting without 48 hours' notice, eElected Directors, Academic Appointees, and Committee Appointees will be entitled to be reimbursed at ; and half-day meetings will beare reimbursed at~~ half of the half-day rate. Only ~~e~~Elected ~~Board~~ Directors, Academic Appointees, ~~and or~~ Committee Appointees who are scheduled to attend and who request reimbursement ~~shall~~ receive it. Elected ~~Board~~ Directors, Academic Appointees, ~~and or~~ Committee Appointees are permitted to submit a reimbursement claim for preparation time ~~as~~ per the limits set out in this policy for their meeting.

~~6.5. The College pays \$60.00 per diem for Onsite/on-site~~ meetings or remote meetings that are scheduled for less than one hour ~~will be paid a \$60.00 per diem~~. Preparation time is included in the attendance rate for meetings of less than ~~4one~~ hour. When the duration of a meeting is one hour or more, preparation time may be claimed in addition to the per diem. A one-hour meeting that is cancelled is not reimbursable.

~~7.6. The Finance and Audit Committee annually reviews P~~per diem rates and ~~this policy will be reviewed annually by the Finance and Audit Committee. The Board approves A~~all changes to the per diem rates ~~will be approved by the Board~~ before ~~comingthey come~~ into effect the following fiscal year, to allow for appropriate budgeting.

~~8.7. Elected Board~~ Directors, Academic Appointees, ~~and or~~ Committee Appointees can claim both a preparation per diem and travel per diem on the same date.

~~9.8. All expense claims must be submitted prior tobefore~~ the end of the ~~applicable~~ fiscal year ~~applicable~~. ~~The College encourages e~~Elected Board Directors, Academic Appointees, ~~and or~~ Committee Appointees ~~are encouraged~~ to submit their expenses as soon as possible to assist the College with providing ~~elected Board Directors, Academic Appointees or Committee Appointees with~~ accurate tax records (e.g. ~~for example~~, T4 and T4A ~~slips~~) ~~to Directors and Appointees~~.

Per Diems:

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The College offers up to three types of per diems:

- Attendance,
- Preparation ~~time,~~ and
- Travel.

Each per diem is governed by ~~their~~ unique conditions. Attendance and preparation per diems are payable per scheduled meeting ~~with the exception ofexcept for~~ meetings ~~of~~ less than one hour, as noted ~~above in~~ #6. Multiple distinct meetings are permitted per calendar day; however, only one travel per diem is payable per trip into Toronto (see ~~the~~ specific condition for each per diem below).

Attendance:

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The attendance per diem is a fixed rate payable for scheduled on-site or remote work periods.

~~There are t~~Three fixed rates ~~are~~ available:

- One-hour rate of \$60.00: Equal to or less than one hour ~~(1 hour)~~.
- Half-day rate: Equal to or less than three hours and thirty minutes ~~(3.5 hours)~~ but more than one hour.
- Full-day rate: More than three hours and thirty minutes ~~(3.5 hours)~~ to a maximum per day of seven hours and thirty minutes ~~(7.5 hours)~~.

If a meeting is scheduled for one hour but goes over the scheduled length ~~of time~~, the College will pay ~~Board Elected~~ Directors, ~~Academic Appointees, and or~~ Committee Appointees the half-day rate.

If a meeting is scheduled for half a day but goes over the scheduled length ~~of time~~, the College will pay ~~Board Elected~~ Directors, ~~Academic Appointees, and or~~ Committee Appointees the full-day rate.

If a meeting is scheduled for a full day but less time is required to complete the work, the College will pay Board Elected Directors, Academic Appointees, and/or Committee Appointees the full-day rate.

Travel:

When travel in excess of 250 km is required, Board Directors and Committee Appointees are advised to travel the day prior to the meeting and claim the travel per diem. Same day travel as the date of attendance will not be reimbursed regardless of distance travelled.

When travel in excess of 250 kilometres is required, elected Directors, Academic Appointees, and Committee Appointees are advised to travel the day before the meeting and claim the travel per diem. Same day travel is be reimbursed, regardless of the distance travelled.

Preparation Time:

All preparation time is based on a fixed hourly rate.

Board, Executive, Subcommittee, and Working Group Meetings:

Board Elected Directors, Academic Appointees, and Committee Appointees can claim a maximum of two hours of preparation time for Board, Executive, Subcommittee, and working group meetings.

When an exceptionally large volume of reading material is distributed, the meeting Chair will advise Board Elected Directors, Academic Appointees, or and Committee Appointees if there is an increase to the maximum allowance for preparation time will be increased. This is left to the Chair's discretion of the Chair.

Hearings Discipline Committee; Fitness to Practise Committee; and Inquiries, Complaints and Reports Committee; ICRC, Hearings, Registration Committee; Quality Assurance Committee; and decision writing meetings:

Preparation time is not to exceed the meeting's maximum scheduled length of the meeting, unless the Chair approves by the Chair.

Travel:

When travel equal to or in excess of 250 kilometres is required, Board-Elected Directors, Academic Appointees, and Committee Appointees are advised to travel the day prior before the meeting and claim the travel per diem. Same-day travel of less than 250 kilometres as the date of attendance will not be reimbursed, regardless of the distance travelled.

Rates:

Full-Rate Attendance:

- Standard rate for: Board-Elected Directors, Academic Appointees, and Committee Appointees: _____ \$250.00
- Chairperson (of Board or Chair of Sstatutory or Sstanding Ccommittee): _____ \$325.00
- Vice-Chair: _____ \$275.00

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Half-Rate Attendance:

- Standard rate for: Board Elected Directors, Academic Appointees, and Committee Appointees: _____
\$125.00
- Chairperson (of Board or Chair of Sstatutory or Sstanding Ccommittee): _____ \$162.50
- Vice-Chair: _____ \$137.50

Preparation time: \$45 per hour.

Travel: \$150 per reimbursement claim ~~(distance traveled one-way must be equal to or greater than 250 km).~~

Allowable Expenses Claims Procedure

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1. ~~The Board Elected Directors, Academic Appointees, and/or~~ Committee Appointees shall submit allowable expenses using the third-party online vendor platform, provided by the College. ~~Receipts for expenses must be included, with the exception of mileage claims. Claimants must include all receipts except for mileage claims.~~
2. ~~Forms will be reviewed by~~ The Registrar & CEO, Program Director, or other appropriate College staff member ~~reviews the submitted forms before on-submission prior to~~ approval. Incomplete forms ~~will be~~ returned to the claimants.
3. ~~Forms will be paid~~ The College pays expenses according to ~~the its~~ payroll schedule, of the College on the 15th day of each month. The deadline to submit ~~claims~~ for payment is the ~~9~~ninth day of each month.

Accommodation:

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1. Hotel arrangements can be made at College-approved hotels to ensure that the College receives the benefit of the corporate rate. However, ~~if a more economical alternative is found, that is~~ acceptable also.
2. Except for Board and Executive Committee meetings, ~~members~~ Elected Directors, Academic Appointees, and Committee Appointees are to make arrangements for their own accommodation ~~as per this policy provided.~~
3. Private accommodation may be used ~~in lieu instead~~ of the approved hotel ~~where when an Elected Director, Academic Appointee, or Committee Appointee member~~ can stay with friends or relatives. ~~A~~The Director or Appointee can claim a maximum of \$40.00 per night ~~may be claimed.~~
4. No reimbursement ~~shall be~~ made where ~~the member an Elected Director, Academic Appointee, or Committee Appointee~~ resides within ~~fifty (50)~~ kilometers of the meeting venue unless ~~the member is they are~~ required to attend on two or more consecutive days. Only ~~1~~one night ~~will be~~ reimbursed between meeting days.
5. ~~Personal C~~charges of a personal nature made at a hotel, ~~such as laundry, in-house movies, or personal phone calls will not be~~ not reimbursed; ~~these include laundry, in-house movies, or personal phone calls.~~
6. Internet charges will be reimbursed ~~in the event if~~ they are not included in the ~~accommodation~~ cost of ~~the accommodation.~~

Meals:

Rate: The daily maximum rate is \$100.00, which includes breakfast, lunch, and dinner.

1. Meal claims are ~~to be made~~ based on actual expenses incurred.
2. ~~Elected Directors, Academic Appointees, and Committee Appointees can claim~~ Gratuities can be claimed where the total cost is within the daily maximum.

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Travel:

Rate: \$0.70/km

1. Travel ~~includes~~ comprises Economy airfare, bus, train (including VIA 1), local public transportation, taxi, or private automobile.
2. In each case, only the cost of the most economical and/or practical mode of travel may be claimed. Wherever possible, ~~members~~ Elected Directors, Academic Appointees, and Committee Appointees are encouraged to take advantage of advance bookings, "seat sale" fares, or other discounts offered.
3. Costs for parking ~~will be~~ must include a receipt for reimbursement ~~reimbursed with a receipt~~.
4. Individuals ~~will not be~~ are not reimbursed for traffic and parking violations.

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Internet Charges

~~Board~~ Elected Directors, Academic Appointees, and or Committee Appointees ~~will be~~ are reimbursed for the cost of additional hotel internet charges related to College business. Receipts are required.

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Dependent Care:

Rate: The maximum hourly rate for which ~~Board~~ lected Directors, Academic Appointees, and or Committee Appointees ~~will be~~ is reimbursed is not more than minimum wage, for up to the maximum number of hours scheduled for the meeting plus one hour travelling time. Directors and Appointees should not submit ~~C~~claims for dependant care expenses ~~should not be submitted~~ unless they are actually incurred.

4. ~~Costs for dependant care~~ will be ~~are~~ reimbursed where they are incurred over and above the regularly scheduled provision of care.

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Policy Type: Section 6: Finance

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Policy Reference / and Title: 6.7 / Reserve Funds

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Date Prepared: February 1997

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Date Revised: October 2017, June 2019, March 2020, June 2022, June 2024

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Date Reviewed: October 2000, March 2007, October 2010, June 2012, January 2013, January 2016, January 2019, June 2023, October 2025

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Purpose

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The purpose of this policy is to outline how the College sets aside and manages funds for future needs or unexpected expenses while providing guidelines to the Board on maintaining specific reserve funds.

Application

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This policy applies to:

- All Board Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed reviews of financial matters, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting to the Board.

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Policy

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Reserve funds are important in maintaining financial stability and helping the College to manage risks, address future needs, and ensure long-term sustainability of the College's mandate.

Procedure

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To cover these variable and/or unforeseen costs and expenses, the College shall have established and maintains specific reserve funds.

1. Reserve Funds will be established/maintained for:

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Hearings and Independent Medical Exam Reserve Fund

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The Hearings and Independent Medical Exam Reserve Fund is designated to cover costs, including legal costs, for conducting the following: independent medical exams, discipline hearings, fitness to practise hearings, the Health Professions Appeal and Review Board registration appeal and ICRC Inquiries, Complaints and Reports Committee review hearings involving before the Health Professions Appeal and Review Board, other hearings that may arise related to regulating the profession, judicial reviews, and appeals before the courts of committee decisions, and independent medical exams. The amount to be maintained in this fund is \$400,000 or such other amount as may be determined by the Board determines.

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Sexual Abuse Therapy and Counselling Reserve Fund

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The Sexual Abuse Therapy and Counselling Reserve Fund is designated to cover costs for funding ~~for~~ therapy and counselling. The amount to be maintained in this fund is \$25,000 or such other amount as ~~may be determined by~~ the Board ~~determines~~.

- **The Premises Fund**

The Premises Fund is designated to minimize the impact on the operating budget ~~for of~~ major expenses related to College property. It would cover such costs as lease hold improvements, and furniture. The minimum amount ~~of to be maintained in this fund is~~ \$500,000 or such other amount as ~~may be determined by~~ the Board ~~determines~~.

- **Technology Fund**

The Technology Fund is designated to provide for the cost of any technological improvements that ~~will~~ support the ~~efficient and effective~~ delivery of the ~~statutory~~ College's mandate ~~in an efficient and effective manner~~. The minimum amount to be maintained in this fund is \$100,000 and maximum amount ~~to be maintained in this fund is~~ \$500,000 or such other amount as ~~the Board may be determined by the Board~~.

2. ~~The Registrar & CEO authorizes~~ Appropriations from the annual operating surplus to the approved levels of reserve funds ~~shall be authorized by the Registrar and CEO~~.

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Policy Type:	Section 6: Finance
Policy Reference / and Title:	6.8 Technology Plan / IT Policy
Date Prepared:	
Date Revised:	n/a
Date Reviewed:	n/a

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Policy Type: Section 6: Finance

Policy Reference and Title: 6.9 Insurance

Date Prepared: October 2025

Date Revised: n/a

Date Reviewed: October 2025

Purpose

The purpose of this policy is to ensure that the College of Occupational Therapists of Ontario maintains adequate and appropriate insurance coverage to protect the organization, its Board, and staff from financial loss and liability.

Application

This policy applies to:

- All Board Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer, who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting to the Board.

Policy

The College shall maintain insurance coverage that is prudent and sufficient to manage its risks in alignment with best practices for health regulatory bodies. This includes but is not limited to general liability, directors' and officers' liability, cyber liability, and property insurance.

Procedure:

1. The College shall maintain the at least the following types of insurance coverage, at minimum:

- General liability (including cyber) and crime insurance.
- Directors' and officers' liability.
- Property insurance.
- Travel and Occupational Accident insurance.

2. The Finance and Audit Committee shall review this policy and the College's insurance coverage annually and make recommendations to the Board.

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Policy Type:	Section 6: Finance
Policy Reference and Title:	6.10 Signing Officers
Date Prepared:	October 2025
Date Revised:	n/a
Date Reviewed:	October 2025

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Purpose

Accountability, transparency, and sound financial stewardship are foundational principles of the College. In carrying out its public protection mandate, the College engages in a variety of financial activities including entering contracts, purchasing services, approving payments, and managing investments.

To ensure responsible management of funds, this policy outlines the delegation of signing authority, approval thresholds, and related procedures.

Accountability, transparency, and sound financial stewardship are foundational principles of the College. In carrying out its public protection mandate, the College engages in a variety of financial activities, including entering contracts, purchasing services, approving payments, and managing investments.

Designated individuals are entrusted with the authority to approve commitments on the College's behalf of the College and are accountable for doing so in accordance with applicable policies, by-laws, and the Board-approved budget.

Application

This policy applies to:

- All Board Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting to the Board.

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Definitions

- **Board-approved budget commitments:** Contracts included during the annual budgeting process and that have been approved at the Board meeting.
- **Contract:** Any written document, or instrument, between the College and with a third party and that legally binds the College to make a payment or to purchase goods or services. (Oral contracts are strictly prohibited.) This includes, but is not limited to, any of the following that may be binding upon the College: any agreement, purchase order, contract, subcontract, letter of intent, memorandum of understanding, memorandum of agreement, lease, deed, transfer, instrument, assignment, obligation, certificate, or other document, the provision of which may be binding upon the College.

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- **Invoice:** A list of goods or services provided by a vendor for products purchased or services rendered with corresponding payment obligations outlined. Invoices must be addressed to the College and include the seller's name of the seller, a description and price of the goods or services, and the payment terms of payments.
- **Non-Board-approved budget commitments:** Contracts that were not included as part of the budgeting and planning process for the fiscal year's operating budget. The Board has not approved these items, have not been approved by Board and they are over the threshold as outlined in this policy.
- **Payments:** The paying of an invoice from a vendor, which can take the form of a cheque or direct payment via the bank.
- **Signing Authority:** The power given to an individual(s) authorized to sign contracts that commit the College to a legal relationship and contractual obligations. Also refers to the power given to the individual(s) allowed to approve invoices, cheques, and release bank funds for payment.
- **Vendors:** Refers to Suppliers, service providers, consultants, and third parties.

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Policy

The purpose of this policy is to ensure responsible fund management, the College:

- Identifies the individuals authorized to sign legally binding agreements, contracts, and financial transactions on the College's behalf of the College.
- Establishes consistent financial authorization thresholds.
- Ensures that the College's financial practices are aligned with its governance framework and fiscal responsibilities.
- Promotes transparency and accountability in the use of College funds.

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Procedure

1. **Delegation of Authority**
Signing authority may be exercised only by only those individuals designated under this policy. Authority is limited by role, value threshold, and nature of the transaction. Certain transactions may require dual signatures to ensure appropriate oversight and control.
2. **Contracts and Agreements**
All contracts must comply with the Board-approved budget unless otherwise authorized. Multi-year agreements and those involving high-value or strategic importance require Board-level approval. Contracts affecting staff employment and benefits are strictly excluded under this policy. Appendix A outlines the thresholds are outlined in Appendix A—Contracts.
3. **Payments and Invoices**
Payments must follow appropriate approval processes and be aligned with the approved budget.

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[Appendix B lists T](#)hresholds and required signatories ~~are listed in Appendix B – Payment and Invoice Approval.~~

4. Banking and Financial Transactions

All College payments must be made by cheque or through approved electronic banking platforms. Online payments require pre-authorization and dual approval by designated signing officers, ~~in accordance with~~[according to](#) platform controls.

5. Limitations

The Registrar ~~& CEO~~ may not authorize any payment where:

- Expenditures are split to circumvent thresholds.
- Due diligence has not been exercised regarding conflicts of interest.

Operational Procedures

1. Initiation and Review

- College staff initiate contracts or invoices and verify budget availability.
- The designated authority reviews and confirms compliance with this policy before signing.

2. Approval and Signing

- Individuals must sign ~~in accordance with~~[according to](#) their delegated authority, as detailed in the appendices.
- Where two signatures are required, both signatories must independently verify compliance.

3. Documentation

- All executed documents must be stored in the College's designated records system with appropriate supporting documentation.

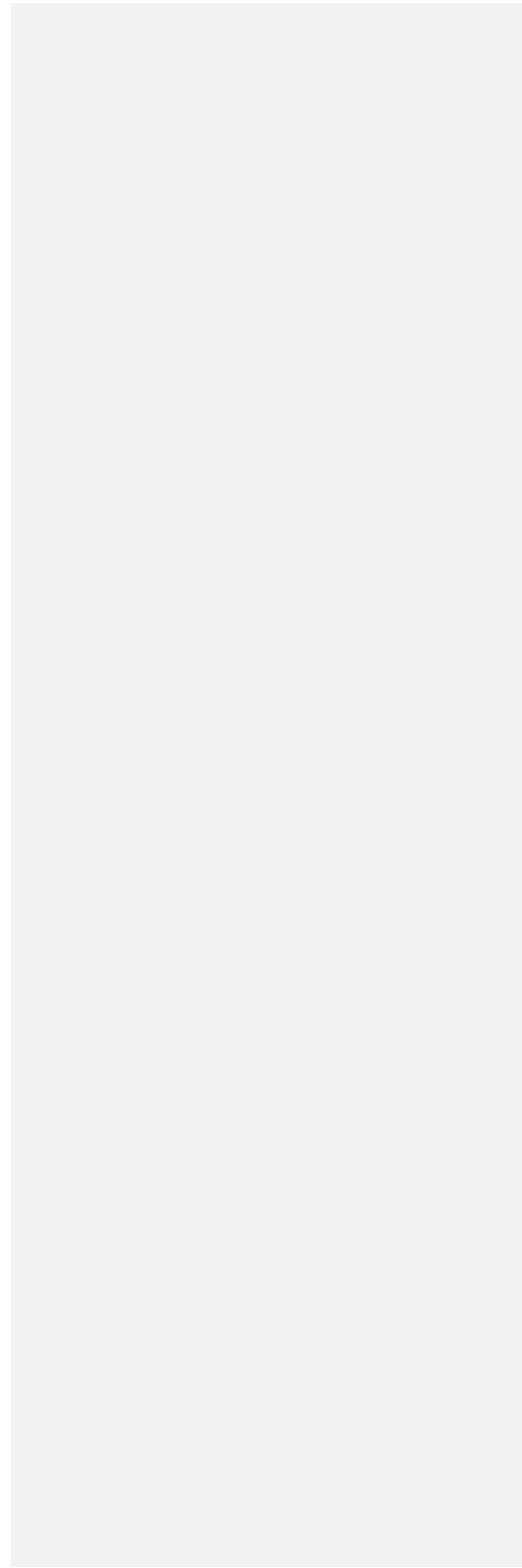
4. Monitoring

- The Finance and Audit Committee oversees compliance with this policy and ~~will review~~[s](#) it at least once every three years.

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Appendix A: – Contracts

Contracts/Agreements	Threshold (Per Contract before Taxes)	Required Signatures	
		One of Signature 1	One of Signature 2
Board approved budget commitments	Less than \$50,000	Registrar and CEO Director of Regulatory Affairs Director of Finance, People and Corporate Services Program Director Director of Communications	
	\$50,000 and greater	Registrar and CEO	Director of Regulatory Affairs Director of Finance, People and Corporate Services Program Director Director of Communications
Non-Board-approved budget commitments	Less than \$50,000	Registrar and CEO	Director of Regulatory Affairs Director of Finance, People and Corporate Services Program Director Director of Communications
	\$50,000 and greater	Registrar and CEO	Finance and Audit Committee (including notification to Board)
Agreements for five years and longer	Any value	Board Chair	



Appendix B: – Payment and Invoice Approval

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Payment Processes	Threshold for (Single Transaction Before Taxes)	Required Signatures	
		Signature 1	One of Signature 2
Online Direct Deposits	Less than \$15,000	Director of Finance, People and Corporate Services	Registrar and CEO
	\$15,000 and greater	Registrar and CEO and Director of Finance, People and Corporate Services	Board Chair-of-the-Board Board Vice-Chair-of-the-Board Chair, Finance and Audit Committee Member at Large, Executive Committee
Cheques	Less than \$5,000	Registrar and CEO or Director of Finance, People and Corporate Services	
	\$5,000 to \$14,999	Director of Finance, People and Corporate Services	Registrar and CEO
	\$15,000 and greater	Registrar and CEO or Director of Finance, People and Corporate Services	Board Chair-of-the-Board Board Vice-Chair-of-the-Board Chair, Finance and Audit Committee Member at Large, Executive Committee

Payment Processes	Threshold for (Single Transaction Before Taxes)	Required Signatures	
		Signature 1	One of Signature 2
Invoices (per invoice)	Less than \$5,000	Manager	
	\$5,000 to \$29,999	Manager	Registrar and CEO Director of Regulatory Affairs Director of Finance, People and Corporate Services Program Director Director of Communications
	\$30,000 and greater	Registrar and CEO Director of Regulatory Affairs Program Director Director of Communications	Director of Finance, People and Corporate Services

Policy Type: Section 7: Oversight and Risk Management

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Policy Reference / and Title: 7.1 Strategic Planning

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Date Prepared: December 2009

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Date Revised: March 2010

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Date Reviewed: October 2016, October 2019, October 2024

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Purpose

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This policy provides guidance and support for shaping the College's strategic directions of the College.

Application

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This policy applies to:

- All Board Directors, who approve the College's overall strategic directions for the College, and provides appropriate oversight to ensure that the Strategic Plan is implemented; and
- The Registrar and Chief Executive Officer (CEO) and College staff, who are responsible to engage the Board in the Strategic Plan's development for Board approval by the Board. They are responsible for implementing the Board's strategic initiatives and accountable to the Board for regular reporting on progress made to give effect to regularly reporting progress on implementing the Strategic Plan.

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Policy

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The Strategic Plan articulates the College's mission, vision, and values for the College over the long-term. It also identifies strategic priorities and key performance indicators. These strategic priorities outline the College's plan and goals and identifies measurable targets and other indicators by which the College will measure success against the stated objectives will be measured.

The College Board recognizes its legal and moral responsibility for the governance of governing the College and for ensuring that the College's mission and vision and mission of the College is are carried out. This is achieved by the Board developing the strategic directions that the College takes, and ensuring that:

- At least every three years, the Board dedicates a portion of its resources to focus on the College's long-term goals of the College, that entails by overseeing the the planning development, formulating approval, and implementation implementation ing of the Strategic Plan.
- That the strategic plan outlines the College's vision, mission, vision, and values.
- That the strategy plan details strategic priorities, and goals and identifies measurable objectives against which the College will evaluate success against the stated goals will be measured.
- That the strategy plan takes into account the current and possible future environment in which the College operates, which may include feedback or information from multiple sources.
- That the strategic planning is based on effective and efficient risk and resources management strategies.

~~6. That the Board approves the strategic plan.~~

~~7.6. That t~~The Registrar ~~and~~ CEO updates ~~the Board regularly about~~ progress on the approved priorities ~~to the Board regularly.~~

~~8.7.~~ The Board monitors progress made against the approved priorities, and where underperformance or other issues are identified, ensures that corrective action is taken.

Policy Type: Section 7: Oversight and Risk Management

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Policy Reference / and Title: 7.2 / Overseeing Financial Risks

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Date Prepared: October 2025

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Date Revised: n/a

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Date Reviewed: October 2025

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Purpose

To establish the Board's responsibility for overseeing financial risk and ensure that adequate resources are available to support the College's mandate and strategic directions. This policy outlines how financial risk is identified, managed, and mitigated through effective governance, oversight, and accountability mechanisms.

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Application

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This policy applies to:

- All Board Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed reviews of financial matters, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting to the Board.

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Definitions:

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Financial Risk: Any risk that may impact the College's financial health, sustainability, or compliance of the College, including but not limited to:

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- Budgetary risk (e.g. for example, overspending or revenue shortfalls).
- Investment risk (e.g. for example, market volatility).
- Liquidity risk (e.g. for example, inability to meet obligations).
- Compliance risk (e.g. for example, failure to follow accounting or regulatory standards).
- Fraud or misuse of funds.

Policy

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The Board oversees the College's financial management with a view to identifying and mitigating risk in key areas related to financial planning, its investment policy, registrant fee structure, and an auditing process that includes its appointment of the Board appointing external auditors.

The Board ensures that a financial planning process is part of the College's overall strategic planning process of the College and considers the financial implications of any new policy, action, or direction prior to before approving it for implementation.

Procedure

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Role of the Board:

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The Board is ultimately responsible for ~~the oversight of~~overseeing financial risk, and ensuring that appropriate strategies, policies, and processes are in place to support prudent financial stewardship. Specifically, the Board ~~will~~:

- Oversees the development and approval of the annual operating and capital budgets.
- Approves and regularly reviews the College's investment policy and surplus fund strategy.
- Appoints external auditors, and receives annual audited financial statements and reports.
- Ensures that financial planning is integrated into the strategic planning process.
- Considers the financial implications of new policies, initiatives, or strategic directions before approving them.
- Oversees the adequacy of insurance coverage aligned with identified and assumed risks.
- Promotes transparency, and engages with system partners when financial decisions may impact them.

- Following Board approval of the audited financial statements, the Chair of the Finance and Audit Committee and the Board Chair shall sign them.

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Role of the Finance and Audit Committee:

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The Finance and Audit Committee acts on ~~the Board's~~ behalf of ~~the Board~~ to:

- Review and recommend~~ation~~ for Board approval:
 - Annual operating and capital budgets.
 - Investment goals, strategies, and performance.
 - Fee structure and changes.
 - Auditor's reports and recommendations.
- Develop financial policies.
- Meet with external auditors before and after the annual audit.

- Following Board approval of the audited financial statements, the Chair of the Finance and Audit Committee and the Board Chair shall sign them.

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- ~~Meet with external auditors before and after the annual audit.~~

Role of the Registrar & CEO and Management:

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Under the ~~Board's~~ direction of ~~the Board~~, the Registrar & CEO and ~~Senior Leadership Team~~Management are responsible for:

- Providing effective financial administration and internal controls.

- Ensuring timely, accurate, and complete financial reporting by College staff to the Board and the Finance and Audit Committee.
- Collaborating with the Finance and Audit Committee to support implementation of Board-approved financial policies.
- Establishing and maintaining internal financial policies in accordance with according to sound accounting principles.
- Maintaining a financial risk register or equivalent documentation to support ongoing monitoring and mitigation.

Procedures for Financial Risk Oversight:

The Board To fulfill its financial oversight responsibilities, the Board through the following actions:

- Approves the annual operating and capital budgets for each fiscal year.
- Appoints external financial auditors, and receives their reports annually.
- Approves the College’s investment policy, and periodically reviews it for relevance and effectiveness.
- Ensures that the College maintains appropriate insurance is maintained based on the College’s risk profile.
- Receives regular financial reporting (e.g., quarterly or as required) to monitor actual performance against the budget and flag emerging risks.
- Reviews recommendations from the Finance and Audit Committee, and makes final decisions on material financial matters.

Monitoring and Review:

- This policy shall be reviewed at least every three years, or earlier if required due to legislative, regulatory, or operational changes. The Finance and Audit Committee is responsible for initiating the reviews this policy, and recommending updates to the Board.

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Policy Type: Section 7: Oversight and Risk Management

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Policy Reference / and Title: 7.3 Board's Oversight Role in Risk Management

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Date Prepared: January 2018

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Date Revised: October 2024

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Date Reviewed: n/a

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Purpose

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This policy provides guidance and support to the Board in discharging its risk oversight responsibilities.

Application

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This policy applies to:

- All Board of Directors, who are jointly and severally responsible for the College's oversight of the College; and
- The Registrar and Chief Executive Officer (CEO) and College staff, who share responsibility with the Board for identifying, analyzing, and managing risk with the Board.

Policy

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The College appreciates risk management as an essential ingredient of responsive, efficient, and effective governance. While the Board provides leadership in risk management, it relies on the College management to implement systems, processes, and procedures to enable the Board's risk oversight responsibilities.

The College recognizes that management and organizational risk exists in all aspects of its activities and cannot be avoided. It is critical for the College to maintain a common and consistent approach to identifying and managing any risks which could prevent the organization from achieving its strategic objectives and effectively executing its responsibility. Where appropriate, the approach should be transparent and uncomplicated.

The Board's oversight responsibilities include continuously reviewing the planning and outcomes of identifying, assessing and to the extent possible, mitigating the College's risk register and risk report and ensuring that the Registrar and CEO:

- Provides complete and appropriate information or reports on risks to aid the Board in its risk management oversight responsibilities.
- Disseminates to the Board risk management information or reports that contains complete and accurate details on existing and emerging risks facing that the College is facing.
- Provides Explains the any risk's likelihood and impact of any risk.
- Highlights actions taken or in progress to mitigate the risks' effects of the risks.

- Prepares the risk management report ~~for information prior to~~before each Board meeting.
- Undertakes a thorough review of the risk register annually to identify any needed project priorities for the upcoming year.
- Periodically undertakes a review of the risk management framework to maintain its relevance and effectiveness.
- Complies with all processes, procedures, and systems for risk management.
- Provides support to the ~~e~~Committee delegated with risk management responsibilities² to build and sustain risk management culture and capacity.

² Currently, ~~it is~~ the Executive Committee ~~that is delegated with those~~has these responsibilities, but that may change ~~in the future~~.

Policy Type: Section 8: Evaluation, Training, and Development

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Policy Reference / and Title: 8.1 Board Assessment and Evaluation

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Date Prepared: December 2009

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Date Revised: March 2010

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Date Reviewed: March 2017, January 2025

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Purpose

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This policy provides guidance and direction to the Board regarding the effectiveness of Board meetings and the Board as a whole. Regular evaluations are essential for improving Board performance, ensuring that meetings are productive, and overall governance is enhanced. The evaluations process focuses on Board accountability, fosters a culture of continuous improvement, and drives organizational success.

Application

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This policy applies to: all Board Directors.

- All Board Directors.
- The Governance Committee.
- The Executive Committee.

Policy

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The Board will regularly evaluate its governance performance. The Governance Committee recommends an evaluation process to the Board for their approval. The committee reviews the process every three years to ensure that it still meets current expectations. The Executive Committee conducts the evaluation, reviews the evaluation results and recommends improvements to the Board.

Procedure

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The Board is obligated to govern effectively, to ensure fulfillment of the College's public protection mandate, and to work together in building a healthy and effective Board team. Evaluation increases the Board's understanding of its own governance and deepens its commitment to good governance, including and adhering to the principles of good governance.

Board evaluations include two types, each with a specific aim of evaluations:

- Evaluation of Board meetings:** To gather feedback after each Board meeting on the meeting's effectiveness of the meeting itself.
- Annual Board Evaluation:** To evaluate the Board's performance over the course of the year, including Board dynamics, and alignment with good governance.

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Evaluation of Board Meetings

1. The Board ~~will conduct~~s meeting evaluations after each Board meeting. ~~A survey will be distributed to all Board Directors immediately following each meeting, all Directors receive a survey.~~ The ~~evaluation will survey~~ includes quantitative and qualitative questions.
2. Key evaluation areas may include:
 - 2.1 Meeting organization.
 - 2.2 Preparation.
 - 2.3 ~~Discussion Effectiveness of discussion~~
 - 2.4 Decision-making process.
 - 2.5 Individual performance.
 - 2.6 General satisfaction.
 - 2.7 Continuous improvement.
3. The Executive Committee ~~will review~~s the evaluation findings and ~~propose~~s any recommendations. The author of each survey ~~will be is~~ identified to the Executive Committee only, and ~~the Committee shares~~ a summary of the key findings and areas for improvement ~~will be shared~~ with the Board.

[See Appendix A for the current Board meeting evaluation form.](#)

Annual Board Evaluation

1. The Governance ~~e~~Committee ~~will recommend~~s the Board evaluation that ~~will be is~~ conducted, each year, after the January Board meeting.
2. This evaluation may include a survey of all ~~Board member~~Directors, involving both quantitative and qualitative questions, and a self-assessment.
3. The process may also involve an external facilitator to ensure objectivity and provide a third-party perspective.
4. Key evaluation areas may include:
 - 4.1 Board governance. ~~(i.e. adherence to Principles of Good Governance)~~
 - 4.2 Oversight and decision-making. ~~(i.e. does the Board get enough information to assist them to make evidence-based decisions)~~
 - 4.3 Organizational ~~A~~alignment. ~~(i.e. Alignment with Mission, Vision and Values)~~
 - 4.4 Financial performance, and risk ~~(i.e. Does the Board get the right information, at the right time, are they comfortable with the risk management program)~~
 - 4.5 Board dynamics and collaboration. ~~(i.e. Collegial and cordial relationships).~~
 - 4.6 Individual ~~P~~performance. ~~(Through a self-assessment)~~
 - 4.7 Board meetings and processes. ~~(i.e. an overall evaluation of the year)~~
 - 4.8 ~~Competency Alignment~~General satisfaction.
5. ~~The findings of the evaluation will be reviewed by t~~The Executive Committee ~~reviews the evaluation findings and who will make any recommendations for~~recommends improvements to the Board. ~~The agenda at the Board meeting following the evaluation includes an opportunity for discussing the~~

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~~findings. The Evaluation and recommendations will be shared with the Board and an opportunity for discussion will be included in the agenda at the next Board meeting.~~

~~See Appendix B for the current annual Board evaluation form.~~

Review

The Governance Committee ~~will reviews~~ the process and format of the meeting and annual evaluations ~~on a regular basis,~~ at least every three years.

~~Appendix A — Board Meeting Evaluation~~

~~Appendix B — Annual Board Evaluation~~

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Appendix A: Board Meeting Evaluation Form

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(Name) (suppressed in this report)

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(Meeting Date) –Board Meeting Evaluation Results

of Respondents / # of Attendees

Please assess how well the Board adhered to the expectations we have set:

Item	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
1. Name (suppressed in this report)					
MEETING ORGANIZATION					
2.1. I received meeting materials sufficient time to prepare.					
3.2. Meeting was effective and efficient.					
PREPARATION					
4.3. Board member Directors were given an opportunity to declare any conflicts of interest before the meeting.					
5.4. Meeting materials were clear, relevant, and comprehensive for each agenda item to support discussions and decisions.					
DISCUSSION EFFECTIVENESS OF DISCUSSION					
6.5. Board discussions and decision-making were focused primarily on policy and strategic directions and not on administrative or management responsibilities.					
7.6. Board member Directors were prepared for the meeting, and there were sufficient opportunities for everyone/all members to participate and contribute to the discussions and decisions.					
8.7. The Board adhered to a semblance of order during the meeting.					
DECISION-MAKING PROCESS					
9.8. Public interest was at the forefront of all discussions and decisions made.					
10.9. Board member Directors were respectful and considerate of each other and of staff in encouraging and considering diverse viewpoints.					
INDIVIDUAL PERFORMANCE					

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Item	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
41.10. The contribution of each Board member's contribution was meaningful and valuable to the discussion. Deliberations were fair, open, and timely, and kept to the point.					

Item	Very Effective	Effective	Somewhat Effective	Somewhat Ineffective	Ineffective
GENERAL SATISFACTION					
42.11. Overall, how would you rate the meeting's effectiveness of this meeting?					
CONTINUOUS IMPROVEMENT					
43.12. Is there anything else about the meeting that you would like to share anything else about the meeting?					
•					

Appendix B: Annual Board Evaluation Form

(Name) (suppressed in this report)

(April 202_ -- February 202_) -- **Annual Board Evaluation Summary**

of Respondents / # of Attendees

Please assess how well the Board adhered to the expectations we have set:

Item	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. Name (suppressed in this report)					
BOARD GOVERNANCE					
2.1. The Board follows a clear set of governance principles and consistently enforces them.					
3.2. The Board sets governance policies (such as bylaws, a code of conduct, and a conflict of interest policy) and ensures that they are consistently followed.					
4.3. The Chair fulfills their role, duties, and responsibilities in a professional and effective manner professionally and effectively.					
OVERSIGHT AND DECISION-MAKING					
5.4. The Board actively contributes to the development/developing, reviewing, and monitoring of the College's strategic priorities and mandate.					
6.5. The Board's time is spent on issues relating to the College's strategic direction and not on those involving management of to manage the College's operations of the College.					
7.6. The Board is satisfied with the College's risk management framework and feels well-informed about the risks facing the College and their/its key mitigation strategies.					
8.7. The decision-making process is transparent, collaborative, and aligned with the College's strategic objectives and legislative mandate.					
9.8. The College's Board committees (Governance, Nominations, and Finance & Audit) are effective with and have clear mandates and roles.					

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Item	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
ORGANIZATIONAL ALIGNMENT					
40-9. The Board ensures that all decisions related to its strategic objectives and regulatory processes are aligned with the College's Mission, Vision, and values and advance the public interest.					
41-10. The Board regularly monitors and evaluates progress toward strategic goals and performance through quarterly reporting mechanisms.					
FINANCIAL PERFORMANCE					
42-11. The Board's financial oversight ensures transparency, proper allocation of resources, and alignment with the College's strategic goals and mandates.					
43-12. The Board ensures adequate oversight of controls, audits, and compliance processes to ensure alignment with legal and ethical standards.					
BOARD DYNAMICS AND COLLABORATION					
44-13. The Board is respectful and considerate of diverse viewpoints, encouraging constructive discussion and debate.					
45-14. Board Member/Directors feel comfortable speaking openly and appropriately at Board meetings.					
46-15. There is a culture of mutual respect and understanding is present among Board member/Directors.					
INDIVIDUAL PERFORMANCE					
47-16. The Board regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education and development.					
48-17. Board member/Directors come prepared to each meeting and contribute effectively to discussions and decisions.					
BOARD MEETINGS AND PROCESSES					
49-18. The Board's meeting arrangements (e.g. frequency, timing, duration, and format) enhance its effectiveness. Arrangements include frequency, timing, duration, and format.					

Item	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
20-19. Board meeting packages are distributed in a timely manner, allowing for full and proper consideration of important issues prior to before meetings.					
21-20. The quality of Board materials is appropriate: concise, clear, and focused on key issues and priorities.					
22-21. The Board allows sufficient time for discussion of discussing substantive matters.					

Item	Very Effective	Effective	Somewhat Effective	Somewhat Ineffective	Ineffective
GENERAL SATISFACTION					
23-22. Keeping your answers to all the previous questions in mind, how would you rate the Board's overall effectiveness of the Board in protecting the public interest?					
24-23. What do you believe the Board does well? •					
25-24. What areas could the Board improve upon in the coming year? •					
26-25. Is there Do you have any additional feedback or suggestions for enhancing Board governance or effectiveness? •					

Policy Type: Section 8: Evaluation, Training, and Development

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Policy Reference / and Title: 8.2 # Committee Assessment and Evaluation

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Date Prepared: June 2025

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

This policy provides guidance and direction to each committee regarding the effectiveness of committee meetings and the outcomes of the committee as a whole. Regular evaluations are essential for improving committee performance, and ensuring that meetings are productive, and overall governance is enhanced. The evaluation process focuses on committee accountability, fosters a culture of continuous improvement, and drives organizational success. Feedback from these evaluations not only promotes ongoing development of committee members but also ensures alignment with the College's public protection mandate.

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Application

This policy applies to:

- All Committee Appointees (including Board Directors appointed to committees).
- All Committee Chairs, and
- The Governance Committee particularly, which is also responsible for overseeing and reviewing the evaluation process.

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Policy

Each committee will regularly evaluate its governance performance. The Governance Committee oversees the evaluation process. This involves recommending an evaluation process to the Board for approval. This process will be reviewed and reviewing the process every three years to ensure that it meets the current expectations. The Governance Committee oversees the evaluation process. The Chair of the committee being evaluated reviews the evaluation results, and recommends improvements. For the annual evaluation, the Governance Committee also participates in this review and recommendation.

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Procedure

It is the obligation and responsibility of the Each committee is obligated to govern effectively, to ensure fulfillment of the College's public protection mandate, and to work together in building a healthy and effective committee team. Evaluation strengthens the committee's understanding of its governance responsibilities and reinforces its commitment to continuous improvement and the principles of good governance.

It includes Committee evaluations involve two types, each with a specific aim of evaluations:

- **Evaluation of Committee Meetings;** To gather feedback after each committee meeting on the meeting's effectiveness of the meeting itself.
- **Annual Committee Evaluation;** To evaluate the committee's performance over the course of the year, including group dynamics, and alignment with good governance.

Evaluation of Committee Meetings

1. The committee chair will conduct meeting evaluations after each committee meeting. A survey will be distributed to all committee members immediately following each meeting. Committee Appointees receive a survey. The evaluation survey includes quantitative and qualitative questions. Committee Appointees may choose to identify themselves in the survey responses, but this is optional. Committee members may choose to identify themselves in the survey responses, but this is optional. A summary of the key findings and areas for improvement will be shared with the committee at its next meeting.
2. Key evaluation areas may include:
 - 2.1 Meeting organization
 - 2.2 Preparation
 - 2.3 Discussion Effectiveness of discussion
 - 2.4 Decision-making process
 - 2.5 Individual performance
 - 2.6 General satisfaction, and
 - 2.7 Continuous improvement
3. The Governance Committee tabulates the survey results will be tabulated and provides them to the committee chair, who will review the evaluation findings, propose recommendations for improvements, and communicates action steps to the committee at its next meeting.

See Appendix A for the current committee meeting evaluation form.

Annual Committee Evaluation

1. The Governance Committee will oversee the committee evaluation process that will be conducted each year between January and March.
2. This evaluation may include a survey of all committee members/Committee Appointees, involving both quantitative and qualitative questions, and a self-assessment.
3. Key evaluation areas may include:
 - 3.1 Committee Mandate and purpose/Performance
 - 3.2 Committee Meetings and Processes
 - 3.3 Committee Dynamics
 - 3.4 Individual Performance
 - 3.5 General Satisfaction

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4. The ~~Committee Chair and Governance Committee review the evaluation findings and make recommendations for improvements of the evaluation will be reviewed by the committee chair.~~ The ~~Chair shares the~~ evaluation and recommendations ~~will be shared~~ with the committee, and ~~an opportunity for discussion will be included in~~ the agenda ~~at for~~ the next committee meeting ~~includes an opportunity for discussion.~~
5. The Governance Committee ~~will receives~~ a report of each committee evaluation, ~~and will monitors~~ progress on any recommended actions arising from the evaluations, and may follow up with committees on implementation status.

[See Appendix B for the current annual committee evaluation form.](#)

Review

The Governance Committee ~~will reviews~~ the process and format of the meeting and annual evaluations ~~on a regular basis,~~ at least every three years.

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Appendix A: Committee Meeting Evaluation Form

Committee Meeting Evaluation Questions

Scale for Evaluation: Propose the use of a Likert scale (1-5), which provides for more nuance in the responses; Please rate each statement on a scale from 1 to 5.

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly aAgree

Name (optional):

Meeting Organization

1. I received The meeting materials were received in a timely manner, allowing me sufficient time to prepare.
2. This meeting was effective and efficient.

Preparation

3. Committee Appointeesmembers were given an opportunity to declare any conflictss of interest before the meeting.
4. The meeting materials were relevant to the agenda, appropriate to the Committee's role, and sufficient to assist me in forming an opinion on matters before the Committee.

Discussion Effectiveness of Discussion

5. Committee Appointeesmembers were adequately prepared for the meeting, having reviewed relevant materials and considered discussion points.
6. The Committee Chair was effective in allowing all perspectives to be heard while bringing matters to discussion.

Decision m-Making Process

7. The decisions made during the meeting were well_informed and based on relevant information.
8. Committee Appointeesmembers were respectful and considerate of each other and of staff in encouraging and considering diverse viewpoints.

Individual Performance

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9. ~~The contributions of e~~Each Committee ~~Appointee's member contributions~~ were meaningful, and deliberations were fair, open, and timely, and kept to the point.

General Satisfaction

10. Overall, how would you rate the effectiveness of this meeting in terms of achieving its goals, making decisions, and fostering productive discussions?

Continuous Improvement

11. What specific suggestions do you have for improving the Committee's overall performance and effectiveness in future meetings? (*open question*)

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Appendix B: Annual Committee Evaluation Form

Annual Committee Evaluation Questions

Please rate each statement on a scale from (1- to 5.)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly agree

Name (optional):

Committee Mandate and Purpose

1. The Committee's decisions and actions demonstrably supports the College's public protection mandate and reflects alignment with the College's Mission, Vision, and Values.
2. The Committee shows awareness of and respect for the legislative framework, regulations, and policies guiding the College's and Committee's activities.
3. Meeting agendas and discussions consistently lead to meaningful outcomes aligned with the Committee's purpose and Terms of Reference.
4. The Committee proactively identifies risks and implements measures that strengthen positive and mitigate negative potential impacts of the decisions and activities within its mandate.
5. The orientation effectively equipped Committee Appointees/members to contribute meaningfully to discussions and fulfill their responsibilities.

Committee Meetings and Processes

6. The frequency and format of meetings enable productive discussions and timely achievement of objectives.
7. The timing and delivery of meeting materials support informed decision-making and preparation.
8. The quality of Committee materials is appropriate: concise, clear, and focused on key issues and priorities.
9. The Committee allows sufficient time for discussion-of-discussing substantive matters.
10. The Staff support-provided-by-staff enables the Committee to fulfill its responsibilities and achieve its intended outcomes.

Committee Dynamics

11. The Committee is respectful and considerate of diverse viewpoints, encouraging constructive discussion and more balanced decisions.
12. Committee [Appointeesmembers](#) actively engage in meetings, raising relevant issues and contributing to informed outcomes.
13. [There is a](#) culture of mutual respect and understanding [is present](#) among Committee [Appointeesmembers](#).
14. The Committee is composed of individuals with the appropriate skills, expertise, and experience to fulfill its responsibilities effectively.

Individual Performance

15. The Committee uses regular self-assessment and ongoing development to improve its performance and deliver better outcomes.
16. Committee [Appointeesmembers](#) come prepared for each meeting to achieve the Committee's objectives through thoughtful preparation and participation.

General Satisfaction

17. Considering your responses to the previous questions, how would you rate the Committee's overall effectiveness in fulfilling its mandate and protecting the public interest?
18. What do you believe the Committee does well? *(open question)*
19. What areas could the Committee improve upon in the coming year? *(open question)*
20. Do you have any additional feedback or suggestions for enhancing [the](#) Committee's effectiveness? *(open question)*

Policy Type: Section 8: Evaluation, Training, and Development

Policy Reference and Title: 8.3 Performance Evaluation for Registrar and CEO

Date Prepared: December 2009

Date Revised: January 2011, January 2016, January 2019, June 2025

Date Reviewed: n/a

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Purpose

The purpose of this policy is to establish a structured and transparent process for the regular evaluation of the Registrar and Chief Executive Officer (CEO). The evaluation ensures accountability to the College's mandate, promotes continuous improvement, and supports effective leadership in regulating the profession in the public interest.

Application

This policy applies to:

- All **Board of Directors** who will participate in the evaluation process,
- The **Board Chair** who reviews the performance review process with the Registrar, and the
- The **Executive Committee**, which is responsible for overseeing the performance and annual performance evaluation of the Registrar & CEO and delivering the results and compensation.

Policy

The Board is responsible for systematically monitoring the performance of the Registrar & CEO. Performance will be measured in relation to:

- Fulfillment of the Registrar & CEO's job description.
- Adherence to the Board's directives.
- Outcomes identified in the College's strategic priorities.
- Overall effectiveness in meeting the College's legislative and regulatory mandate.

Performance evaluations aim to:

- Provide meaningful feedback and identify development opportunities.
- Ensure accountability and alignment with the College's priorities.
- Inform decisions on compensation and goal-setting.

Procedure

Evaluation Methods

To support comprehensive performance evaluation, the Board will acquire performance data through one or more of the following methods:

- **Internal reports:** Submitted by the Registrar & CEO, demonstrating progress on strategic goals, compliance with Board policies; and operational performance.
- **Board Input:** Solicited through surveys, structured interviews, or facilitated discussions to access perceptions of the Registrar & CEO performance.
- **Staff and/or Third-Party feedback:** Collected at the Board's discretion, with care to maintain confidentiality and objectivity.

Annual Performance Review Process

- An annual evaluation of the Registrar & CEO will be conducted following the completion of the yearly planning cycle (typically between June and August).
- All Board Directors will be invited to contribute input into the evaluation.
- The evaluation will focus on the prior fiscal year and include a self-assessment by the Registrar & CEO.

Evaluation Oversight and Documentation

- The Executive Committee will coordinate the process, compile feedback, and document results.
- The Committee will meet with the Registrar & CEO to discuss findings, strengths, and areas for development, and to set performance goals for the following year.
- A copy of the final report will be provided to the Registrar & CEO and placed in their personnel file.

Confidentiality

- All materials, data, reports related to the evaluation are confidential and will be securely maintained.
- Board Directors and others involved in the evaluation must respect the confidentiality and integrity of the process.

Review

This process will be reviewed every three years to ensure it meets the current expectations. The Executive Committee oversees the evaluation process, reviews the results, and recommends improvements.

Annual Registrar/CEO Evaluation Process

Below you will find a linear description of the Registrar/CEO's performance review process, however in reality, this is a cyclical process. The annual cycle begins each year on June 1st, aligned with the beginning of the fiscal year and the implementation of the Strategic Plan. The Cycle ends on May 31st with the end of the fiscal year and the evaluation of the actions, behaviours and results of the Registrar/CEO based on expectations aligned with the College's Strategic Plan, Core Competencies, Registrar/CEO's Position Description and any specific goals and objectives.

Establish Performance Expectations

The Chair of the Board and the Registrar/CEO annually review this performance review process and agree on the specific expectations and evaluation criteria to be used, including confirming the specific tools of measurement and any additional specific sources of input to the process that may be required. The criteria will typically fall into three categories:

- a) **Achievement of Results:** Board approval of the strategic plan generates the 'results' that become the key quantitative measures of performance of the College and for the Registrar/CEO.
- b) **Leadership Behaviours:** Qualitative assessment from Board Members and staff of the degree to which the Registrar/CEO's behaviour meets the expectations articulated in the job description.
- c) **Special Projects / Development Plan:** Specific actions and results that are unique to the fiscal year that will strengthen/enhance the skills, knowledge, abilities and experiences of the Registrar/CEO and/or ensure that the College continues to operate as a leader in delivering value to its members and key partners.

In every case, the expectations will be clearly described and agreed to between the Board and the Registrar/CEO.

In order to ensure a comprehensive and balanced assessment of the Registrar/CEO's performance a number of tools will be used including:

- a) Regular check-in (support and monitoring) meetings between the Registrar/CEO and the Chair of the Board.
- b) Regular reports on key initiatives (at quarterly Board meetings and Executive Committee meetings)
- c) Annual online evaluation survey (board members with more than 3 months tenure, three or four staff).
- d) Annual Self Evaluation

Furthermore, the Chair of the Board or Executive may verbally inquire about the experience of working with the Registrar/CEO from anyone with a direct working relationship with the Registrar/CEO in order to gain additional feedback and deepen the understanding for the purpose of more comprehensive and relevant evaluation.

Created: March 2021, Revised June 2025

**COTO Registrar/CEO
Performance Review Schedule**

The Registrar/CEO's performance evaluation process is aligned with the College's fiscal year and strategic planning cycle (June 1- May 31).

Timeline	Action	Responsibility
May-Mid June	Evaluation questions are loaded into survey monkey and saved with access link.	Executive Assistant
May -Mid June	Chair of the Board is trained on access and reporting in online survey tool (Survey Monkey).	Chair of the Board and Executive Assistant
Mid- June/July	Registrar/CEO submits self-evaluation of his/her performance against goals/objectives, leadership behaviours and development plan/special projects as well as proposed goals/objectives & development plan for the next year to the Chair of the Board.	Registrar/CEO Chair of the Board
Final Board Meeting of the year (late June)	Announcement that annual Registrar/CEO's evaluation survey will be sent from Survey Monkey the following day to the Board and selected staff members (3-4 staff who will be contacted directly by the Chair and asked to complete survey) with seven days to complete.	Chair of the Board
Next day following year end Board meeting (late June)	Confidential link to online survey is sent via email to all Board members and selected staff with message that they have 7 days (TBD) to complete and then survey will be closed. Admin access to Survey Monkey provided to Chair (who changes password) to manage from this point forward.	Executive Assistant
7 days after survey is sent (early to July)	Survey is closed and results are reviewed.	Chair of the Board
Early- mid July	Chair of the Board reviews all information collected and prepares the draft appraisal for discussion with Executive Committee.	Chair of the Board
Mid-late July	Executive Committee meets to discuss results (in camera)	Executive Committee with support from Executive Assistant (meeting scheduling)
Late July- early August	Executive determines the corresponding merit increase based on the College's performance and compensation matrix and key comments (anonymous) are summarized to give additional context to the ratings	Executive Committee
Late July- early	The Registrar/CEO meets with Chair of the Board to	Chair of the Board

COTO Registrar/CEO Performance Review Schedule		
August	discuss his/her self- evaluation and results of feedback and appraisal including compensation decision. Next year's goals and objectives are finalized.	and Registrar/CEO (Executive Assistant coordinates meeting)
Late July- early August	Chair of the Board contacts Director, Corporate Services and Finance to confirm rating and compensation decision and initiate corresponding documentation.	Chair of the Board and Director, Corporate Services and Finance
Mid-August	Final report is attached to Registrar/CEO's confidential employee record in accordance with HR policies and COTO governance requirements.	Director, Corporate Services and Finance
Mid -August	Information is deleted in Survey Monkey. Password is re-set and access is returned to Executive Assistant.	Chair of the Board and Executive Assistant

Registrar/CEO Annual Performance Evaluation
Staff Assessment (vJune 2025)
FY __ / __

Distributed annually to 3-4 staff members via anonymous online software on/about June 30.

The Registrar/CEO provides overall leadership to the organization.

1. Please comment on the Registrar/CEO's performance in the following areas:

- a) Providing appropriate strategic direction in day-to-day management to staff including communication of Board policies and decisions.

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

- b) Providing effective support and direction to staff.

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

- c) Providing constructive feedback.

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

- d) Providing development opportunities.

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

- e) Delegating responsibilities appropriately to staff.

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

f) Enabling direct reporting staff to work and lead independently and intervening if/when appropriate.

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

g) Setting the tone for a positive work culture at the College.

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

h) Effectiveness of communication with staff.

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

2. Anything else that you would like to tell us to help us understand the Registrar/CEO's performance this year?

Rating Legend

Poor	Needs Improvement
Fair	Meets Some Expectations
Satisfactory	Meets Most Expectations
Good	Meets All Expectations
Very Good	Exceeds Some Expectations
Excellent	Exceeds Most Expectations
Outstanding	Exceeds All Expectations

Definitions

Poor:

There are serious concerns regarding the Registrar/CEO's performance as most position responsibilities, both results and/or behaviours are falling well short of expectations. Immediate action is required to remedy the situation including a detailed performance improvement plan and commitment to meet clear progressive milestone expectations beginning now. Without significant positive change, the Board will lose confidence in the Registrar's ability to continue in the position.

Good:

The Registrar/CEO consistently performs his/her position responsibilities at level that meets all expectations of the job, both the results and behaviours. There are no concerns regarding performance and he/she has the confidence of the Board.

Outstanding:

The Registrar/CEO consistently exceeds all expectations of his/her position, both the results and behaviours. The College is positioned as an outstanding association within the sector and frequently called upon to share their actions as a "best practice" organization. The Registrar/CEO is recognized both internally and externally for his/her role in the success of the College with specific strategies, workplans and communication practices that directly led to the outstanding results.

**Registrar/CEO Annual Performance Evaluation
Board Director Assessment (vJune 2025)
FY __ / __**

Distributed annually to all Board Directors via online software on/about June 30.

1. The Registrar/CEO is responsible for ensuring that The College of Occupational Therapists of Ontario (The College) performs against its strategy and achieves its mission to protect the public through effective regulation and instills confidence and trust by ensuring that occupational therapists are competent, ethical and accountable.

Key focus areas within this strategic vision for The College include:

- a) **Operations** – The College ensures that effective and efficient operations are developed, managed, and monitored to ensure effective regulation of the profession and that members are competent, ethical and accountable. Organizational risks are mitigated, and opportunities are created;
- b) **Finances** – The College maintains a sound financial position through reliable revenues as well as by making efficient decisions from a cost perspective without diminishing service to members or public trust;
- c) **Key Partner Relationships/ Public Awareness** – The College is represented effectively and maintains positive relationships with external partners including the public.

The Registrar provides overall leadership to the organization.

3. Please comment on the Registrar/CEO's performance in the following areas:

OPERATIONS : The College ensures that effective and efficient operations are developed, managed, and monitored to ensure effective regulation of the profession and that members are competent, ethical and accountable. Organizational risks are mitigated, and opportunities are created;

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

FINANCES: The College maintains a sound financial position through reliable revenues as well as by making efficient decisions from a cost perspective without diminishing service to members or public trust;

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

4. The Registrar/CEO is responsible and accountable for The College's success and reputation now and in the future. This includes accountability for ensuring that appropriate actions are taken, that plans and measures are in place, including talent and skills, practices, and communications, to position The College to be successful.

Over the past year, the Registrar/CEO's performance in this respect has been:

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

5. The Registrar/CEO is accountable for fostering a positive and effective culture for staff and Board members as well as successfully building and maintaining strong relationships with the organization's external partners.

Please rate and comment on your experience working with the Registrar/CEO in the areas below.

a) With respect to the Staff

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

b) With respect to external partners such as government, other regulators both provincially and nationally, associations, registrants, and the public.

(You may find information about this from your review of registrar's reports, information at Board meetings, information gleaned at Committee meetings, and other interactions or experiences at the College.)

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

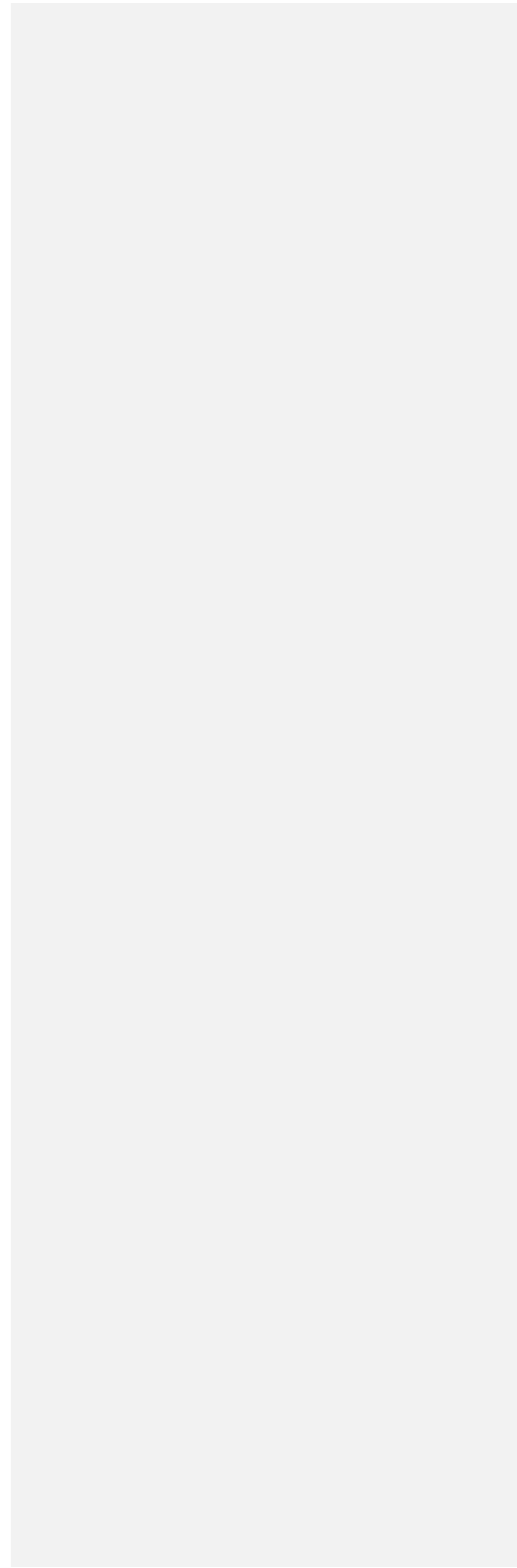
6. Is the Registrar/CEO responsive and engaged appropriately with the Board?

Over the past year, the Registrar/CEO's performance in this respect has been:

Poor Fair Satisfactory Good Very Good Excellent Outstanding Unable to Assess

Please provide additional comments and/or specific examples to support your response.

- 7. Please include any other comments that you feel should be considered in evaluating the Registrar/CEO's performance over the year.**



Rating Legend

Poor	Needs Improvement
Fair	Meets Some Expectations
Satisfactory	Meets Most Expectations
Good	Meets All Expectations
Very Good	Exceeds Some Expectations
Excellent	Exceeds Most Expectations
Outstanding	Exceeds All Expectations

Definitions

Poor:

There are serious concerns regarding the Registrar/CEO's performance as most position responsibilities, both results and/or behaviours are falling well short of expectations. Immediate action is required to remedy the situation including a detailed performance improvement plan and commitment to meet clear progressive milestone expectations beginning now. Without significant positive change, the Board will lose confidence in the Registrar's ability to continue in the position.

Good:

The Registrar/CEO consistently performs his/her position responsibilities at level that meets all expectations of the job, both the results and behaviours. There are no concerns regarding performance and he/she has the confidence of the Board.

Outstanding:

The Registrar/CEO consistently exceeds all expectations of his/her position, both the results and behaviours. The College is positioned as an outstanding association within the sector and frequently called upon to share their actions as a "best practice" organization. The Registrar/CEO is recognized both internally and externally for his/her role in the success of the College with specific strategies, workplans and communication practices that directly led to the outstanding results.

Policy Type: Section 8: Evaluation, Training, and Development

Policy Reference: 8.4 / **Succession Plan for the Position of Registrar and Chief Executive Officer (CEO)**

Date Prepared: October 2024

Date Revised: n/a

Date Reviewed: n/a

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Purpose

The purpose of this succession plan is to ensure continuous coverage of executive duties, which is critical to ongoing operations and organizational stability, in the event of a planned or unplanned, short- or long-term leave of the Registrar and Chief Executive Officer (CEO) for both short and long-term departures.

Application

This policy applies to:

- The Board of Directors and Senior Leadership Team (SLT), who, collectively, shall act in the event if the Registrar and CEO is unable to perform their duties. This action ensures consistent leadership for the management of the College organization, and, when necessary, to ensure an orderly transition in Registrar and CEO succession.
- The Registrar & CEO, who will ensure that a succession plan is in place.

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Definitions

- Planned Absence:** A foreseen absence where the return date can be identified, such as a maternity or medical leave, or an absence with no return date.
- Unplanned Absence:** An unforeseen absence, often with little or no notice. These absences will vary depending on the type of leave, either short or long-term.
- Permanent Departure:** An absence from which the staff member will not be a return to employment, generally due to retirement, resignation, or termination of employment. A permanent departure from employment can be planned well in advance or it can be the result of a sudden vacancy.

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Policy

To ensure that provision is made for the continuity of College leadership for the College, the Board of Directors will have a documented process in place for succession should the Registrar and CEO position become vacant due to sudden or planned absence, resignation, retirement, or termination.

Procedures

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Short-Term Absences of the Registrar and CEO (planned or unplanned): These comprise absences which are short in duration, usually three months or less, with the anticipated return of the Registrar and CEO's anticipated return.

1. The College's Senior Leadership Team (SLT) is prepared to cover the Registrar and CEO's duties and ensure business continuity under such circumstances.
2. The Registrar and CEO will delegate signatory responsibility to an SLT member of the Senior Leadership Team. If the Registrar and CEO is not available to make this delegation, the Director of Finance, People and Corporate Services will convene with the Executive Committee to assist them to make this delegation.
3. The Board Chair will meet as necessary with the individual with delegated signatory authority to ensure continuity and stability of operations during the Registrar and CEO's absence.
4. If the absence lengthens in duration, the procedures for a longer duration should be implemented.

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Long-Term Absences of the Registrar and CEO (planned or unplanned): These comprise absences which are longer in duration, usually more than three months and up to a year, with an anticipated return of the Registrar and CEO's anticipated return.

1. The College's Senior Leadership Team (SLT) is prepared to cover the Registrar and CEO's duties and ensure business continuity under such circumstances.
2. The Executive Committee will meet to recommend to the Board of Directors the appointment of an Acting Registrar and CEO. This may involve the Registrar and CEO if they are available to contribute to this decision.
3. The Board Chair shall call a special Board meeting of the Board to be held at the earliest time that a quorum can be arranged. This meeting may be held virtually.
4. The Board of Directors will appoint an Acting Registrar and CEO according to in accordance with section 9.01 of the College bylaws. Unless otherwise specified, the Acting Registrar and CEO is vested with all the responsibility and authority of the Registrar and CEO, including strategic planning, financial management, Board support, risk management, and human resources oversight.
5. The Board Chair will meet regularly with the Acting Registrar and CEO to ensure continuity and stability of operations during the Registrar and CEO's absence.

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Permanent Planned Departure of the Registrar and CEO (Retirement): For the Registrar and CEO role in this situation, an optimal notice period of 4-6 given four to six months in advance and, in writing to the Board of Directors, for a planned permanent departure will provide the Board with appropriate time to organize and hire for the position and plan for a transition period.

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Immediately upon notice of the Registrar and CEO's permanent departure:

1. The Board Chair will call a Board meeting of the Board to recommend individuals/members who will compose a Search Committee to oversee the departure, hiring, and succession for the position/process of Registrar and CEO.
2. The Search Committee will develop a plan to ensure that the permanent position of Registrar and CEO is filled upon by the time of the current Registrar & CEO's last day of employment of the

~~Registrar and CEO~~ and ~~implements and shares~~ a transition plan ~~is implemented and shared~~ with the Board ~~of Directors~~ and staff.

~~Sudden Permanent Vacancy (Resignation, Termination, or Death):~~ If the Registrar ~~and~~ CEO suddenly departs or is otherwise unable to lead the College, ~~it is vital to have~~ having an emergency transition plan in place is vital.

~~It is the Board of Directors responsibility to identify interim procedures and responsibilities including the identification of an interim/Acting Registrar and CEO.~~

If a sudden vacancy occurs:

1. The ~~College's Senior Leadership Team~~ SLT ~~is will be~~ prepared to cover the Registrar ~~and~~ CEO's duties and ensure business continuity ~~under such circumstances~~.
2. The Executive Committee and ~~Senior Leadership Team~~ SLT will work together to identify a potential interim successor.
3. The Executive Committee will meet to recommend to the Board ~~of Directors~~ the appointment of an Interim ~~Acting~~ Registrar ~~and~~ CEO.
4. The Board Chair ~~shall will~~ call a special Board meeting ~~of the Board~~ to be held at the earliest time that a quorum can be arranged. This meeting may be held virtually.
5. The Board ~~of Directors~~ will ~~identify interim procedures and responsibilities, including appointing~~ appoint an Interim ~~Acting~~ Registrar ~~and~~ CEO ~~in accordance with~~ according to section 9.01 of the College bylaws. Unless otherwise specified, the ~~Acting/Interim~~ Registrar ~~and~~ CEO ~~is will~~ be vested with all the responsibility and authority of the Registrar ~~and~~ CEO, including strategic planning, financial management, Board support, risk management, and human resources oversight.
6. The Board Chair will meet regularly with the Interim ~~Acting~~ Registrar ~~and~~ CEO, to ensure continuity and stability of operations until a permanent Registrar ~~and~~ CEO is appointed.

~~**Procedures in the instance of a permanent planned departure of the Registrar and CEO (Retirement) or a sudden permanent vacancy (resignation, termination, death) Further Procedures for Planned Permanent Departure or Sudden Permanent Vacancy**~~

~~**Procedures:**~~

1. The Board ~~of Directors~~ will ~~appoints~~ a Search Committee consisting of ~~a minimum of at least~~ the Board Chair, Director of Finance, People & Corporate Services, ~~plus~~ and two ~~Directors~~ members of the Board. The ~~e~~Committee must be represented by at least one Public Director.
2. ~~Role of~~ The Search Committee:
 - 2.1 Review ~~s~~ the Registrar ~~and~~ CEO's job description.
 - 2.2 Determine ~~s~~ the search process, which may ~~include~~ involve an internal search only, or an internal ~~and~~ external search.
 - 2.3 If ~~the decision is to conduct~~ an open (internal and external) recruitment ~~is being used~~, ~~the Search Committee with the assistance of the Director of Finance, People and Corporate~~

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~~Services will engage an Executive Search Firm to assist with recruitment/recruiting and/or selection of selecting a new Registrar and CEO. The Director of Finance, People & Corporate Services assists in choosing the search firm.~~ This engagement process may include a request for proposals or quotations from individuals and firms qualified to conduct this search.

- 2.4 ~~With the assistance of the Executive Search Firm and the Director of Finance, People and Corporate Services, the Search Committee will determine~~Determines the selection process, which that may include a panel interview, presentation, or other such activities that will enable the eCommittee to differentiate candidates and inform the selection process. ~~The Director of Finance, People & Corporate Services assists in determining the selection process.~~
- 2.5 ~~The Search Committee shall present~~Presents to the Board, for approval, the name and qualifications of a preferred candidate for the position and any recommendations related to the employment contract.

2.63. The Executive Committee shall drafts a negotiated employment agreement, including compensation, benefits, and start date.

2.74. Once all parties have agreed to and signed the employment contract ~~has been agreed to and signed,~~ the College notifies the following system partners ~~will be notified of about~~ the hiring of the new Registrar and CEO:

- i.4.1 College staff;
- ii.4.2 The Ministry of Health;
- iii.4.3 The general public;
- iv.4.4 Registrants;
- v.4.5 Professional Associations (Canadian Association of Occupational Therapists, and Ontario Society of Occupational Therapists);
- vi.4.6 The Association of Canadian Occupational Therapy Regulatory Organizations.

Transition into the Role of Registrar and CEO

- 1. ~~There will be a~~The outgoing Registrar & CEO or the SLT develops a formal transition and onboarding plan, developed for the person entering either the interim and/or permanent Registrar and CEO position.
- 2. The Executive Committee will works closely with the Senior Leadership TeamSLT to ensure a smooth transition offor the new Registrar and CEO.
- 3. If necessary, the Executive Committee contracts external resource assistance can be contracted by the Executive Committee in such areas as executive recruitment, human resources management, orand legal advice.

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Policy Type: Section 8: Evaluation, Training, and Development

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Policy Reference: 8.5 / **Board and Committee Training and Development for / and Title:** Board and Committees

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Date Prepared: June 2025

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

The policy provides direction and guidance for Board-Directors and Committee Appointees regarding training, education, and development expectations. Effective governance requires that members Directors and Committee Appointees are equipped with the knowledge, skills, tools, and support needed to fulfill their roles effectively and with competence and confidence. Effectively fulfilling their roles requires Directors and Committee Appointees to understand their responsibilities, navigate complex issues, and make informed decisions.

Application

This policy applies to all Board-Directors and Committee Appointees.

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Policy

The College and the Board are committed to effective governance and regulatory performance through comprehensive orientation and ongoing education. While Board-Directors and Committee Appointees are expected to bring relevant knowledge and experience to their roles, continued learning is essential to strengthening governance capacity, supporting the College's effectiveness, and enhancing regulatory performance.

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Procedure

The objective of this policy is to ensure Board-Directors and Committee Appointees are equipped with the knowledge and skills necessary to fulfill their roles effectively, including understanding their responsibilities, navigating complex issues, and making informed decisions.

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Training and Development Framework:

Orientation Process

Orientation for Directors and Committee Appointees is provided occurs as soon as possible following appointment or election. It is delivered collaboratively by the Registrar and CEO, and/or senior staff collaboratively provide the orientation, which and includes:

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1. An overview of the College's mandate, governance framework, and strategic priorities.
2. Access to resources outlining roles, responsibilities, policies, and key procedures.
3. Informal peer support and welcome by current Directors and Committee Appointees Board and committee members.

Board Training and Development

The College supports continuous development for Board Directors, recognizing governance as a shared responsibility between individuals and the organization.

Training initiatives include:

- Annual Board-wide governance training.
- Opportunities to attend external educational events.
- Regular updates on emerging issues specific to occupational therapy specific issues and on regulatory trends.
- Presentations about Shared responsibility for ongoing development between Directors, the Board, and the College.

Key training topics may include:

- Governance roles, ethics, legal responsibilities, and accountability.
- Strategic planning and performance monitoring.
- Financial literacy and resource management.
- Open communication and effective decision-making.
- Emerging issues such as Equity, Diversity, and Inclusion, cybersecurity, and sustainability.
- Skills gap areas identified through Board evaluations.

Committee Training and Development

All committees are expected to operate in alignment with the Board's governance framework and their individual mandates. The College supports Committee Appointees through tailored education and developments opportunities, including:

- Ongoing learning specific to each committee's work.
- Training needs identified through formal evaluation or at the Committee Chair's recommendation of the committee chair.
- Additional training recommended by the Governance Committee to enhance overall committee effectiveness.

Annual Board-wide governance training

1. Opportunities to attend external education events.
2. Regular updates on emerging occupational therapy specific issues and regulatory trends.
3. Shared responsibility for ongoing development between Directors, the Board, and the College.

Key training topics may include:

- Governance roles, ethics, legal responsibilities, and accountability.
- Strategic planning and performance monitoring.
- Financial literacy and resource management.

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- Open communication and effective decision making.
- Emerging issues such as equity, diversity and inclusion, cybersecurity, and sustainability.
- Skills gap areas identified through Board evaluations.

Committee Training and Development

All committees are expected to operate in alignment with the Board's governance framework and their individual mandates. The College supports Committee Appointees through tailored education and development opportunities, including:

1. Ongoing learning specific to each committee's work.
2. Training needs identified through formal evaluation or at the recommendation of the committee chair.
3. Additional training recommended by the Governance Committee to enhance overall committee effectiveness.

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Policy Type: Section 8: Evaluation, Training, and Development

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Policy Reference / and Title: 8.6 / Training for Board Chair and Committee Chairs

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Date Prepared: June 2025

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Date Revised: n/a

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Date Reviewed: n/a

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Purpose

This policy outlines the approved process for induction training and ongoing support for the Board Chair, and eCommittee eChairs. The policy aims to ensure that they are equipped to lead effectively, facilitate meetings, and fulfill their governance responsibilities with competence and confidence. Effectively fulfilling these responsibilities requires Directors and Committee Appointees to understand their responsibilities, address complex issues, and make informed decisions.

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Application

This policy applies to the Board Chair and eCommittee eChairs.

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Policy

The College and the Board are committed to providing training, education, and development opportunities that support the leadership roles of the Board Chair, and eCommittee eChairs. These tools are designed to equip them with the skills and knowledge necessary to lead effectively, fulfill their roles, and promote strong governance practices.

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Procedure

The Board Chair and committee chairs must be equipped with the knowledge and skills necessary to fulfill their roles effectively, including understanding their responsibilities, addressing complex issues, and making informed decisions.

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Training and Support Framework

1. Induction Training

Following their election, selection, or appointment and whether new or returning to the role, the Board Chairs and or eCommittee eChairs, whether new or returning to the role, will participate in the induction training session at the beginning of each College year. The training is delivered by the relevant College staff members deliver the training.

2. Training Content and Focus

Induction training is designed to support chairs in developing or refreshing the skills needed to lead effectively. It also provides opportunities for them to share their insights and build peer connections. Topics may include:

- Leadership Leading through effective chairing.
- Clarification of Clarifying roles and responsibilities.

- Facilitating productive discussions and deliberations.
- Identifying and managing challenges.

3.2. Ongoing Collaboration and Peer Support

To foster collaboration and shared learning, the Board Chair and the Registrar and Chief Executive Officer (CEO) may convene meetings with eCommittee eChairs to discuss experiences, challenges, and strategies. These meetings promote collaboration, problem-solving, and knowledge exchange.

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4.3. Evaluation and Improvement

In alignment with the Board Assessment and Evaluation Policy, chair training programs will be evaluated through participant feedback to assess effectiveness and identify opportunities for improvement.

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5.4. Policy Review and Accountability

The Governance Committee reviews this policy will be reviewed every three years or as needed. The Registrar and CEO, in consultation with the Governance Committee, is responsible for ensuring The Registrar & CEO ensures its implementation and recommending any updates.

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GOVERNANCE MANUAL

Approved: January 28, 2010
Revised: March 2026

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Policy Type: Section 1: Introduction

Policy Reference and Title: 1.1 Purpose

Date Prepared: November 2025

Date Revised: n/a

Date Reviewed: n/a

Purpose

The Governance Manual of the College of Occupational Therapists of Ontario (the College) provides a clear and consistent framework for how the Board and its committees fulfill their governance responsibilities in the public interest. It brings together the principles, policies, and practices that guide effective, transparent, and accountable governance.

Over the past several years, the College has modernized its governance framework to reflect best practices in professional regulation. This work has strengthened the structures and processes that support sound decision-making and clear accountability. The result is a governance model that enables the College to operate effectively, uphold public confidence, and ensure that its statutory mandate guides its decisions.

The Governance Manual brings together the College's policies and practices in a single, accessible reference for Directors, Committee Appointees, and staff. It sets out how governance functions are carried out and how roles and responsibilities are defined. The manual promotes a shared understanding and consistent application of governance practices across the College.

Specifically, the Governance Manual:

- Outlines the principles that guide the College's governance approach.
- Defines the roles and accountabilities of the Board, committees, and staff.
- Describes the processes that support effective decision-making and oversight.
- Promotes integrity, fairness, and transparency in all governance practices.
- Supports ongoing evaluation and improvement of the College's governance system.
- The Governance Manual is a living document. The College reviews and updates it periodically to reflect evolving best practices in governance and the College's continued commitment to excellence in regulation.

Policy Type:	Section 1: Introduction
Policy Reference and Title:	1.2 Principles of Good Governance
Date Prepared:	January 2025
Date Revised:	n/a
Date Reviewed:	n/a

The following principles of good governance guide the College's Board of Directors as we fulfill our mandate to serve the public by regulating occupational therapists:

Accountability

- We acknowledge our ultimate responsibility to the public and are committed to continuously earning and maintaining their trust.
- We ensure that all participants in our governance framework have a clear understanding of their roles and responsibilities.
- We recognize that the College was created by legislation and that our effectiveness in fulfilling our mandate is subject to oversight.

Transparency

- We make our information accessible and easy to understand, ensuring that we serve the public interest.
- Our processes, decisions, and the reasons behind them are open and accessible to the public.
- We communicate in a way that allows the public to evaluate governance effectiveness.

Leadership

- Our actions are driven by a Strategic Plan that reflects our public protection mandate.
- We plan practically and strategically to achieve realistic and measurable outcomes.
- We stay informed about evolving public expectations and societal needs, and we challenge ourselves to make a meaningful impact by focusing our efforts thoughtfully and effectively.
- We proactively identify and manage risks.

Integrity

- Our decisions and processes are consistently aligned with our commitment to transparency, objectivity, impartiality, and fairness.
- We actively and honestly engage in respectful dialogue with the public and other system partners.
- We consider a variety of perspectives and voices to foster a shared understanding upon which we base decisions.

- We acknowledge and manage both systemic and individual conflicts of interest.
- We take responsibility for improving our performance in areas where we may not have met expectations.

Competence

- We recognize the skills, experience, and knowledge necessary to perform our tasks effectively.
- We continuously strengthen our collective ability to make informed and consistent decisions.
- Both as individuals and as teams, we engage in regular, purposeful reviews and development to improve governance effectiveness.

Financial Stewardship

- We are dedicated to prudently and responsibly managing the College's financial resources.
- We ensure that our budget is aligned with our strategic objectives, prioritizing the efficient use of resources in serving and protecting the public interest.
- We demonstrate financial integrity by ensuring that the College makes financial decisions that reflect our commitment to public trust and that the College manages resources responsibly and with long-term sustainability in mind.

Inclusion

- Our diverse knowledge, skills, perspectives, and experiences reflect both the public we serve and the individuals we regulate.
- We embrace opportunities for meaningful and authentic collaboration.
- We work within a robust network of the public, government, other health regulatory colleges, registrants, and educators to maximize our positive impact on the common good.
- We learn from challenges faced by other organizations and communities to continuously improve our effectiveness.



Policy Type: Section 1: Introduction
Policy Reference and Title: 1.3 Mission, Vision, and Values
Date Prepared: January 2020
Date Revised: April 2024
Date Reviewed: n/a

We are always guided by our Mission, Vision, and Values.

MISSION:

The College of Occupational Therapists of Ontario protects the public through effective regulation and instills confidence and trust by ensuring that occupational therapists are competent, ethical, and accountable.

VISION:

Excellence in regulatory leadership.

VALUES AND COMMITMENTS:

Treating everyone with dignity and respect

We consider the uniqueness of each situation. We are respectful of all voices, conscious of bias, open-minded, and dedicated to learning. We are committed to integrating Equity, Diversity, and Inclusion (EDI) practices throughout our organization and the occupational therapy profession to protect the public interest.

Maintaining trust and confidence

We are fair, open, and responsive. We are proactive. We hold ourselves accountable for our decisions and actions.

Partnering for quality

We listen. We work together to ensure quality occupational therapy services across the province.



Policy Type: Section 1: Introduction
Policy Reference and Title: 1.4 Strategic Priorities
Date Prepared: January 2020
Date Revised: January 2024
Date Reviewed: n/a

2024-2027 Strategic Priorities

1. Meaningful Engagement

The College builds trust in its role and value through purposeful and meaningful engagement and collaboration.

- 1.1 Provides clear information about what to expect when working with occupational therapists.
- 1.2 Builds opportunities for public and professional collaboration and participation with the College.
- 1.3 Engages registrants to build understanding of professional obligations, College programs and services.
- 1.4 Integrates the practices of diversity, equity, and inclusion throughout the College and profession.

2. Quality Practice

The College embraces leading regulatory practices to protect the public.

- 2.1 Takes an evidence-informed, risk-based approach to ensuring occupational therapists are competent, safe, effective, and accountable.
- 2.2 Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy service.

3. System Impact

The College collaborates for access to the profession and consistent quality practice.

- 3.1 Supports efforts to increase the number of licensed occupational therapists in Ontario to address the health human resources crisis.
- 3.2 Ensures occupational therapy scope of practice is optimized in Ontario.
- 3.3 Collaborates with national partners to further regulatory excellence.

4. Performance and Accountability

The College maintains strong corporate and governance structures and fosters a culture of continuous improvement.

- 4.1 Ensures College governance is proactive, effective, competency-based, and accountable.
- 4.2 Maintains the expertise and resources to address evolving demands caused by changes in the regulatory or practice environment.
- 4.3 Leverages data to drive performance internally and externally to enhance service delivery.

Policy Type: Section 1: Introduction

Policy Reference and Title: 1.5 Definitions

Date Prepared: November 2025

Date Revised: n/a

Date Reviewed: n/a

The following definitions apply to all parts of this Governance Manual unless otherwise defined or required by the context.

Academic Appointee

An individual appointed to be a Director on the College's Board of Directors by an Ontario university offering occupational therapy training.

Act

The *Occupational Therapy Act, 1991*, S.O. 1991, c. 33 and its regulations.

Board or Board of Directors

The College's Board of Directors. The Board means the College's Council for the purposes of the following: the Act, the *Regulated Health Professions Act, 1991* (RHPA), the Health Professions Procedural Code (Schedule 2 of the RHPA), and the regulations under the Act and the RHPA, as well as any other legislation or policy where the context requires.

Board Chair

The Chair of the College's Board of Directors. The Board Chair means the College's President and Committee Chair means the Chair of a committee for the purposes of the following: the Act, the RHPA, the Health Professions Procedural Code, and the regulations under the Act and the RHPA, as well as any other legislation or policy where the context requires.

bylaws

The College's bylaws.

College

The College of Occupational Therapists of Ontario.

Committee

A College committee or committees: statutory, Board, standing, or special.

Committee Appointee

A Professional Committee Appointee or a Community Appointee.

Community Appointee

An individual the Board appoints to serve as a member of a committee and who is neither a Director nor a registrant of the College.

Director

An individual elected or appointed to be a member of the College's Board of Directors.

Elected Director

A registrant elected to the Board according to the bylaws, including a registrant elected in a by-election or appointed to fill a vacancy.

In Camera

In chambers. Proceedings or parts of proceedings that are not open to the public.

Indigenous people

"People who identify as First Nations, Inuit, or Métis in a context where their specific identity is not at issue" (Gregory Younging, *Elements of Indigenous Style*, 2018, p. 65).

Indigenous Peoples

"The distinct societies of First Nations, Inuit, and Métis peoples in Canada" (Gregory Younging, *Elements of Indigenous Style*, 2018, p. 65).

Professional Committee Appointee

A registrant who is not a Director and who has been appointed to a committee.

Public Director

A person appointed to the College's Board of Directors by the Lieutenant Governor in Council of the Ontario government.

registrant

A College member.

Registrar & Chief Executive Officer (CEO)

The person who holds the title of Registrar & CEO of the College.

RHPA

The Regulated Health Professions Act, 1991, S.O. 1991, c. 18.

Senior Leadership Team

The College's senior leadership, which comprises:

- Registrar & CEO.
- Director of Finance, People & Corporate Services.
- Program Director.
- Director of Regulatory Affairs.
- Director of Communications.

Vice-Chair

The Vice-Chair of the College's Board of Directors. Vice-Chair means the College Vice-President for the purposes of the following: the Act, the RHPA, the Health Professions Procedural Code, and the regulations under the Act and the RHPA, as well as any other legislation or policy where the context requires.

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Policy Type: Section 2: Roles and Responsibilities

Policy Reference and Title: 2.1 Board Governance

Date Prepared: December 2009

Date Revised: March 2010, January 2024

Date Reviewed: October 2016, October 2019

Purpose

To ensure that the Board has a shared understanding of its role and accountabilities in governing the College.

Public Interest Aspect

Directors need to fully understand the Board's role to be able to fulfill their mandate in the public interest.

Application

This policy applies to all Directors.

Policy

The Board manages and supervises the College's activities and, as such, is the highest decision-making authority within the College. This responsibility consists primarily of governing and overseeing the Registrar & Chief Executive Officer (CEO), who manages the College's business.

The Board governs the College to ensure fulfillment of the mandate set out in the *Regulated Health Professions Act, 1991*, *Occupational Therapy Act, 1991*, and College bylaws.

The Board's key responsibilities are as follows:

Strategy and Mission

- Approve the College's mission, vision, values, and Strategic Plan.
- Monitor the College's progress toward achieving its strategic goals.
- Set priorities and initiate and establish policy.

Financial Oversight

- Monitor financial performance.
- Approve financial policies and internal controls and monitor compliance with them.
- Ensure that the College has sufficient revenue and staff resources to fulfill its mandate and meet its statutory obligations.

Performance Management and Monitoring

- Ensure that policies, programs, and controls are in place for the College to carry out its statutory obligations appropriately and effectively.
- Ensure that the College has processes in place for measuring and reporting on performance.
- Appoint and support the Registrar & CEO, who is responsible for the College's administration.
- Evaluate the effectiveness of the Board and the Registrar & CEO in a timely manner and through formal evaluation processes.

Risk Management

- Know the risks inherent in College operations and ensure that measures are in place to protect the College against risk.

Accountability to System Partners

- Ensure that the College communicates appropriately and effectively with system partners and maintains effective relationships with them.

Board Governance

- Oversee the quality of its own governance, and establish expectations, practices, and policies to develop and maintain good governance.



Policy Type:	Section 2: Roles and Responsibilities
Policy Reference and Title:	2.2 Individual Directors and Committee Appointees
Date Prepared:	January 2024
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To establish the role and responsibilities of individual Directors and Committee Appointees.

Public Interest Aspect

Directors and Committee Appointees must clearly understand their role and responsibilities to ensure that their decisions and actions are in the public interest.

Application

This policy applies to all Directors, whether elected or appointed by the Lieutenant Governor in Council, and all Committee Appointees.

Policy

Directors are the individuals behind Board decisions. By participating fully in governance, they ensure that the College operates effectively in fulfilling its public protection mandate. The Board appoints Committee Appointees, who assist the Board in carrying out the duties of their committee.

Directors and Committee Appointees are expected to:

- Act honestly and in good faith with a view to the College's best interests, and act according to the College's governing legislation, bylaws, and governance policies, including the Code of Conduct.
- Acquire and apply a working knowledge of the statutory requirements, mandate, policies, and rules that apply to the particular committee.
- Demonstrate accountability to the public through decision-making grounded in the public interest.
- Regularly attend all Board or committee meetings, be on time, and engage constructively in discussions.
- Prepare for all meetings by reading the material, to be well informed and able to participate effectively.
- Work effectively with other Directors, Committee Appointees, and College staff to ensure productive outcomes of all meetings.
- Behave in an ethical and exemplary manner and personally model the College's values.
- Respect the Chair's authority.
- Understand and respect the distinction in the roles of the Board, committees, and College staff.

- Respect others' opinions, views, and cultural and linguistic diversity.
- Acknowledge that the Board or the particular committee speaks with a unified voice. Directors and Committee Appointees who abstain or vote against a motion must adhere to and support the majority's decision.
- Participate fully in Board or committee evaluations.
- Participate in required orientation and education activities.

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Policy Type: Section 2: Roles and Responsibilities

Policy Reference and Title: 2.3 Board Chair

Date Prepared: December 2009

Date Revised: March 2010, April 2024

Date Reviewed: October 2016, October 2019

Purpose

To establish the Board Chair's role and responsibilities.

Application

This policy applies to the Board Chair.

Policy

The Board Chair provides leadership to the Board and ensures that the Board adheres to good governance practices. The Board elects the Board Chair, who helps set the tone of Board meetings and keeps Directors engaged while building a safe, cohesive, and collaborative forum in which discussions can take place and the Board can make clear decisions.

The Board Chair has the following responsibilities:

- Serve as the Executive Committee Chair and participate on other committees as the Board directs.
- Be a champion for good governance and ensure that the Board fulfills its governing role effectively, strives to achieve high standards, and follows best governance practices.
- Work in partnership with the Registrar & Chief Executive Officer (CEO) to:
 - Identify issues, objectives, and priorities for Board consideration.
 - Provide strategic leadership to establish and promote the College's strategic planning process and priorities.
 - Act as a spokesperson for the College.
 - Orient and train all new Directors.
 - Facilitate ongoing training and development opportunities for all Directors.
 - Facilitate Chair succession planning for the Board.
- Manage circumstances where the Director, Board, or committee is less than optimum, including introducing strategies to resolve conflicts which arise.
- Oversee the Board's evaluation processes to ensure high performance levels.
- Conduct the Registrar & CEO's annual performance appraisal the following input and discussion with the Executive Committee.

- Be accountable to the Board for the assigned functions. As such, the Chair has no authority to individually direct or supervise the Registrar & CEO or to make independent policy decisions.
- The Board Chair is elected or acclaimed at the Board's first meeting following elections. A Director can be elected or acclaimed as many times as the Board sees fit, with no maximum number.
- The Board Chair's role and responsibilities may be delegated to others; however, the Chair remains accountable for the activities within their role.

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Policy Type: Section 2: Roles and Responsibilities

Policy Reference and Title: 2.4 Board Vice-Chair

Date Prepared: December 2009

Date Revised: March 2010, October 2014, April 2024

Date Reviewed: October 2016, October 2019

Purpose

To establish the Board Vice-Chair's role and responsibilities.

Application

This policy applies to the Board Vice-Chair.

Policy

The Board Vice-Chair assists the Board Chair in providing leadership to the Board and College. The Board elects the Vice-Chair, who discharges the Chair's duties if the Chair is unavailable.

The Board Vice-Chair has the following responsibilities:

- Serve on the Executive Committee and participate on other committees as the Board directs.
- If the Chair is unavailable or has a conflict of interest, perform the Board Chair's duties.
- Understand the Chair's role and responsibilities and the key policy, regulatory, and operational issues the College is facing.
- Collaborate with the Chair and the Registrar & Chief Executive Officer to assist in identifying issues, objectives, and priorities for Board consideration.
- Assist and counsel the Chair.
- If necessary and at the direction of the Board Chair or the Board, assume appropriate leadership roles and responsibilities.
- The Board Vice-Chair is elected or acclaimed at the Board's first meeting following elections. A Director can be elected or acclaimed as many times as the Board sees fit, with no maximum number.

Policy Type: Section 2: Roles and Responsibilities

Policy Reference and Title: 2.5 College Committees

Date Prepared: June 2024

Date Revised: n/a

Date Reviewed: n/a

Purpose

To establish the role and responsibilities of the College's committees.

Application

This policy applies to all ongoing College committees: statutory, non-statutory, and advisory.

Policy

While the Board leads the College in developing and monitoring Strategic Plans and making major policy decisions, College committees conduct much of the College's work. Most Committee Appointees are Directors or Professional or Community Appointees. The Nominations Committee recommends all Committee Appointees except for those on the Executive Committee. In addition to committees required by legislation, the Board may establish other committees and task groups to help fulfill its role and carry out its responsibilities. The College uses three types of ongoing committees: statutory, non-statutory, and advisory.

The College establishes statutory committees according to the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA):

- Executive Committee
- Registration Committee
- Inquiries, Complaints and Reports Committee
- Discipline Committee
- Fitness to Practise Committee
- Quality Assurance Committee
- Patient Relations Committee

Non-statutory committees support the Board's work:

- Finance and Audit Committee
- Governance Committee
- Nominations Committee

- Practice Subcommittee
- Quality Assurance Subcommittee

The Board establishes advisory committees to undertake specific tasks:

- Equity Perspectives Advisory Committee
- Indigenous Insights Advisory Committee

The Board is ultimately responsible for governing the organization. College committees do not have any independent authority to act on the Board's behalf unless the Board specifies otherwise or as set out in the RHPA. A committee receives its terms of reference, specific tasks, staffing, reporting process, and timelines from the Board as the committee is established.

The Board establishes terms of reference for committees, which will include the following:

- Mandate
- Accountability and authority
- Duties and responsibilities
- Skills and expertise required of Committee Appointees
- Term and term limits
- Voting and reporting requirements

The Registrar & CEO is notified by staff of all committee meetings and invited to attend in a non-voting capacity, but their attendance is not counted for the purpose of committee quorum requirements.

Committees have the following responsibilities:

- Assist the Board by recommending, analyzing, deciding, and acting as the Board directs.
- Work within the College's mission and policy framework.
- Present briefing notes to the Board on matters requiring decisions or actions. Generally, these notes contain a recommended course of action, with supporting rationale, unless otherwise requested by the Board.
- Follow the Board's direction or mandate on timelines for completing tasks and submitting reports.

Committees must not do the following:

- Speak or act for the Board except when formally given such authority for specific or time-limited purposes. Such authority will be stated through terms of reference or Board minutes.
- Exercise authority over College staff and operations.

Policy Type: Section 2: Roles and Responsibilities

Policy Reference and Title: 2.6 Committee Chair

Date Prepared: December 2009

Date Revised: March 2010, April 2024

Date Reviewed: October 2016, October 2019

Purpose

To establish a Committee Chair's role and responsibilities.

Application

This policy applies to all Committee Chairs.

Policy

Committee Chairs provide leadership and direction to their committee to ensure that it fulfills its statutory and Board mandate. The Chair is accountable to the Board for the committee's activities and progress. The Chair collaborates with a designated College staff member to facilitate the ongoing management of the committee's work.

Committee Chairs have the following responsibilities:

- Conduct meetings in a timely manner. Facilitate meetings and committee processes such that all Committee Appointees have an opportunity to participate and contribute meaningfully.
- Facilitate broad, respectful, and constructive dialogue during meetings. Support independent thinking and diversity of views while encouraging alignment on decisions and outcomes.
- Control dominant Committee Appointees and manage conflicts and other circumstances in which the committee is not functioning effectively. If necessary, bring matters to the attention of the Board Chair or the Registrar & Chief Executive Officer.
- Regularly evaluate committee performance and improve its effectiveness.
- Ensure that new Committee Appointees understand the committee's role and receive appropriate orientation. Recommend opportunities or set requirements for ongoing education or training for the committee.
- The Nominations Committee recommends Committee Chairs, and the Board appoints them annually. The length of time an individual may serve as a Chair to any committee is three years, whether served consecutively or not.
- If the Committee Chair is unable to preside at a meeting, other Committee Appointees will select among themselves a replacement Chair.

Policy Type:	Section 2: Roles and Responsibilities
Policy Reference and Title:	2.7 Registrar & Chief Executive Officer (CEO)
Date Prepared:	October 2024
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To establish the Registrar & CEO's role and responsibilities.

Application

This policy applies to:

- The Registrar & CEO, who is the Board's sole employee and fulfills the statutory duties of the role.
- The Board, which delegates the College's operations to the Registrar & CEO.

Policy

The relationship between the Board and its Registrar & CEO is critically important. An effective and empowered Registrar & CEO is key to Board excellence. An effective relationship between the two enables the Board to avoid the administrative details and short-term focus of College and staff management and to focus its attention on the College's mission, vision, values, strategic goals, and governance.

The Registrar & CEO fulfills the statutory duties of the role and is responsible for College management, operations, and legislative programs within the Board's financial targets.

The Registrar & CEO hires and maintains an effective staff team, which includes providing timely and relevant policy and program information and recommendations to the Board and its committees. The Registrar & CEO sees that College programs and operations contribute to meeting the objectives set out in the Board's Strategic Plan.

The Registrar & CEO has the following responsibilities:

Executive Leadership and Organizational Management

- Lead and participate in developing operating plans and policy, ensuring that the activities of operational and program areas are aligned with overall plans, strategies, and priorities.
- Implement processes to ensure continuous quality improvement of the College's programs and activities.
- Lead the development and implementation of programs, policies, and protocols to ensure that the College complies with its legislative obligations and for effective financial, regulatory, and operational performance, including reporting to the Board about the College's performance.

- Support the operation and administration of the Board and its committees to ensure that they meet statutory obligations as defined by the Regulated Health Professions Act, 1991.

Strategy and Governance

- Build and maintain capacity for strategic planning at the College and take ownership of the accomplishment of the Board's strategic goals as set out in the Strategic Plan approved by the Board. Ensure the regular review of strategic goals and of the College's mission, vision, and values.
- Assist and support the Board in fulfilling its governance responsibilities and in achieving and managing good governance practices.
- In collaboration with the Executive Committee, ensure that the Board agenda and materials support effective and well-informed decisions.
- Oversee the identification of trends, issues, and risks relevant for the Board's and committees' consideration, and recommend and develop policies and activities to respond to these trends, issues, and risks.

Financial, Risk, and Facilities Management

- Recommend the annual budget for Board approval and prudently manage the College's financial resources.
- Provide relevant, timely, and complete financial information to facilitate informed decision-making by the Board.
- Ensure that financial and internal controls are in place in addition to processes to identify and manage key risks to the College.
- Ensure the College's long-term financial viability, including cost and revenue projections and investment planning.
- Create a safe and efficient work environment that supports the effective use of all resources.

Human Resources Management

- Recruit, lead, and develop the College's human resources team. Make sure that policies and controls are in place to build and maintain a safe and tolerant working environment, ensuring the College's commitment to Equity, Diversity, and Inclusion that supports the goals of staff satisfaction, engagement, and performance.
- Foster a work culture that results in high productivity and staff morale.
- Act as a key conduit between the Board and College staff, and facilitate a productive relationship between staff and Directors, as required.
- Participate in an annual performance review.

Public Relations and Communications

- Act as the College's spokesperson in collaboration with the Board Chair.
- Develop and maintain meaningful relationships with the public and system partners, including professional associations, government, relevant associations, and regulatory peers.

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Policy Type:	Section 2: Roles and Responsibilities
Policy Reference and Title:	2.8 Board's Relationship with Registrar & Chief Executive Officer (CEO) and College Staff
Date Prepared:	October 2024
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To set the parameters for a strong and effective relationship between the Board and the Registrar & CEO and between the Board and Committee Appointees and College staff. These relationships play a vital role in the College fulfilling its mandate and achieving its goals.

Application

This policy applies to:

- The Registrar & CEO, who is the Board's sole employee and fulfills the statutory duties of the role.
- The Board, which delegates the College's operations to the Registrar & CEO.
- The Committee Appointees.
- College staff.

Policy

College governance is most effective when the Board and Registrar & CEO understand each other's roles, responsibilities, and authorities and work collaboratively. For the relationship to be effective and successful, both the Board and Registrar & CEO must understand and respect the boundaries of their respective powers and authority. At the same time, the Board, Committee Appointees, and College staff members must recognize each other's distinct roles and powers. Each person contributes significantly to the College's success.

Relationship Between the Board and the Registrar & CEO

- The Board provides direction to the Registrar & CEO and, through the Registrar, to College staff and management. The Board ensures compliance with these directions. The Board delegates authority to the Registrar & CEO to establish operating policies and procedures and to make decisions that enable the College to operate effectively and achieve its strategic goals.
- The Registrar & CEO is accountable to the Board, through the Board Chair. The Registrar & CEO reports regularly to the Board on matters that are relevant to the Board and the College.
- The relationship between the Registrar & CEO and individual Directors and Committee Appointees is not hierarchical. Individual Directors do not have authority to instruct the Registrar & CEO except with the Board's approval. The Chair has the Board's approval to collaborate and work with the Registrar & CEO.

- The Chair and the Registrar & CEO are responsible to manage Board matters that concern the relationship between the Board and staff members.
- The Board establishes a process to evaluate the Registrar & CEO's performance.

Relationship Between the Board and Committee Appointees and College Staff

- Directors and Committee Appointees engage collaboratively with College staff, who bring valuable knowledge and experience essential for the effective functioning of Board and committee business. Directors and Committee Appointees work with staff to foster collegial interactions. Honouring the distinct roles within the organization is important, recognizing Directors as decision-makers and staff members as advisers and facilitators.
- Directors should appreciate and respect the distinction between their governance and policy-making roles and the roles of College staff and management. To support effective collaboration, Directors should recognize and support staff to manage administrative and operational matters, ensuring a clear understanding of each party's responsibilities.
- College staff play a vital role in implementing the Board's governance and strategic policy directions. The College encourages staff to align their actions with Board policies and to operate within the established framework, ensuring effective collaboration and support for the Board's vision.
- The Board Chair and Registrar & CEO manage issues of concern between a staff member and a Director or Committee Appointee. In the context of committee matters, the Committee Chair deals with the issue in consultation with the Registrar & CEO.



Policy Type: Section 3: Board Structure, Responsibilities, and Process

Policy Reference and Title: 3.1 Board Competency Framework

Date Prepared: January 2025

Date Revised: n/a

Date Reviewed: n/a

<p>Attributes needed by every Director to support strong decision-making in the public interest:</p>	<p>Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:</p>	<p>Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:</p>
<p>Public Interest Focus Prioritizes the public’s right to safe, ethical care by fully understanding and committing to the public protection mandate. Balances personal and professional interest to always place the public interest first, with diligence and focus.</p>	<p>Leadership Demonstrates confidence, sound judgment, and the ability to inspire, motivate, and guide others. Skilled in consensus-building, facilitation, and fostering a collaborative leadership approach. Upholds and promotes the values and commitments of COTO.</p>	<p>Professional and Experiential Diversity Recognizes that professional practices and experiences vary across different sectors and contexts (public, private, and non-profit). It is essential for the Board to include perspectives from a range of professional backgrounds and fields, ensuring a broad understanding of different sectors and roles.</p>
<p>Collaborative and Inclusive Actively engages in respectful, diplomatic, and inclusive dialogue, fostering a culture that values diversity and welcomes differing perspectives, experiences and ideas.</p>	<p>Board and Governance Experience Demonstrates experience or expertise in governance within the private, public, or non-profit sectors, gained through board or committee service. Understands the distinct roles of the Board and management, as well as the difference between regulatory bodies and professional associations.</p>	<p>Regional Diversity Acknowledges that public services and experiences differ across regions, with unique needs and expectations in each area. The Board benefits from having representatives who bring perspectives from various geographic regions, ensuring decisions reflect the diverse needs of different communities.</p>

<p>Attributes needed by every Director to support strong decision-making in the public interest:</p>	<p>Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:</p>	<p>Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:</p>
<p>Accountability and Integrity Demonstrates a commitment to honesty. Be able and willing to take full responsibility for decisions and follow through on commitments.</p>	<p>Knowledge of Professional and Occupational Regulation Good understanding of the role and mandate of health regulatory Colleges in Ontario, with a focus on public protection. Understands the regulatory framework for various professions, including occupational therapy.</p>	<p>Age Diversity Ensures that the Board reflects a range of age groups, incorporating the perspectives and experiences of individuals at different ages. A diverse age representation fosters a more holistic approach to decision-making and enhances relevance across generations.</p>
<p>Communicator Demonstrates strong communication skills by actively listening and clearly articulating ideas, opinions, and positions while being open to feedback and diverse viewpoints.</p>	<p>Risk Management Knowledge of risk management principles, with experience in identifying, assessing, and mitigating significant risks that could affect the College's objectives and operations.</p>	<p>Cultural Diversity Recognizes that cultural factors influence practices and decision-making across sectors. It is essential to include diverse cultural perspectives, particularly from Indigenous and other historically underrepresented ethnic and racial groups, to ensure inclusive and equitable governance.</p>
<p>Objectivity Demonstrates objectivity by engaging in self-reflection and making decisions based on evidence, reliable data, and sound judgment, always striving to fulfill the public mandate effectively.</p>	<p>Community and Public Relations Recognizes the importance of the public interest in decision-making and is mindful of how decisions are perceived by diverse groups. Fosters inclusive dialogue and engages meaningfully with various communities to ensure decisions reflect diverse perspectives. Recognizes the impact of public perception on decision-making and works to build trust and credibility through open dialogue.</p>	<p>Gender Diversity Promotes gender diversity by ensuring that the Board reflects individuals with diverse gender identities and expressions. This diversity enriches decision-making by incorporating a variety of lived experiences and perspectives related to gender.</p>

<p>Attributes needed by every Director to support strong decision-making in the public interest:</p>	<p>Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:</p>	<p>Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:</p>
<p>Respectful</p> <p>Demonstrates respect by engaging effectively with others, appreciating diverse perspectives, and fostering an environment where open, respectful dialogue is encouraged, even amidst differing views.</p>	<p>Financial Literacy</p> <p>Demonstrates knowledge of financial management, including analyzing financial statements, evaluating budgets, and understanding generally accepted accounting principles. Able to interpret financial data, ask insightful questions, and contribute to ensuring the integrity of financial information provided to the Board.</p>	
<p>Visionary and Strategic Thinker</p> <p>Considers wider impact of decisions on the College and its ability to meet its strategic directions. Identifies risks and broader trends and considers how decisions align with strategic objectives and long-term priorities.</p>	<p>Technological Competence</p> <p>Demonstrates proficiency with technology to support the College's operations while upholding standards of security, privacy, and efficiency.</p>	
<p>Committed and Prepared</p> <p>Demonstrates commitment by dedicating the necessary time and effort to prepare for, actively participate in, and contribute to Board meetings and activities, ensuring informed and thoughtful decision-making.</p>		

Policy Type:	Section 3: Board Structure, Responsibilities, and Process
Policy Reference and Title:	3.2 Screening for Directors and Academic Appointees
Date Prepared:	October 2024
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To establish a framework for screening prospective Directors.

Application

This policy applies to:

- The Nominations Committee and College staff, each of whom has a role in overseeing the process for electing Directors.
- The Board, which is committed to a selection process that is competency based, open, and transparent. This includes ensuring that a public call for applications is made according to the bylaws and screening registrants against a predetermined set of selection criteria.

Policy

Directors

- Part 5 of the College bylaws outlines the eligibility requirements for registrants interested in serving on the Board.
- The recruitment of registrants interested in serving on the Board begins when vacancies are required to be filled as outlined in the bylaws, following a needs assessment of the desired skills and competencies that the Board is seeking.
- Registrants interested in serving on the Board must complete the College's online pre-election orientation module and an application form confirming their eligibility and practice experience, as well as submit a resumé. The application form also provides the opportunity for candidates to submit a self-assessment on the desired skills and competencies and give further information about their suitability, to help the Nominations Committee assess the candidate's overall qualifications.
- College staff first screen candidates based on whether they meet the eligibility criteria. The Nominations Committee then reviews a list of candidates and any accompanying submissions. Short-listed candidates are invited to participate in an interview with the Nominations Committee. The interview focuses on determining if candidates meet the criteria and have the desired competencies.
- The Nominations Committee refers to the following selection criteria (called "pre-election competencies") in screening candidates to run for Board elections or as an Academic Appointee:

- Candidate's eligibility under the bylaws to serve on the Board
 - Candidate's degree of availability
 - Candidate's knowledge, skills, and experience
 - Candidate's interest in and commitment to Board involvement
 - Fit of candidate's competencies with other Directors' competencies
 - Diversity of candidates' identities and lived experiences
 - Avoidance of any conflict of interest or appearance of bias
 - Candidate's commitment to the public protection mandate
- Following the interviews, the Nominations Committee identifies the candidates qualified to seek election to the Board. College staff notify all candidates of the outcome of the screening process. The qualified candidates are placed on the ballot for voting by eligible voters in the electoral district where the election is being held.
 - Per section 5.05.7 of the College bylaws, the decision as to whether a candidate meets the pre-election competencies is within the sole discretion of the Nominations Committee.

Academic Appointees

- Part 6 of the College bylaws outlines the eligibility requirements and procedures related to an Academic Appointee.
- The Nominations Committee receives any recommendations for candidate(s) from the Registrar & Chief Executive Officer once the Registrar has completed the preliminary screening for eligibility.
- All candidates are invited to participate in a meeting with the Nominations Committee. The goal is to confirm candidates' expectations of participation on the Board, understanding of their prospective role, and availability.
- Following the meeting, the Nominations Committee makes a recommendation to the Board.

Re-Election and Reappointment

- Any Director seeking re-election may be required to participate in an interview with the Nominations Committee.
- Any Academic Appointee seeking reappointment as a Director may be required to participate in an interview with the Nominations Committee.

Policy Type:	Section 3: Board Structure, Responsibilities, and Process
Policy Reference and Title:	3.3 Screening, Selection, and Appointment of Professional Committee Appointees and Community Appointees
Date Prepared:	October 2024
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To ensure that the appointment and reappointment of qualified Professional Committee Appointees and Community Appointees to serve on College committees is conducted in a manner that is competency based, transparent, open, and equitable.

Application

This policy applies to:

- The Nominations Committee and College staff, each of whom has a role in overseeing the recruitment, screening, and selection of qualified Professional Committee Appointees and Community Appointees to serve on College committees.
- The Board, which is responsible for receiving and approving the recommended appointment for a Committee Appointee, as put forth by the Nominations Committee.

Policy

Appointment

- Part 12 of the College bylaws outlines the eligibility requirements of Professional Committee Appointees and Community Appointees, who are not Directors.
- The recruitment of Professional Committee Appointees and Community Appointees begins when vacancies are required to be filled, which occurs under these circumstances: after a needs assessment of the particular committee, after any changes to the terms of reference for the committee, or after the establishment of any new committee.
- The recruitment process includes a website posting and/or callout in the College newsletter and social media channels. The College may also send targeted communication and additional outreach with specific information regarding recruitment, any specific competency, knowledge, or skill that the committee is seeking, and the process to apply.
- Prospective Professional Committee Appointees or Community Appointees interested in serving on a committee must complete the College's online orientation module and application form confirming their eligibility and practice experience, as well as submit a resumé. The application form also provides the opportunity for candidates to submit a self-assessment based on the desired skills and competencies and give further information about their suitability, to help the Nominations Committee assess the candidate's overall qualifications.

- College staff first screen candidates based on whether they meet the selection criteria. Staff may also consider candidates who were unsuccessful in previous committee recruitment campaigns but who gave prior consent for the College to hold their documents on file. The Nominations Committee reviews a list of candidates and any accompanying submissions. Short-listed candidates are invited to participate in an interview with the Nominations Committee. The interview focuses on determining if candidates meet the criteria and have the desired competencies.
- The Nominations Committee refers to the following criteria in recommending candidates to serve on committees:
 - Candidate’s eligibility under the bylaws to serve on a committee.
 - Candidate’s degree of availability.
 - Candidate’s knowledge, skills, and experience.
 - Candidate’s interest in and commitment to committee involvement.
 - Candidate’s previous performance on College committees.
 - Fit of candidate’s competencies with the competencies of other Committee Appointees.
 - Diversity of candidates’ identities and lived experiences.
 - Avoidance of conflict of interest or appearance of bias.
 - Candidate’s commitment to the public protection mandate.
- Following the interviews, the Nominations Committee determines the candidate best qualified to be appointed based on the selection criteria.
- The Nominations Committee brings forward a recommendation to the Board for approval at its next meeting.
- Staff notify all candidates of the outcome of the screening process.
- The term limit for a Professional Committee Appointee or Community Appointee is three years, with a maximum of two consecutive terms.

Reappointment

All Professional Committee Appointees and Community Appointees who wish to be reappointed to a committee may be required to participate in an interview with the Nominations Committee before reappointment by the Board.



Policy Type: Section 4: College Committees Terms of Reference
Policy Reference and Title: 4.1 Inquiries, Complaints and Reports Committee (ICRC)
Date Prepared: December 2009
Date Revised: March 2010, October 2012, June 2014, June 2017, June 2020, March 2022, March 2023, April 2024
Date Reviewed: n/a

Committee Category

Statutory

Mandate

The ICRC is mandated to protect the public interest by:

- Establishing policies and procedures to direct the actions of the College or its staff regarding complaints and reports received about College registrants.
- Appointing panels to review complaints and consider reports about registrants.
- Making decisions according to section 26(1) of the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA).

Accountability and Authority

The ICRC was established according to section 10(1)(3) of the Health Professions Procedural Code.

Limitations

The ICRC exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991 (Act)*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The ICRC undertakes the following activities:

- Advises the Board on developing and maintaining policies and procedures governing the inquiries, complaints, and reports processes.
- Through panels appointed by the ICRC Chair, inquires into whether a registrant is incapacitated, and takes appropriate action according to sections 58 to 63 of the Code.
- Through panels appointed by the ICRC Chair, investigates complaints, reviews registrants' submissions, makes reasonable efforts to ensure a thorough investigation, and takes appropriate action according to the Code requirements.
- Disposes of complaints, where possible, within the time frames allowed in the Act.
- Through panels appointed by the ICRC Chair, considers reports by the Registrar & CEO under section 79(a) of the Code, reviews registrants' submissions, makes reasonable efforts to ensure that

all relevant information has been obtained, and takes appropriate action according to section 26 of the Code.

- Considers the need for interim orders and the emergency appointment of an investigator where required.
- Issues a written decision with reasons (with certain statutory exceptions) to the parties.
- For complaints only, issues a notice of the right to request a review of the decision through the Health Professions Appeal and Review Board to the parties.
- Considers the feedback provided, where available, from the Health Professions Appeal and Review Board as related to complaint decisions.
- Develops amendments to the Professional Misconduct Regulation for approval by the Board and the Ministry of Health.
- Recommends material to be posted publicly in compliance with legislation and transparency principles.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The ICRC comprises at least all of the following:

- Two Public Directors.
- Four or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.

An ICRC panel must be composed of at least three Committee Appointees, at least one of whom must be a Public Director.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the ICRC will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics which guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Healthcare Terminology

- Know and understand the common terminology, acronyms and phrases used in health care.

Term of Office

The term of ICRC Appointees who are also Directors is one year.

The term of ICRC Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the ICRC. The term of office for each ICRC Appointee begins immediately after their appointment.

Meetings

The ICRC holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of ICRC Appointees constitutes quorum. For panels, according to the Code's requirements, three members constitutes quorum.

Selection of the Chair

The Board annually appoints the ICRC Chair.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the ICRC Appointees to preside. If the Chair is unable to delegate their chairing duties, the ICRC will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the ICRC reports on activities it has undertaken since the last report. The ICRC prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All ICRC Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All ICRC Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy

in Ontario in the public interest. ICRC Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The ICRC ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Professional Conduct supports the ICRC, as do other staff members.

Confidentiality

ICRC Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for ICRC Appointees is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each ICRC Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the ICRC.

Evaluation

The ICRC terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.2 Discipline Committee
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, January 2025
Date Reviewed:	n/a

Committee Category

Statutory

Mandate

The Discipline Committee is mandated to protect the public interest by establishing and maintaining a framework for dealing with matters referred to it for a discipline hearing by the Inquiries, Complaints and Reports Committee (ICRC). The Discipline Committee is responsible for holding fair and open hearings on allegations of a registrant's professional misconduct or incompetence. The Committee is known as the Ontario Occupational Therapists Discipline Tribunal in English and Tribunal de discipline des ergothérapeutes de l'Ontario in French. Whether orally or in writing, each reference to either of these entities is considered a reference to the College Committee as specified in the Health Professions Procedural Code and any other legislation or policy where the context requires.

Although the Committee is a College committee, it is independent of the College. It fairly and impartially holds hearings between the College and registrants.

Accountability and Authority

The Discipline Committee was established according to section 10(1)(4) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee undertakes the following activities:

- Reviews and updates all College policies and documents regarding the disciplinary process.
- Through panels, holds hearings on specified allegations of a registrant's professional misconduct and/or incompetence referred by the ICRC according to the legislative requirements.

- Through panels, holds hearings on a registrant's application for reinstatement of a certificate of registration if the certificate was revoked on the grounds of professional misconduct or incompetence.
- Considers applications from persons who are not parties to the hearing to participate in the hearing according to the circumstances defined in section 41.1 of the Code and determines the extent of the participation.
- Makes orders excluding the public from a hearing or part of a hearing according to the circumstances defined in section 45 of the Code.
- Makes orders preventing public disclosure of matters discussed at the hearing according to section 45 of the Code.
- Upon request of a witness in a sexual abuse case, makes an order that no person shall publish the identity of the witness according to section 47 of the Code.
- Hears motions and makes orders on any other procedural matters before and during a hearing.
- When a registrant has been found to have committed an act of professional misconduct or to be incompetent, makes an order for a penalty or costs according to sections 51, 52, 53, and 53.1 of the Code.
- Has written decisions and reasons and ensures that the findings of a hearing are made public.
- Reviews and approves the Committee's Rules of Procedure.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises:

- All Elected Directors and Academic Appointees
- All Public Directors
- One or more Professional Committee Appointees
- One or more Community Appointees at the Board's discretion
- One or more Adjudicator Appointees, who have been specifically appointed to chair the Committee's panels and one of whom has been specifically appointed to chair the Committee

Panels

The Chair may select panels to consider alleged registrant professional misconduct and incompetence referred to the Committee by the ICRC. According to the Code, panels comprise at least three members: two Public Directors and one Elected Director or Academic Appointee.

Where necessary, panel members may be selected from the appointees of the Fitness to Practise Committee.

No person can be selected for a panel if they have taken part in the investigation of the subject matter of the panel's hearing.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Committee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics which guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Adjudication and Hearing

- Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms. Adjudicator Appointees are an exception to this; they have no limit to the number of terms they may serve.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.07.1 of the College bylaws, a majority of Committee Appointees constitutes quorum. For panels, according to the Code's requirements, a minimum of three members constitutes quorum, and at least one of them must be a Public Director.

Selection of the Chair

The Board annually appoints the Chair of the Discipline Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Unless specifically provided otherwise under the Code or the College bylaws, every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario in the public interest. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Professional Conduct supports the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Committee Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

DRAFT



Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.3 Registration Committee
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, January 2025
Date Reviewed:	n/a

Committee Category

Statutory

Mandate

The Registration Committee is mandated to ensure protection of the public interest by providing strategic direction to the College and to the Registrar & Chief Executive Officer (CEO) on the College's registration processes.

Accountability and Authority

The Registration Committee was established according to section 10(1)(2) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee undertakes the following activities:

- On the Board's behalf, oversees the College's review of its registration practices to ensure that they are transparent, objective, impartial, and fair.
- Advises the Board on the College's registration requirements, including education, examinations, and qualifications criteria.
- Develops policies and procedures necessary to administer the registration program.
- Makes decisions regarding applications for registration when the Registrar & CEO refers these decisions to the Committee according to the Code, the regulations, and College policy.
- Considers registration applications referred by the Registrar & CEO when the Registrar:
 - Has doubts, on reasonable grounds, about whether the applicant fulfills the registration requirements,
 - Believes that terms, conditions, or limitations should be imposed on a certificate of

registration, or

- Proposes to refuse the application.
- Considers applications to remove or modify a term, condition, or limitation that was imposed as a result of a registration proceeding.
- Considers applications and applicants' submissions and make orders about the disposition of applications according to the Code.
- Oversees the College's participation in hearings or reviews of the Committee's decisions before the Health Professions Appeal and Review Board.
- Prepares a report on fair registration practices annually or at such other times as the Fairness Commissioner may specify.
- Oversees the implementation of a registration practices audit, as required, by the Fairness Commissioner.
- Provides other reports and information to the Fairness Commissioner, as required.
- Develops amendments to the registration portion of the General Regulation for approval by the Board and the Ministry of Health.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises at least all of the following:

- Two Public Directors.
- One or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Registration Committee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Occupational Therapy Practice

- Familiarity with occupational therapy practice and domains of practice (clinical, education, research, and administration).

Education/Examinations

- Knowledge and experience with the development and administration of education programs and examinations.

Registration Processes/Requirements

- Understand the process, procedures and requirements that underpin registration and renewal at the College and be able to evaluate information to determine eligibility.

International Health Professional/Graduate

- Understand the process for becoming a health professional in Canada with foreign credentials or ideally have experience in navigating that process.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Registration Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee provides a report of the activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Registration Manager and Program Director support the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.4 Executive Committee
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, June 2015, June 2017, March 2020, June 2020, January 2021, March 2022, March 2023, April 2024
Date Reviewed:	n/a

Committee Category

Statutory

Mandate

The Board's Executive Committee was established to act on the Board's behalf when immediate action is required.

Accountability and Authority

The Executive Committee was established according to section 10(1)(1) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

The Committee is empowered to act on the Board's behalf between meetings on matters that require immediate attention except for anything relating to the making, amending, or revoking of a College bylaw or regulation. The Committee apprises the Directors of any action the Committee has taken on the Board's behalf in a timely manner. The Board has an opportunity to review such decisions at its next scheduled meeting.

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee undertakes the following activities:

Risk Management

- Leads the Board's oversight of the College's risk management framework.
- Oversees the College's risk register on managing material risk to the College: financial, operational, legal, reputational, or any other material risk. Evaluates risk mitigation strategies and activities.
- Reviews the College's risk management controls and policies, and seeks input and assistance from other committees, as appropriate.
- Reviews the appropriateness of the insurance coverage maintained by the College.

Other

- Monitors proper College operations in cooperation with the Registrar & Chief Executive Officer (CEO).
- Exercises the Board's full powers in all matters of administrative urgency, reporting every action at the next Board meeting.
- Reviews and approves the agenda for Board meetings, as prepared by the Registrar & CEO, for clarity and priority. Identifies items for which Board meetings may be closed to observers according to section 7(2) of the Code, and recommends closure, with rationale, to the Board.
- Reviews selected briefing materials and reports for the Board for clarity, comprehensiveness, and planning.
- Calls special Board meetings.
- Guides and supports the Registrar & CEO.
- Evaluates the Registrar & CEO's performance according to agreed-upon strategic priorities, and reviews and decides on compensation.
- Regularly reviews, considers, and recommends to the Board changes to applicable legislation; regulations; and College bylaws, policies, strategic goals, programs, Rules of Procedure, standards, and guidelines that fall within the Committee's scope and purpose.
- Performs other duties and tasks the Board assigns to the Committee or as authorized under the Code.

Composition

The Committee comprises the Board Chair, Vice-Chair, and two Directors as follows:

- Two Elected Directors or Academic Appointees.
- Two Public Directors.

The Board Chair, Vice-Chair, and two Public Directors on the Executive Committee are officers of the College.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals chosen by the Board to join the Executive Committee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Governance Expertise

- Understand how governance works, how committees should function, and be able to think critically about committee structures and practices.

Term of Office

The Board elects the Committee annually.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Chair of the Executive Committee is the Board Chair.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Registrar & CEO supports the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.5 Fitness to Practise Committee
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, January 2025
Date Reviewed:	n/a

Committee Category

Statutory

Mandate

The Fitness to Practise Committee is mandated to protect the public interest by establishing and maintaining a framework for dealing with matters referred to it for an incapacity hearing by the Inquiries, Complaints and Reports Committee (ICRC).

Although the Fitness to Practise Committee is a College committee, it is independent of the College. It fairly and impartially holds closed hearings between the College and registrants.

Accountability and Authority

The Fitness to Practise Committee was established according to section 10(1)(5) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee undertakes the following activities:

- Reviews and updates all College policies and documents relating to the fitness to practise process.
- Through panels, holds closed hearings on general allegations of a registrant's capacity to practise the profession as referred to the Committee by the ICRC according to the legislative requirements.
- Through panels, holds closed hearings on a registrant's application for reinstatement of a certificate of registration if the certificate was revoked on the grounds of incapacity.
- If a panel finds a registrant to be incapacitated, makes orders according to section 69 of the Code.
- Issues a written decision with reasons, at the conclusion of the proceedings, to the parties.
- Reviews and approves the Committee's Rules of Procedure.

- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises:

- All Elected Directors and Academic Appointees.
- All Public Directors.
- One or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.
- One or more Adjudicator Appointees, who have been specifically appointed to chair the Committee's panels and one of whom has been specifically appointed to chair the Committee.

Panels

The Chair may select panels to investigate whether a registrant is incapacitated. According to the Code, panels comprise at least three members, including at least one Public Director.

Where necessary, panel members may be selected from the appointees of the Discipline Committee.

No person can be selected for a panel if they have taken part in either of the following: the investigation of the subject matter of the panel's hearing or a matter before the ICRC or Quality Assurance Committee relating to the same registrant who is the subject of the hearing.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Fitness to Practise Committee, will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Adjudication and Hearing

- Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms. Adjudicator Appointees are an exception to this; they have no limit to the number of terms they may serve.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.07.1 of the College bylaws, a majority of Committee Appointees constitutes quorum. For panels, according to the Code's requirements, a minimum of three members constitutes a quorum.

Selection of the Chair

The Board annually appoints the Chair of the Fitness to Practise Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee

Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario in the public interest. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Professional Conduct supports the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.6 Quality Assurance Committee
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, June 2014, June 2017, March 2022, March 2023, April 2024
Date Reviewed:	n/a

Committee Category

Statutory

Mandate

The Quality Assurance Committee is mandated to protect the public interest by establishing and maintaining a program to ensure the quality of the practice in the profession and to promote continuing evaluation, competence, and improvement among registrants.

The Committee assesses and supports the continuing competence of occupational therapists so that services to the public are safe, effective, and ethical. .

Accountability and Authority

The Quality Assurance Committee was established according to section 10(1)(6) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991* (the Act), and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee undertakes the following activities:

- Develops, administers, and evaluates a risk-based Quality Assurance Program that includes:
 - Continuing education or professional development.
 - Self-, peer, and practice assessments.
- Monitors registrants' participation in the program, which includes:
 - Communicating transparently about requirements.
 - Facilitating registrant participation.
 - Monitoring registrants' progress and completion of requirements.

- Deliberating on any non-compliance with requirements.
- Following up with registrants whose participation is found to be unsatisfactory.
- Establishes policies and procedures necessary to administer the program.
- Appoints and arranges the training of assessors for the program.
- Receives and reviews reports from assessors for registrants who have been assessed. Takes such action as is, in the Committee's opinion, permitted under section 80.2 of the Code to ensure the registrant's continued competence.
- Discloses the registrant's name and allegations against the registrant to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee believes that the registrant may have committed an act of professional misconduct or may be incompetent or incapacitated according to section 80.2(1)(4) of the Code.
- Develops amendments to regulations of the Act for approval by the Board and the Ministry of Health.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.
- Receives and reviews recommendations from the Quality Assurance Subcommittee on the ongoing development, implementation, and evaluation of the program components.

Composition

The Committee comprises at least all of the following:

- One Public Director.
- Four or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.

Panels

The Chair selects panels. According to regulation, panels comprise at least three members, including at least one Public Director.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Quality Assurance Committee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Quality Improvement

- Experience and understanding of the quality assurance and quality improvement programs and assessments in health care. Experience and knowledge in developing tools that support continuous improvement.

Research and Analytical Skills

- Experience providing evidence-based research to support a project or initiative.

Standards and Scope of Practice

- Understand the standards, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum. For panels, according to the Code's requirements, three members constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Quality Assurance Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Unless specifically provided otherwise under the Code or the College bylaws, every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Quality Assurance and Program Director support the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.7 Patient Relations Committee
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, June 2017, June 2020, January 2021, March 2022, March 2023, April 2024
Date Reviewed:	n/a

Committee Category

Statutory

Mandate

The Patient Relations Committee is mandated to ensure that a comprehensive client or patient relations program exists, which includes administering the Sexual Abuse Funding Program, in compliance with the relevant legislation.

Accountability and Authority

The Patient Relations Committee was established according to section 10(1)(7) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee undertakes the following activities:

- Advises the College on developing and implementing measures and resources to promote professional and accountable relationships between therapists and clients or patients.
- Advises the College on engagement with the public and advises registrants on Patient Relations measures and resources.
 - Advises the Board on the College's Patient Relations Program, which includes developing and recommending measures for preventing and dealing with the sexual abuse of clients or patients, including:
 - Educational requirements for registrants.
 - Guidelines for the conduct of registrants and their clients or patients.
 - Training for the College's staff.
 - The manner of providing information to the public.

- On the Board's behalf, administers the College's Sexual Abuse Funding Program, including:
 - Developing policies and procedures governing the administration of requests for funding.
 - Developing appropriate forms for clients or patients to seek funding for counselling, therapy, or other expenses which may be allowed under this program.
 - Processing any requests for funding in a timely manner.
 - Bringing recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises at least all of the following:

- Two Public Directors.
- One or more Professional Committee Appointees.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Patient Relations Committee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Lived Healthcare Experience

- Significant personal experience or experience caring for someone with health challenges or maneuvering through the healthcare system.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Patient Relations Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Practice supports the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments.

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Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.8 Quality Assurance Subcommittee
Date Prepared:	January 2004
Date Revised:	June 2004, January 2019, June 2020, March 2022, March 2023, April 2024
Date Reviewed:	n/a

Committee Category

Non-statutory

Mandate

The Quality Assurance Subcommittee's (the Committee's) primary function is to provide recommendations to the Quality Assurance Committee on the ongoing development, implementation, and evaluation of the components of the Quality Assurance Program.

Accountability and Authority

The Committee is accountable directly to the Quality Assurance Committee.

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities

The Committee undertakes the following activities:

- Provides recommendations on the program components as directed by the Quality Assurance Committee.
- Helps develop processes and activities within the program, which may include:
 - Competency and Enhance Assessments.
 - Annual Learning Plan.
 - Annual eLearning Module.
- Supports the development of the provincial and/or national Annual eLearning Module, including identifying learning objectives, developing case scenarios, reviewing content, developing reflective practice exercises, and performing online testing, as possible.
- Makes recommendations on developing and implementing additional tools to assess occupational therapists' performance related to the Competencies and Standards of Practice, as required.

Composition

The Committee comprises at least all of the following:

- Four or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Quality Assurance Subcommittee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Quality Improvement

- Experience and understanding of the quality assurance and quality improvement programs and assessments in health care. Experience and knowledge in developing tools that support continuous improvement.

Research and Analytical Skills

- Experience providing evidence-based research to support a project or initiative.

Standards and Scope of Practice

- Understand the standards, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Writing/Editing

- Experience in professional and academic writing and editing.

Additional Attributes:

- Knowledge of the Essential Competencies of Practice, the Standards of the profession and the components/requirements of the QA program.
- Compliance with annual QA requirements of the year of application and ongoing is required.
- Knowledge of adult learning principles and techniques.

Term of Office

The term of Committee Appointees is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Quality Assurance Subcommittee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Unless specifically provided for otherwise under the College bylaws, every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

The Committee reports to the Quality Assurance Committee on activities the Committee has been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Quality Assurance and Program Director support the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.



Policy Type: Section 4: College Committees Terms of Reference
Policy Reference and Title: 4.9 Practice Subcommittee
Date Prepared:
Date Revised: June 2017, June 2020, March 2022, March 2023, April 2024
Date Reviewed: n/a

Committee Category

Non-statutory

Mandate

The Practice Subcommittee's (the Committee's) primary function is to explore, debate, and provide recommendations on current occupational therapy practice issues relevant to the College's mandate.

Accountability and Authority

The Committee is directly accountable to the Executive Committee.

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities

The Committee undertakes the following activities:

- Conducts a regular environmental scan on practice issues which affect professional regulations.
- Identifies current practice issues for consideration and possible action by the Executive Committee.
- Acts as an advisory committee on occupational therapy practice.
- Recommends action on specific practice issues.
- Develops, reviews, and revises College resources related to practice as the Board directs.

Composition

The Committee comprises at least all of the following:

- One Elected Director or Academic Appointee.
- Four or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Practice Subcommittee will strive to demonstrate the following competencies:

Standards and Scope of Practice

- Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Systems Perspective

- Knowledge of the healthcare system, as well as practice and industry specific understanding. For example, models of care, scope of occupational therapy practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, healthcare employers and various practice roles.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Practice Subcommittee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.



Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Practice and Program Director support the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.



Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.10 Governance Committee
Date Prepared:	March 2020
Date Revised:	June 2020, January 2021, March 2022, March 2023, June 2024
Date Reviewed:	n/a

Committee Category

Non-statutory

Mandate

The Governance Committee researches, reviews, and makes recommendations to enhance the quality of the Board's work through best governance practices.

Accountability and Authority

The Governance Committee is accountable directly to the Board.

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities

The Committee undertakes the following activities:

- Reviews all governance policies and processes and recommends to the Board changes within the College's control. These policies and processes include:
 - The terms of reference for all committees and roles on the Board and on committees.
 - The bylaws and Rules of Procedure as they apply to Board or committee meetings.
 - All governance policies and related bylaws.
- Regularly monitors, evaluates, and recommends practices that will promote and enhance governance excellence and best practices at both the Board and committee level.
- Establishes and administers a process for assessing the effectiveness of the Board and its committees and makes recommendations to the Board.
- Oversees the process involving a potential sanction or disqualification of an Elected Director, a Professional Committee Appointee, or a Community Appointee according to the bylaws.
- Initiates and holds an inquiry if reasonable grounds exist to doubt or dispute the validity of any Director's election to the Board.
- Reviews and recommends to the Board the appointments of the Nominations Committee Appointees and Chair.

- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises at least all of the following:

- Two Elected Directors or Academic Appointees.
- Two Public Directors.
- One or more Community Appointees at the Board's discretion.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Governance Committee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Governance Expertise

- Understand how governance works, how committee should function, and be able to think critically about committee structures and practices.

Human Resources

- Experience and understanding of human resource management with a strong understanding of organizational structure including recruiting, assessing and succession planning – well versed in assessing the competence and character of individuals based on a set of specific requirements.

Cross-Cultural Experience

- Demonstrated leadership in promoting diversity, equity, and inclusion, including experience working with diverse teams and populations.

Term of Office

The term of Committee Appointees is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Governance Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Director of Regulatory Affairs and Registrar & Chief Executive Officer support the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

DRAFT



Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.11 Finance and Audit Committee
Date Prepared:	January 2021
Date Revised:	March 2022, March 2023, April 2024, June 2024
Date Reviewed:	n/a

Committee Category

Non-statutory

Mandate

The Finance and Audit Committee assists the Board in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audits, internal control systems, investments, and policies.

Accountability and Authority

The Finance and Audit Committee is accountable directly to the Board.

The Board grants the Committee the authority to fulfill the duties and responsibilities as outlined below, in order to achieve its mandate. The Committee has access to the personnel, documents, records, and resources necessary to carry out its responsibilities. The Committee has the authority to initiate investigations into any matter within its scope of responsibilities and is empowered to retain reasonable legal, accounting, or other consultants for advice.

Limitations

The Committee exercise only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities

The Committee undertakes the following activities:

Financial Planning and Reporting

- Analyzes each financial plan and annual budget that the Registrar & Chief Executive Officer (CEO) submits.
- Reviews all financial statements and reports prepared for the College, and advises the Board on issues with any of the following:
 - Financial plans and the annual budget, which the Registrar & CEO submits for recommendation to the Board.
 - The appropriateness and validity of any material assumptions and estimates used in preparing financial plans or the annual budget.

- Any significant assumptions, forecasts, or targets that the Senior Leadership Team uses to prepare the financial plans and/or annual budget.
- Ensures that the Registrar & CEO provides the Board in a timely manner with meaningful information regarding the College's financial status, including forecasts to make decisions.
- Reviews and recommends to the Board approval of:
 - The unaudited financial statements and reports.
 - The management discussion and analysis, if any, that accompanies the audited financial statements.
- Considers and makes recommendations for changes to the College's fee schedule.

External Audit

- Recommends to the Board the appointment of the External Auditor and approves engagement fees.
- Annually determines whether the External Auditor's performance is satisfactory and effective and meets the College's requirements.
- Confirms the External Auditor's independence, including reviewing all relationships and engagements between the External Auditor and the College for non-audit services that may reasonably be thought to influence the External Auditor's independence.
- Holds an annual discussion with the External Auditor before the presentation of the draft audited financial statements to the Board. The discussion concerns the audit result and any issues, findings, or concerns that the External Auditor wishes to raise relating to the College's staff, accounting records, accounting practices, and systems of internal control.
- Reviews and recommends to the Board the approval of the audited financial statements.
- Holds periodic in camera meetings with the External Auditor, if necessary, to inform them of any matters that may be relevant.

Internal Controls

- Ensures that adequate systems and practices are in place to provide reasonable assurance of compliance with laws, regulations, and standards of ethical conduct regarding the College's financial affairs.
- Through discussion with the Registrar & CEO, other members of the Senior Leadership Team, and the External Auditor, obtains reasonable assurances that the College has implemented appropriate systems of internal control which are effective and operating continuously. These systems guide financial reporting and information technology and ensure compliance with the College's policies and procedures.
- Requires reporting to the Committee of all fraudulent and illegal acts, whether actual or alleged, and the Registrar & CEO's response to them.
- Reviews and oversees both the Senior Leadership Team's processes for identifying and responding to the risks of fraud and the internal controls established to mitigate these risks.

Investments

- Reviews and recommends to the Board policies on the College's investments.
- Monitors the College's investments at least quarterly to review compliance with policies.

Policy Review

- Makes recommendations to the Board on major policies governing financial, investment, and risk management matters.
- Oversees, reviews, and makes recommendations to the Board relating to discretionary expenditures, travel and expense accounts, credit cards, and other benefits including per diem policies.
- Upon the Board's request, reports on any review, investigation, process, policy, or other matter relating to the College's financial, investment, or risk management affairs.

Risk Management

- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises at least all of the following:

- Two Elected Directors or Academic Appointees.
- One Public Director.
- One or more Community Appointees at the Board's discretion.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Finance and Audit Committee will strive to demonstrate the following competencies:

Financial Literacy and Expertise

- Knowledge and understanding of financial processes, accounting and reporting and internal control principles. Membership includes at least one CPA or equivalent financial expertise.

Business Experience

- Knowledge and experience of business management practices.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Finance and Audit Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Director of Finance, People & Corporate Services supports the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.12 Nominations Committee
Date Prepared:	June 2002
Date Revised:	March 2010, January 2018, June 2020, March 2022, March 2023, April 2024
Date Reviewed:	June 2017

Committee Category

Non-statutory

Mandate

The Nominations Committee assists the Board in ensuring that the Board and committees have Directors and Committee Appointees respectively with the necessary competencies and attributes to enable them to fulfill their roles and the public protection mandate. The Committee also fulfills specific roles related to the election of officers to the Executive Committee and recommends to the Board candidates for appointment and reappointment to committees.

Accountability and Authority

The Nominations Committee is accountable directly to the Board.

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities

The Committee undertakes the following activities:

- Collaborates with the Board and College staff to determine the competencies and skills that the Committee considers it necessary for Directors and Committee Appointees to possess.
- Implements a competency-based framework established by the Board that is structured, transparent, and objective for actively recruiting, evaluating, and selecting qualified, diverse candidates for appointment to committees.
- Recommends candidates to the Board for appointment and reappointment to committees and as Committee Chairs.
- Supports the Board in the election of officers to the Executive Committee. This includes the following:
 - Calling for nominations.
 - Reviewing the Director nomination forms.

- Ensuring that at least one candidate is available for each position.
- Ensuring the consent of nominated candidates to stand for election.
- Requesting a candidate statement from each individual standing for election.
- Communicating the completed slate to College staff for distribution at the elections meeting.
- Ensuring that staff make the slate and statements of candidacy available to Directors by email before the election starts.

Composition

The Committee comprises at least the following:

- Two or more Community Appointees.
- One Professional Committee Appointee at the Board's discretion.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Nominations Committee will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Governance Expertise

- Understand how governance works, how committee should function, and be able to think critically about committee structures and practices.

Human Resources

- Experience and understanding of human resource management with a strong understanding of organizational structure including recruiting, assessing and succession planning – well versed in assessing the competence and character of individuals based on a set of specific requirements.

Cross-Cultural Experience

- Demonstrated leadership in promoting diversity, equity, and inclusion, including experience working with diverse teams and populations.

Term of Office

The term of Committee Appointees is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Nominations Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Director of Regulatory Affairs and Registrar & Chief Executive Officer support the Committee, as do other staff members. Where appropriate, the Committee may seek the advice or participation of external individuals with relevant expertise, competencies, or lived experience to support recruitment, evaluation, and selection processes. Any such individual serves in an advisory capacity only, does not participate in Committee decision-making or voting, and is subject to appropriate confidentiality and conflict of interest requirements as determined by the College.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.



Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.13 Equity Perspectives Advisory Committee
Date Prepared:	January 2024
Date Revised:	April 2024
Date Reviewed:	n/a

Committee Category

Advisory

Mandate

The Equity Perspectives Advisory Committee's primary function is to explore, discuss, and provide recommendations on current occupational therapy practice issues relevant to Equity, Diversity, and Inclusion (EDI).

Accountability and Authority

The Equity Perspectives Advisory Committee is directly accountable to the Executive Committee.

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities

The Committee undertakes the following activities:

- Conducts a regular environmental scan on occupational therapy practice and EDI so as to:
 - Influence social, structural, political, ecological, and other determinants of health.
 - Affect identity and privilege in occupational therapy.
 - Influence occupational therapists' understanding of human diversity.
 - Support culturally safer relationships and anti-racist, ethical spaces.
- Identifies current practice issues impacting EDI for consideration and possible action by the Executive Committee.
- Acts as an advisory committee on EDI to other statutory and non-statutory committees.
- Recommends action on specific practice issues related to EDI.
- Develops, reviews, and revises College resources on practice and EDI as the Board directs.
- Recommends action on specific client or patient relations issues involving EDI.

Composition

The Committee comprises at least the following:

- Four to six Professional Committee Appointees, representing a cross-section of current occupational therapy practice and with either lived experience or practice experience related to EDI.
- One to a maximum of six Community Appointees with expertise in EDI.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the advisory committee will strive to demonstrate the following competencies:

Lived Experience of Physical, Mental, or Cognitive Health Limitations

- Lived experience of an impairment or functional limitation that reduces full involvement in society because of barriers faced. Lived experience of these barriers can enhance thoughtful decisions that protect the public. (Accessible Canada Act, 2019)

Lived Healthcare Experience

- Significant personal experience or experience caring for someone with health challenges or maneuvering through the healthcare system.

Standards and Scope of Practice

- Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Systems Perspective

- Knowledge of the healthcare system, as well as practice and industry specific understanding. For example, models of care, scope of occupational therapy practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, healthcare employers and various practice roles.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Equity Perspectives Advisory Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Practice and Program Director support the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

DRAFT



Policy Type:	Section 4: College Committees Terms of Reference
Policy Reference and Title:	4.14 Indigenous Insights Advisory Committee
Date Prepared:	January 2024
Date Revised:	April 2024
Date Reviewed:	n/a

Committee Category

Advisory

Mandate

The Indigenous Insights Advisory Committee's primary function is to explore, discuss, and provide recommendations on current occupational therapy practice issues relevant to Indigenous people.

Accountability and Authority

The Indigenous Insights Advisory Committee is directly accountable to the Executive Committee.

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities

The Committee undertakes the following activities:

- Conducts regular environmental scans on occupational therapy practices which:
 - Address the distinct health needs of all Indigenous people.
 - Influence health outcomes and indicators identified in the Truth and Reconciliation Commission of Canada's Calls to Action (2015) for health.
 - Affect the health care rights of Indigenous Peoples, who are identified by treaties and laws.
 - Recognize the value of Indigenous healing practices and create practice guidance for occupational therapists in treating Indigenous clients or patients in collaboration with Indigenous Healers and Elders.
 - Support culturally safer relationships and anti-racist, ethical spaces.
 - Encourage the education, recruitment, and retention of Indigenous occupational therapists to serve Indigenous communities and provide culturally competent mentorship for other occupational therapists.
- Identifies current practice issues impacting Indigenous people for consideration and possible action by the Executive Committee.

- Acts as an advisory committee on occupational therapy practice and Indigenous people to other committees.
- Recommends action on specific practice issues related to Indigenous people.
- Develops, reviews, and revises College resources related to practice and Indigenous people as the Board directs.
- Recommends action on specific client or patient relations issues connected with Indigenous people.

Composition

The Committee comprises at least all of the following:

- Four to six Professional Committee Appointees, representing a cross-section of current occupational therapy practice and with either lived experience or practice experience related to Indigenous people.
- One to a maximum of six Community Appointees.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Indigenous Insights Advisory Committee, will strive to demonstrate the following competencies:

Lived Experience of Physical, Mental, or Cognitive Health Limitations

- Lived experience of an impairment or functional limitation that reduces full involvement in society because of barriers faced. Lived experience of these barriers can enhance thoughtful decisions that protect the public (Accessible Canada Act, 2019).

Lived Healthcare Experience

- Significant personal experience or experience caring for someone with health challenges or maneuvering through the healthcare system.

Standards and Scope of Practice

- Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Systems Perspective

- Knowledge of the healthcare system, as well as practice and industry specific understanding. For example, models of care, scope of occupational therapy practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, healthcare employers and various practice roles.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Indigenous Insights Advisory Committee.

If Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

Whenever possible, decision-making at the Committee level is conducted using a consensus model. When necessary, formal voting is used.

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

In the event of a tie, the motion is defeated.

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee Appointees have a duty to uphold and further the RHPA's intent to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Practice and Program Director support the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purposes of providing the annual report to the Board.

Each Committee Appointee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

Policy Type:	Section 5: Governance
Policy Reference and Title:	5.1 Code of Conduct for Directors and Committee Appointees
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, October 2019, March 2021, January 2024
Date Reviewed:	October 2016

Purpose

To establish the Code of Conduct (Code) for Directors and Committee Appointees as they work to meet their public protection mandate, support strong governance practices, and safeguard the College's integrity.

Public Interest Aspect

This policy establishes how Directors and Committee Appointees should conduct themselves while serving the Board in the public interest.

Application

This policy applies to:

- All Directors and Committee Appointees, who are expected to read and understand the Code and sign an acknowledgement and agreement to adhere to the Code.
- Governance Committee Appointees particularly, who are also expected to consider the concerns and possible breach of the Code and initiate an investigation.
- The Board Chair and the Registrar & Chief Executive Officer (CEO), who oversee the investigations and sanctions process.

Policy

As College leaders, Directors and Committee Appointees must always earn and preserve the public's confidence by demonstrating a high standard of ethical and professional conduct. All Directors and Committee Appointees must conduct themselves ethically, respectfully, and lawfully and act in a manner consistent with the College's statutory mandate to regulate occupational therapy in the public interest.

The Code is broken down into four core values and the principles that exemplify them:

1. Fiduciary Duties

Directors and Committee Appointees stand in a fiduciary relationship to the College and must:

- 1.1 Act honestly, in good faith, and in the College's best interests consistent with its mandate to protect the public. This duty supersedes any loyalties to other organizations, associations, persons, or personal or professional interests.
- 1.2 Uphold the decisions made by a majority of Directors or Committee Appointees, regardless of

the level of prior disagreement.

- 1.3 Adhere to the College's established governance model and respect the distinction between governance and operations.

2. Accountability and Competence

Directors and Committee Appointees are accountable to the public for their decisions and actions and must:

- 2.1 Exercise all powers and discharge all responsibilities in good faith and in the College's best interests consistent with its mandate to protect the public.
- 2.2 Always conduct themselves in a way that protects the College's reputation and, in particular, act with fairness, honesty, and integrity.
- 2.3 Be familiar and comply with the *Regulated Health Professions Act, 1991* (RHPA) and its regulations and the Health Professions Procedural Code; *the Occupational Therapy Act, 1991* and its regulations; and the College's bylaws and policies.
- 2.4 Participate in all required orientation and training sessions.
- 2.5 Participate in Board and committee performance evaluations and governance effectiveness reviews.
- 2.6 Regularly and punctually attend all Board or committee meetings. Participate by reviewing all materials in advance, engaging constructively and respectfully in discussions, and recognizing the diverse background, skills, and experience of all other Directors, Committee Appointees, and staff.

3. Integrity

Directors and Committee Appointees are committed to maintaining the highest standards of professional and personal conduct and must:

- 3.1 Conduct themselves in a manner that respects the College's integrity by striving to be fair, impartial, and unbiased in their decision-making.
- 3.2 Avoid or declare any appearance of or actual conflicts of interest and comply with College bylaws and policies relating to conflicts of interest.
- 3.3 Preserve confidentiality of all information before the Board or committee unless the Board has authorized disclosure or it is otherwise permitted under the RHPA.
- 3.4 Maintain appropriate decorum during all Board and committee meetings by adhering to the rules of order that the Board has adopted.
- 3.5 Refrain from speaking, or appearing to speak, on the College's behalf unless explicitly authorized to do so by the Board Chair or Registrar & CEO.
- 3.6 Outside the formal Board or committee decision-making process, refrain from engaging in any discussions with other Directors or Committee Appointees that are intended to influence the decisions that the Board or committee makes on matters that come before it.
- 3.7 Respect the boundaries of staff, whose role is not to report to or work for individual Directors

or Committee Appointees. Avoid contacting staff members directly except on matters where the staff member has been assigned to provide administrative support to the Board or committee or where otherwise appropriate.

- 3.8 Maintain appropriate boundaries with all Directors, Committee Appointees, and staff. Refrain from behaviour that may reasonably be perceived as discriminatory or as verbal, physical, or sexual abuse or harassment.
- 3.9 Intervene, as appropriate, when observing discriminatory behaviour or verbal, physical, or sexual abuse or harassment by others.

4. Diversity and Inclusion

Directors and Committee Appointees lead by example. To support and respect the individuality and personal values of their colleagues and staff, they must:

- 4.1 Support a culturally safer environment, recognizing diverse backgrounds, skills, and experiences and supporting the inclusiveness and diversity of all people.
- 4.2 Respect different viewpoints that may be expressed, in good faith, by other Directors and Committee Appointees during Board or committee deliberations.
- 4.3 Support an environment for Directors, Committee Appointees, staff, registrants, and interested parties that is free from bullying; harassment, sexual or otherwise; physical contact; psychological, verbal, and physical abuse; threats; and violence.



Policy Type:	Section 5: Governance
Policy Reference and Title:	5.2 Confidentiality and Disclosure of College Information
Date Prepared:	December 2009
Date Revised:	March 2010, January 2024
Date Reviewed:	October 2016, October 2019

Purpose

To outline the expectations of all Directors and Committee Appointees to adhere to the confidentiality requirements set out in section 36 of the *Regulated Health Professions Act, 1991* (RHPA) and section 83 of the Health Professions Procedural Code. Those provisions require Directors and Committee Appointees to treat as confidential and safeguard all sensitive information obtained or available as a result of their appointment or election to the Board or a committee.

Public Interest Aspect

Directors and Committee Appointees are expected to maintain confidentiality while serving the Board, as provided for in legislation. The public should have assurance that the information the College holds is kept in strict confidence.

Application

This policy applies to:

- All Directors and Committee Appointees, who are expected to read and understand this policy and sign an acknowledgement and agreement to adhere to the policy.
- Governance Committee Appointees particularly, who are also expected to consider the concerns and possible breach of this policy and initiate an investigation.
- The Board Chair and the Registrar & Chief Executive Officer, who oversee the investigations and sanctions process.

Policy

1. Directors and Committee Appointees sign a statement of confidentiality (see Appendix A) when starting their term and annually thereafter.
2. All records obtained as a Director or Committee Appointee remain the College's exclusive property. "Records" are defined as any tangible information in any form—for example, a document, recording, or tape.
3. During their term or at any time thereafter, Directors and Committee Appointees do not disclose the College's private affairs or confidential information to any person unless the disclosure is necessary to carry out the College's business.

4. Directors, Committee Appointees, and the public are free to discuss matters talked about in open Board meetings. Directors and Committee Appointees are not permitted to discuss items addressed during an in camera session held according to the RHPA. In camera sessions are strictly confidential unless the Board agrees to a policy or statement about the release of specific information.
5. Only when completing documented duties should Directors and Committee Appointees remove any books, records, documents, or property belonging to the College from the office. Any such property issued to a Director or Committee Appointee in the course of their duties is returned to the College upon the Director or Committee Appointee completing their term.

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Policy Type:	Section 5: Governance
Policy Reference and Title:	5.3 Conflict of Interest
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, June 2015, January 2019, October 2021, January 2024
Date Reviewed:	January 2016

Purpose

To define “conflict of interest” as it relates to College work and advise Directors and Committee Appointees about their duties regarding conflict of interest.

Public Interest Aspect

Directors and Committee Appointees need to understand when and how to avoid or manage a conflict of interest to effectively serve the public interest.

Application

This policy applies to:

- All Directors and Committee Appointees, who are expected to read and understand this policy and sign the Conflict of Interest Questionnaire.
- Governance Committee Appointees particularly, who are also expected to consider what action is required when the conflict of interest is not disclosed.
- The Board Chair and the Registrar & Chief Executive Officer (CEO), who oversee the investigations and sanctions process.

Definitions

A conflict of interest exists where a reasonable member of the public would conclude that a Director’s or Committee Appointee’s personal, professional, or financial interest, relationship, or affiliation may affect their judgement or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

For the purposes of this policy, “family member” or a “close personal associate” is a spouse, partner, other family member, or anyone with whom the Director or Committee Appointee has a direct financial relationship, such as a business partner, employer, or employee.

The situations in which a potential conflict of interest may arise cannot be exhaustively set out. Conflicts of interest generally arise in the following situations:

- **Director or Committee Appointee self-interest:** When a Director or Committee Appointee directly or indirectly engages in any business arrangements with the College or has a significant interest in a transaction or contract with the College.

- **Interest of a Director's or Committee Appointee's family member or close personal associate:** When a Director's or Committee Appointee's family member or close personal associate engages in any business arrangement with the College.
- **Benefits:** When a Director or Committee Appointee, their family member, close personal associate, or any other person, company, or organization a Director or Committee Appointee accepts benefits from a party with whom the College may enter into a business arrangement (including a supplier of goods or services). These benefits include gifts, credits, payment services, or anything of more than a token or nominal value (\$50 or less).
- **Competing interests:** When a Director or Committee Appointee owes obligations (including fiduciary) to another organization that are competing or inconsistent with those of the College and its duty to act in the public interest.
- **Failure to disclose information:** When a Director or Committee Appointee fails to disclose information relevant to the College's affairs.

Policy

1. All Directors and Committee Appointees have a duty to act solely in the College's best interests and to maintain the public's trust and confidence in the integrity of the decision-making processes of the Board and College committees.
2. Directors and Committee Appointees must avoid or resolve conflicts of interest while performing their duties for the College. Even if no actual conflict of interest is present, they must make best efforts to avoid situations that a member of the public or a registrant might consider or perceive as a conflict of interest.
3. Directors and Committee Appointees recognize that a conflict of interest or an appearance of a conflict of interest by a Director or a Committee Appointee could:
 - 3.1 Bring discredit to the College.
 - 3.2 Amount to a breach of the fiduciary obligation of the Director or Committee Appointee to the College.
 - 3.3 Create liability for the College and/or the Director or Committee Appointee involved.
4. Both before serving on the Board or committee, and annually during a Director or Committee Appointee's term of office, each Director or Committee Appointee discloses in writing to the Registrar & CEO any professional, business, or personal interests. They must also notify the Registrar & CEO as soon as possible of any changes to this information.

Interests That Require Declaration

5. Directors and Committee Appointees must disclose all involvements with other organizations, vendors, or associations that might give rise to, or might reasonably be seen as giving rise to, a conflict of interest. Each Director or Committee Appointee must declare any of the following interests that relate to themselves, a family member, or a close personal associate:
 - 5.1 Any paid or unpaid employment or professional practice.
 - 5.2 Ownership of any company, business, or consultancy.

- 5.3 Appointments, offices, and memberships in other professional bodies or associations, voluntary or otherwise.
- 5.4 Any close personal ties with other Directors, Committee Appointees, or College staff members.
- 5.5 Any other interest which may be relevant.

Process for Resolving Conflicts of Interest

- 6. All Directors and Committee Appointees are invited to declare at the beginning of each meeting, as a standard agenda item, any conflicts of interest they have in relation to items on the agenda. The declared interests are recorded in the Board's or committee's minutes.
- 7. Where a Director or Committee Appointee believes that they have a conflict of interest in a matter, they:
 - 7.1 Before any consideration of the matter under discussion, declare to the Board or the committee that they have a conflict of interest that prevents them from participating.
 - 7.2 Do not take part in the discussion of or vote on any question about the matter.
 - 7.3 Leave the room (or if the meeting is held virtually, log out) for the portion of the meeting relating to the matter even when the meeting is open to the public.
 - 7.4 Do not attempt in any way to influence the voting or do anything which might reasonably be perceived as an attempt to influence other Directors or Committee Appointees or the decision relating to the matter.
- 8. Where a Director or Committee Appointee is in doubt as to whether they have a conflict of interest, they consult with an appropriate person in a hearing, such as the Board Chair, the relevant Committee Chair, the Registrar & CEO, a designated staff member, or independent legal counsel.
- 9. Where a Director or Committee Appointee believes that another Director or Committee Appointee has a conflict of interest that has not been formally declared, the first Director or Committee Appointee advises an appropriate person in a hearing. Examples of such a person include the Board Chair, the relevant Committee Chair, the Registrar & CEO, a designated staff member, or independent legal counsel. The person who is suggested as having a conflict of interest is entitled to address the matter before the Board or relevant committee makes any decision, as appropriate.
- 10. Where the Board or committee concludes that one of its Directors or Committee Appointees has a conflict of interest that has not been declared, it can direct the Director or Committee Appointee to do the following: not participate in the discussion or decision, leave the room (or if the meeting is held virtually, log out) for the portion of the meeting relating to the matter involving the conflict of interest, and not try to otherwise exert influence in the matter.
- 11. Every declaration or finding of conflict of interest and any consequent action is recorded in the meeting minutes.

Policy Type: Section 5: Governance

Policy Reference and Title: 5.4 Rules of Order

Date Prepared: June 2017

Date Revised: January 2019, April 2024

Date Reviewed: n/a

Purpose

To ensure that Board meetings are purposeful, efficient, and carried out with fairness, reasonableness, and good faith toward all who participate.

Application

This policy applies to:

- The Board Chair.
- All Directors.
- Any observers or invited guests attending Board meetings.

Policy

General Procedures

1. These rules of order are subject to review periodically.
2. These rules apply, with necessary modifications, to meetings conducted by any electronic means permitted by the College bylaws, including audio or video conferencing.
3. If it appears that greater informality is beneficial in the particular circumstances, the Board Chair may relax the above rules unless the Board requires strict adherence.

Motions

4. Motions require a mover and seconder.
5. When a motion is under debate, no other motion can be made except to amend the first motion, postpone it, put it to a vote, adjourn the debate or the Board meeting, or refer the motion to a committee.
6. A motion to amend the motion then under debate is disposed of first. Only one motion to amend the motion under debate can be made at a time.
7. The Chair puts the motion to a vote under the following circumstances: when the Chair believes that the debate on a matter has concluded, when the Board has passed a motion to vote on the motion, or when the time allocated to the debate on the matter has concluded.

8. No Director is present in the room, participates in debate, or votes on any motion in which they have a conflict of interest, and the vote of any Director so interested is disallowed.
9. When a matter is being voted on, no Director enters or leaves the boardroom, and no further debate is permitted.
10. Any motion decided by the Board is not reintroduced during the same meeting except by a vote of two-thirds of the Directors present.
11. If a tie occurs, the Chair will cast the deciding vote.
12. Directors should exercise caution when considering abstentions. According to College bylaws, Board decisions are made by majority vote of Directors present. If a Director is present and abstains, this will equate to a “No” vote. Abstentions are noted by name in the minutes.

Amendments and Other Subordinate Motions

13. A motion that has been moved and seconded may be amended by a motion to amend. The Chair will rule a motion to amend out of order if it is irrelevant to the main motion or defeats the main motion’s basic effect.
14. When a motion has been moved and seconded, no other motion may be made except a motion to do one of the following: amend the first motion; refer it to a committee; postpone the first motion, either indefinitely or to a specific meeting; call the question; adjourn the debate; or adjourn the meeting.
15. If a motion to refer a motion to a committee has been made, it will be decided before any amendment is decided, and if it is passed, no further debate or discussion will be permitted.

Preserving Order

16. The Chair preserves orders and decorum and rules on any question of order or procedure. A Director may appeal the Chair’s ruling to the Board.
17. Whenever the Chair believes that a motion offered to the Board is contrary to these rules or the College bylaws, they immediately inform the Board of their opinion, rule the motion out of order, and explain why.
18. The Chair manages the speaking order or may delegate management of the speaking order.
19. When called upon, a Director addresses the Chair and confines discussion to the matter under debate.
20. The Chair may limit the number of times a Director may speak, limit the length of speeches, and impose other restrictions reasonably necessary to finish the meeting agenda.
21. If a Director believes that another Director has behaved improperly or that the Board has broken the College bylaws or these rules, the Director may state a point of order. The Chair promptly rules on the point of order, which is subject to an appeal to the Board.
22. Staff members and consultants with expertise in a matter may be permitted to answer specific questions. In addition, the Registrar & Chief Executive Officer may provide information relevant to a matter on their own initiative subject to the Chair’s direction.

23. Observers at a Board meeting are not allowed to speak to a matter that is under debate, and Directors must not discuss a matter with observers while it is being debated.
24. Directors are to be silent while others are speaking.
25. At all meetings, Directors are expected to limit the use of cellular telephones and personal email to regularly scheduled breaks. During Board meetings, electronic devices must be used only to review materials related to the matter under debate and to make personal notes of the debate.

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Policy Type:	Section 5: Governance
Policy Reference and Title:	5.5 In Camera Policy and Procedure
Date Prepared:	January 2000
Date Revised:	June 2020, January 2024, June 2025
Date Reviewed:	October 2011, March 2017

Purpose

To establish the circumstances under which the Board may exclude the public or staff from a meeting or portion of a meeting according to section 7(2) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991*.

To outline the appropriate use of in camera sessions to ensure transparency, accountability, and compliance with legislation while protecting sensitive matters.

Public Interest Aspect

In camera sessions serve the public interest by providing a framework for managing sensitive discussions that could involve privacy, security, or legal implications. This policy ensures that such sessions are used only when necessary and with appropriate justification.

Application

This policy applies to all Directors and Committee Appointees.

Policy

The Board may move into an in camera session for any of the following reasons:

- To discuss matters involving public security.
- To consider financial, personal, or other sensitive matters where the harm created by public disclosure outweighs the desirability of adhering to the principle of having meetings open to the public.
- To avoid prejudicing a person involved in a criminal or civil proceeding.
- To deliberate on personnel matters or property acquisitions.
- To receive legal advice or instructions from the College's solicitors.
- To determine whether to exclude the public or to restrict the publication of disclosed matters.

Meetings of the Executive, Governance, or Finance and Audit Committees may hold in camera sessions, particularly for matters involving human resources or legal or financial sensitivity. During these sessions, certain staff members may be asked to leave at the Chair's discretion. All other College committees must include appropriate staff members in all meetings, as staff are essential to conducting the College's business.

Procedure

1. The Chair indicates to those present at the meeting that an in camera session is to take place and states the reason according to the *Occupational Therapy Act, 1991*.
2. All non-participating guests and staff leave the meeting room as directed.
3. The Chair may invite the Registrar & Chief Executive Officer or other senior staff or guests to remain as appropriate.
4. The Chair reminds all those present at the session that all discussion, including any decisions, is strictly confidential.
5. The Vice-Chair, a Director, or another attendee whom the Chair has appointed records a summary of the discussion and any decisions made.
6. Before the end of the session or at the next in camera session, the attendees review and approve the minutes. The approved record is securely stored in the College's confidential filing system.
7. All matters discussed during the in camera session, including the minutes, remain confidential and must not be disclosed unless the Board agrees to a policy or statement about the release of specific information.

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Policy Type: Section 5: Governance

Policy Reference and Title: 5.6 Virtual Meetings

Date Prepared: January 2024

Date Revised: n/a

Date Reviewed: n/a

Purpose

To give guidance on conducting virtual meetings. All participants in virtual meetings must clearly understand the College's expectations for appropriate etiquette and professional online behaviour, especially for public meetings, such as Board meetings.

Public Interest Aspect

When circumstances allow, some meetings may be conducted virtually. Such meetings are convenient, effective, and efficient and save costs in the public interest. This policy gives guidance on how such meetings should be conducted.

Application

This policy applies to all Directors and Committee Appointees.

Policy

The rules of order apply to all virtual meetings but recognize that Board meetings are held in a public forum, and thus, professionalism and adherence to these protocols is even more important in such meetings. The expectations for all Committee Appointees and Directors are outlined below.

Pre-Meeting

- Prepare for the meeting by reviewing the meeting materials.
- Arrive a few minutes early and complete a sound check.
- Arrange your viewing options to allow you to see both the materials and the virtual platform (use a second screen or split screen).
- Ensure that you are fully visible in the camera and that you have adequate lighting to be seen.
- Reduce external distractions as much as possible, and ensure that, for Board meetings and committee meetings, you are in a private space that provides confidentiality of meeting activities and materials.
- Dress as you would to attend in-person.
- Keep your camera on. Except for observers and non-senior staff during Board meetings, all attendees are asked to have their cameras on unless they are experiencing a poor internet

connection or are on only the phone due to technical arrangements. If you are on the phone, identify yourself to staff.

Meeting Navigation

- Be on time. As with in-person meetings, virtual meetings should start on time. Frequent lateness is disruptive, and the Chair addresses this directly with the Director or Committee Appointee.
- Keep your microphone off unless you are speaking. When done speaking, signal this by turning the microphone off. The Chair should then be the next to speak. Limit speaking to pertinent and relevant points as you would in-person. One to two minutes per point is preferred.
- Put your hand up if you wish to speak. By viewing those with their hand up, the Chair identifies who will speak next.
- Give page numbers when referring to documents in your package, to help others navigate to the same place.

Voting

- To vote in favour of a motion, raise your hand and keep it raised until the Chair asks those in favour to lower their hands. If you are not on camera, say your name and say “in favour.”
- To oppose a motion, raise your hand when asked for “all opposed,” and keep it raised until the Chair asks those opposed to lower their hands. If you are not on camera, say your name and say “opposed.”
- Alternatively, use the voting buttons on the virtual application.

Chat Function

- Use the chat function for emergency purposes only (for example, if you need to leave the meeting quickly or have technology issues).
- Keep comments short and professional. All comments in the chat are recorded, both comments directed to everyone and those directed to specific individuals. College staff monitor and manage all comments in the chat and bring forward concerns to the Chair, as appropriate.

Breaks

- Turn off your camera and microphone during breaks. To avoid delays when the meeting reconvenes, preferably **do not** disconnect from the meeting.
- Return from breaks at the time the Chair indicates.
- For public Board meetings, refrain from eating on camera.

Post-Meeting

- Safely and securely dispose of any confidential College materials.

- Delete any electronic materials from your devices and empty the deleted folder.
- Securely shred all hard copy materials. If secure shredding is unavailable to you, return the meeting materials to the College office for safe shredding.

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Policy Type:	Section 5: Governance
Policy Reference and Title:	5.7 Social Media / Media Relations
Date Prepared:	January 2024
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To provide guidance on responsible conduct on social media. This policy protects the College's online reputation while encouraging Directors and Committee Appointees to share information about the College on their online networks, when appropriate.

Public Interest Aspect

Directors and Committee Appointees who conduct themselves responsibly on social media protect the College's online reputation in the public interest.

Application

This policy applies to all Directors and Committee Appointees.

Policy

The College uses social media platforms to raise awareness of its mandate and role in public protection. In addition, these platforms provide opportunities to engage and inform College audiences. The College expects Directors and Committee Appointees to maintain a professional image online to avoid tarnishing the College's reputation and avoid presenting unnecessary risks to the College. Directors and Committee Appointees should be aware of what not to post on public accounts to avoid embarrassing the College or exposing it to legal issues. Directors and Committee Appointees need to be aware:

- That they are free to follow, like, and share the content of College social media platforms. The College uses Facebook and Instagram under the handle @CollegeofOTs. The College can also be found on LinkedIn and YouTube under College of Occupational Therapists of Ontario.
- Of the College's Social Media Terms of Use. See Appendix A. The terms of use include community guidelines, disclaimers, and agreements.
- Of appropriate College-related content to share on social media. If unsure, Directors and Committee Appointees should confirm with the College. The Communications Team administers all College social media platforms. This means that Communications coordinates all appropriate content, management, and activity on these platforms.
- That only Communications staff may respond to external comments on College social media channels.
- That they should use a personal email address, not a work email address, as their primary means of identification on social media.

- That they need to be careful about what they do online to avoid attracting negative attention or posts that may embarrass the College. They must avoid posting controversial or polarizing opinions online—for example, about politics.
- That their comments could be mistakenly associated with the College’s position, even when they identify themselves as the author and solely responsible for their words or posting.
- That all communication remains in cyberspace and that they should avoid writing anything they cannot say in public.
- That inappropriate activity on College social media platforms should be reported to the Registrar & Chief Executive Officer.

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Appendix A: Social Media Terms of Use¹

The College of Occupational Therapists of Ontario (“the College” or “COTO”) uses social media (including but not limited to [Facebook](#), [LinkedIn](#), [Instagram](#), and [YouTube](#)) to share information about the College and to communicate with practitioners, members of the public, and other interested parties.

Please keep in mind that while we strive to reply to messages, [call or email the College for any urgent matters](#).

Community Guidelines

- COTO welcomes user participation and engagement with our content. However, we reserve the right to edit or delete our posts for clarification or to remove comments at our discretion.
- Users may have their content deleted or hidden and/or may be removed or banned from COTO’s social media account(s) if the content they post:
 - Is abusive or obscene or uses profane or offensive language.
 - Is aggressive, malicious, or threatening.
 - Is misleading or false.
 - Discusses an ongoing investigation.
 - Includes hateful, defamatory, discriminatory, or harassing remarks.
 - Constitutes spam, advertises services or products, or is off topic.
 - Includes personal or confidential information.
 - Relates to a specific individual.
 - Breaches a law, statute, regulation, order, code, standard, or rule.
 - Is posted without the necessary rights or licences.
 - Encourages conduct that may or would constitute a criminal offence or give rise to civil liability and/or is contrary to the principles of the *Canadian Charter of Rights and Freedoms*.
- The submitter of comments and content is fully responsible for the comments and content posted.
- COTO is not responsible for such comments and content, nor for any information, references, links, opinions, claims, or advice in such comments and content. Nor is COTO responsible to collect, review, use, update, edit, retain, return, dispose of, share, circulate, act on, consider, or respond to any such comments and content.

Please notify the College’s [Communications Team](#) if you see a comment, content, or user that you think does not comply with our Community Guidelines.

¹ This content is adapted, with permission, from the College of Medical Laboratory Technologists of Ontario; the original work is available on cmlto.com.

Disclaimers and Agreements

- The information COTO posts on its social media channels should not be considered official College policies or guidance. Users can access official College policies and guidelines on the College website.
- By using any of COTO's social media sites (including without limitation by posting any comment or content), each user agrees:
 - Not to facilitate or to encourage any violations of our Terms of Use.
 - To give COTO permission to use and distribute any comments and content the user posts.
 - To indemnify the College and to hold the College harmless from any liability, loss, damage, or expense, including without limitation professional and other fees and expenses, arising out of such user's use of any of the College's social media site(s) and any comments or content posted.
- Use of COTO's social media sites and their content is at each user's own risk. All platforms and content are provided "as is."
 - Users must not rely on any content published on or linked from our social media sites without first making their own enquiries to verify it is accurate, current, and complete.
 - External link sources may include but are not limited to:
 - Government ministries, departments, commissions, boards, services, and agencies.
 - Offices of the Legislature.
 - Hospitals and other health institutions and organizations.
 - Universities and colleges.
 - News and media outlets and publications.
 - Community groups and organizations.
 - Professional associations and individual occupational therapists.
- COTO follows and engages with other social media accounts, including those of various organizations, interested parties, members of the media, and practitioners.
 - COTO's decision to like, comment, follow, or share content and/or links from a particular user or organization should not be interpreted as endorsement of that user or organization, of the content of the post or website, or of any organization(s) linked to or mentioned by the post. These do not necessarily reflect the views and values upheld by COTO.



Policy Type:	Section 5: Governance
Policy Reference and Title:	5.8 Supporting Positive Relationships
Date Prepared:	June 2024
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To provide guidance and support to enhance positive relationships and a safe work environment free from any form of harassment, discrimination, or violence.

Application

This policy applies to all Directors, Committee Appointees, and staff.

Policy

The College appreciates the value and dignity of all those it interacts with, including the public, registrants, staff, Directors, and Committee Appointees. A safe and supportive work environment is founded on healthy relationships based on respect, caring, trust, empathy, and dignity, and this environment thrives in a space in which diversity is accepted and honoured. All those who interact with the College are entitled to a positive, supportive, safe, and caring environment, free from discrimination, violence, bullying, harassment, or any other inappropriate behaviour.

For those who interact with the College to feel they are a valued and connected part of an inclusive environment, the College:

- Is proactive in identifying opportunities to recognize and celebrate positive behaviour and achievements.
- Strives to respond to the concerns and questions of the public, registrants, staff, Directors, and Committee Appointees in a timely manner.
- Ensures that the public, registrants, staff, Directors, and Committee Appointees are aware of their rights and obligations under the College policies and under the appropriate laws of Ontario and Canada.
- Communicates openly, honestly, and respectfully with the public, registrants, staff, Directors, and Committee Appointees.
- Actively seeks feedback from the public, registrants, staff, Directors, and Committee Appointees to ensure that their needs are being met.
- Ensures that procedures or decisions that are made regarding registrants, staff, Directors, and Committee Appointees are lawful, safe, and dignified and that their information is treated privately and confidentially, as appropriate.

- Ensures that policies that clarify procedures for staff are in place to provide for effective handling of complaints and protect against wrongful conditions, including human rights violations, violence and harassment in the workplace, and inappropriate preferential treatment.
- Deals firmly, confidently, and consistently with any distressed or challenging behaviour, in line with this policy, and adopts a restorative approach to rebuilding relationships that have deteriorated while allowing a fresh start.
- Works in partnership with all concerned to develop and support policies which build on the College's ethos and culture.
- Maintains an open mind, ensuring that all diverse voices are heard, included, and respected in all the College's work.

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Policy Type: Section 5: Governance

Policy Reference and Title: 5.9 Consent Agenda

Date Prepared: January 2024

Date Revised: n/a

Date Reviewed: n/a

Purpose

To establish the consent agenda policy which guides Board meetings and further strengthens governance practices while safeguarding the College's integrity.

Public Interest Aspect

The consent agenda leads to efficient use of time during Board meetings. The agenda supports Directors and strengthens governance practices in the public interest.

Application

This policy applies to all Directors.

Definition

A consent agenda groups routine meeting items into a single agenda that encompasses all the items that the Board would normally approve of with little comment. The grouped items can then be approved once, instead of filling multiple motions.

Policy

Items that do not require discussion may come forward as part of the consent agenda. The Board uses a consent agenda to increase efficiency and support the Directors in making more productive use of their meeting time.

1. When developing the Board meeting agenda, the Board Chair and the Registrar & Chief Executive Officer (CEO) determine the items to be added to the agenda.
2. The consent agenda is part of the meeting agenda, which means that all the supporting materials are included in the Board meeting package.
3. Items that require discussion and/or decision are included in the consent agenda but are brought forward in the regular agenda with a briefing note.
4. The Board collectively agrees on the items that can routinely be addressed through the consent agenda, which may include:
 - Registrar & CEO reports
 - Committee reports

- Correspondence that requires no action and is provided for information only—for example, information about a new bill in legislature.
 - Formal approval of items that have been thoroughly discussed.
5. This is the process for approving the consent agenda:
- 5.1 At the beginning of the meeting, when seeking approval of the agenda, the Chair asks whether any of the consent agenda items should be moved to the regular discussion items.
 - 5.2 When the consent agenda is before the Board, and before asking for a motion to approve the consent agenda in its entirety, the Chair asks whether any identified corrections need to be made on any of the components. The Chair also asks whether anyone has any questions for clarification. An affirmative response to either of the Chair's questions may give rise to a request by a Director to move a component out of the consent agenda. The remaining components on the consent agenda can then be approved.
 - 5.3 If a Director asks that a component be moved, it must be moved. Any reason is sufficient to move a component. A Director may wish to move a component to discuss it more fully, to further query the item, or to vote against it.
 - 5.4 Once the component has been removed from the consent agenda, the Chair may decide to take up the matter immediately or to discuss it at some later point in the meeting.

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Policy Type: Section 5: Governance
Policy Reference and Title: 5.10 Equity Impact Assessment
Date Prepared: January 2024
Date Revised: n/a
Date Reviewed: n/a

Purpose

To outline the Equity Impact Assessment (EIA) as it relates to College work and guide Directors and Committee Appointees on their duty to ensure that all College policies, programs, and processes are fair and non-discriminatory.

Public Interest Aspect

This policy supports the Directors and Committee Appointees in ensuring that College policies, programs, and processes are inclusive, fair, and non-discriminatory, which is essential for serving the public interest.

Application

The policy applies to all Directors and Committee Appointees.

Definition

EIA is a process used in decision-making to guide users through the steps of identifying and addressing potential unintended impacts (positive or negative) of a policy, program, or initiative on certain populations, particularly equity-deserving groups. This means that the tool can assist in integrating equity considerations into new initiatives and more detailed planning. The tool therefore supports the achievement of the College's long-term strategic priority of responding to the needs of diverse communities.

Policy

Organizations and governments have recognized the need to eliminate racial and other discriminatory barriers in the workplace. In 2021, the Ministry of Health's College Performance Measurement Framework required all health regulatory colleges to use an EIA tool to demonstrate that their policies, programs, and projects are fair and non-discriminatory. For the College to achieve this goal, the Board must ensure the following:

- EIA is reflected in the strategic planning activities and appropriately resourced within the organization to support relevant operational activities.
- Equity is embedded across the College's decision-making process so that it becomes a core value and one criterion to be weighed in all decisions.

- The College evaluates the potential impacts of any policy, program, or process on registrants and clients or patients from different demographic groups based on characteristics such as gender, sexual orientation, place of origin, ethnicity, and Indigenous identity.
- The College develops recommendations aimed at mitigating negative impacts and maximizing positive impacts on equity-deserving groups.
- The College conducts EIAs to ensure that decisions are fair and that a policy, program, or process is not discriminatory.
- The EIA tool supports the achievement of the College's long-term strategic priority of responding to the needs of diverse communities in Ontario.

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Policy Type:	Section 5: Governance
Policy Reference and Title:	5.11 Competency Profile Data Collection for Directors and Committee Appointees
Date Prepared:	October 2023
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To set out the procedure for the voluntary disclosure, by current and prospective Directors and Committee Appointees, of skills and diversity information to the College for the purposes of identifying gaps in representation and promoting substantive Equity, Diversity, and Inclusion (EDI).

The College collects information which is voluntarily provided by registrants using an electronic form. The form is accessible and in accordance with the *Accessibility for Ontarians With Disabilities Act, 2005* and its regulations, and it protects the confidentiality and privacy and respects the dignity of individual Directors and Committee Appointees.

Application

The policy applies to all Directors and Committee Appointees.

Background

In keeping with its values and commitments, the College strives for organizational excellence in its mandate to serve the public interest, regulate its registrants, and be accountable and accessible to the public that it serves.

In deciding to begin to invite current and prospective Directors and Committee Appointees to share skills and diversity data voluntarily, the College recognized that advancing EDI is an important component of the College's public protection mandate. This invitation enables the College to engage in data-driven decision-making to develop benchmarks and indicators against which it can:

- Measure the effectiveness of its own strategic priorities for advancing EDI.
- Assess the degree to which its registrants, Board, and committees reflect the Ontario public that the College serves and the degree to which the Board and committees have inclusive decision-making and programming.

The College considers skills and diversity data with the underlying goal of better serving the College's mandate to protect the public interest. This policy is based on the fundamental principle that only what is measured can be effectively understood and improved.

This policy aims to collect information on current and prospective Directors and Committee Appointees to identify gaps in representation, inform recruitment strategies, and enhance onboarding and training requirements. This aim is part of the overall journey to transform the College and achieve its goals, with EDI as a priority. Becoming proactive about EDI helps to identify perspectives not present in decision-making, enhance onboarding, and determine training requirements.

Principles

The policy on Competency Profile Data Collection for Directors and Committee Appointees adheres to the following guiding principles regarding data collection:

Principle 1: Privacy, Confidentiality, and Dignity

Protect the confidentiality of information, and respect the privacy and dignity of individuals, groups, and communities.

Principle 2: Commitment

Be committed to using the information voluntarily provided by Directors and Committee Appointees to help eliminate systemic racism and advance equity.

Principle 3: Quality Assurance

Make continuous efforts to ensure the quality of the personal information collected, to conduct analysis carefully and thoroughly.

Principle 4: Organizational Resources

Use College resources in ways that fulfill the requirements of this policy.

Policy

1. Consent to Provide Information and Withdrawal of Consent

- 1.1 The information collected from current and prospective Directors and Committee Appointees is based on voluntary express consent that is freely given.
- 1.2 No program, service, or benefit will be withheld, and no consequences or disciplinary actions will occur if a current or prospective Director or Committee Appointee does not provide the information.
- 1.3 The request for information is provided to the current and prospective Directors and Committee Appointees in writing and in an accessible manner according to the *Accessibility for Ontarians With Disabilities Act, 2005* and its regulations.

2. Confidentiality, Secure Storage, Retention, and Disposal of Information

- 2.1 The handling of information voluntarily provided by current and prospective Directors and Committee Appointees to the College according to this policy strictly adheres to the confidentiality requirements of section 36(1) of the *Regulated Health Professions Act, 1991*.
- 2.2 The College takes reasonable steps to maintain and protect all information using a secure database.
- 2.3 Access to personal information is limited to only those individuals who need it in the performance of their duties. The College determines the level of access of information that College staff and the Nominations Committee require in the performance of their duties.
- 2.4 The College retains information stored in its electronic database for at least five years after the day it was last used or as reasonably necessary for the purposes of identifying perspectives in decision-making and advancing equity and inclusion. Retaining personal information for at least five years allows analysis of long-term trends and longitudinal analysis.

2.5 The College takes reasonable steps to securely dispose of information maintained in records (hard copy or electronic), including:

- Taking reasonable steps so that personal information is securely destroyed in such a way that it cannot be reconstructed or retrieved.
- Securely disposing of devices with memory capabilities (for example, computers, photocopiers, and fax machines).

3. Data Analysis

3.1 The College de-identifies the personal information voluntarily provided by its current and prospective Directors and Committee Appointees and maximizes the amount of personal information in the least identifiable form possible. The College de-identifies and disaggregates all such information when conducting analysis and developing reports.

3.2 The College ensures that no individual current or prospective Director or Committee Appointee is identifiable in its reports of the data analysis.

4. Compliance Monitoring

The Registrar and Chief Executive Officer and the Director of Regulatory Affairs ensure full compliance with this policy.

5. Policy Review

The Boards reviews this policy at minimum every three years and ensures that this policy is updated with the most recent changes to relevant legislation and policy directives in Ontario and Canada.

Policy Type:	Section 6: Finance
Policy Reference and Title:	6.1 Financial Planning and Budgeting
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022, June 2024
Date Reviewed:	June 2016, June 2023, October 2025

Purpose

To establish the Board's responsibility for overseeing financial management that ensures that adequate resources are available to support the College's mandate and strategic directions. To achieve this, financial planning for any fiscal year or the remaining part of any fiscal year is aligned with leadership outcomes and derived from a financial plan.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

The Board is ultimately responsible for ensuring that appropriate strategies, policies, and processes are in place to support prudent financial stewardship. Financial planning and budgeting is an important part of this responsibility.

Procedure

The Finance and Audit Committee ensures that the Registrar & CEO's financial planning and budgeting:

1. Contains information to enable credible projection of revenues and expenses, and separates capital and operational items, cash flow, and disclosure of planning assumptions.
2. Provides adequate cash flow to support operations throughout the year and to support reserves without Board approval.
3. Allocates sufficient funds to satisfy operational requirements.
4. Appropriately balances resources—human, technological, and financial—between the budget and the expected leadership outcomes.
5. Provides sufficient resources to support the Board's ability to perform its leadership role.
6. Conservatively projects a balanced budget that does not deviate (plus/minus) from revenues by more than 3% in any fiscal year unless the Board directs otherwise.

Policy Type:	Section 6: Finance
Policy Reference and Title:	6.2 Financial Condition and Activities
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022
Date Reviewed:	June 2016, June 2023, June 2024, October 2025

Purpose

To establish the Board's responsibility for overseeing financial management that will ensure that financial procedures and rules are in place to guide the Finance and Audit Committee and the Registrar & Chief Executive Officer (CEO) in carrying out their financial responsibilities.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & CEO, who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

The Finance and Audit Committee ensures that the College's financial condition and activities remain aligned with approved expenditures and supports the achievement of leadership outcomes.

Procedure

The Finance and Audit Committee ensures that the Registrar & CEO:

1. Spends only those funds that have been received to date unless the debt guideline (below) is met or unless the Board directs otherwise.
2. Incurs the College in any amount only if the Board approves the debt.
3. Follows all financial policies.
4. Settles payroll and debts.
5. Ensures that tax payments or other government-ordered payments or filings are filed on time and accurately.

Debt Guidelines - Board Tolerance

1. Balanced budget plus/minus 3%.
2. Compliance with any covenants stipulated by the bank.
3. Zero tolerance to external debt unless the Board approves.

Policy Type:	Section 6: Finance
Policy Reference and Title:	6.3 Asset Protection
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022, June 2024
Date Reviewed:	June 2016, June 2023, October 2025

Purpose

To ensure that the College's assets are effectively protected and adequately maintained.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

As part of its financial oversight responsibilities, the Board ensures, through the Finance and Audit Committee, that all College assets are well protected, secure, and adequately maintained.

Procedure

The Finance and Audit Committee ensures that the Registrar & CEO:

1. Insures against theft and casualty losses to at least 80% of replacement value and against liability losses to Directors, non-Directors on Board committees, staff, and the College itself.
2. Maintains appropriate insurance policies for the College, including general liability, directors' and officers' liability, and cyber liability.
3. Does not unnecessarily expose the College, its Board, or staff to claims of liability.
4. Makes purchases only when:
 - 4.1 Appropriate safeguards are in place to prevent conflicts of interest.
 - 4.2 For services over \$30,000 with a new supplier, the College has obtained comparative pricing and quality reviews where prudent.
 - 4.3 Assurance exists of a balanced consideration between long-term quality and cost.
5. Protects intellectual property and information from inappropriate access, loss, or significant damage.

6. Receives, processes, and disburses funds under controls which are sufficient and meet the Board-appointed auditor's standards.
7. Acts in the College's best interests regarding its investments.
8. Uses College funds appropriately and ensures that others do as well.
9. Does not purchase, mortgage, or dispose of real property (land or buildings).
10. Obtains Executive Committee and Board approval before entering into a lease agreement for property (land or buildings).

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Policy Type:	Section 6: Finance
Policy Reference and Title:	6.4 Investments
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022
Date Reviewed:	June 2016, June 2023, June 2024, October 2025

Purpose

To ensure that the College's investments are protected, adequately maintained, and not unnecessarily risked.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

To ensure sound financial stewardship, the Board makes sure, through the Finance and Audit Committee, that all College investments are protected, adequately maintained, and not unnecessarily risked.

Procedure

The Finance and Audit Committee ensures that the Registrar & CEO:

1. Invests in funds that allow for preserving capital, where "capital" is defined as the cost of the investment.
2. Maintains liquidity necessary to meet the day-to-day cash requirements for College operations and planned capital investments.
3. Invests or holds funds identified as surplus in:
 - 3.1 Investments having a term of not more than 10 years.
 - 3.2 Short-term investments.
4. Presents annually the investment outcomes to the Finance and Audit Committee.
5. Presents annually the investment outcomes to the Board.
6. Invests in funds that are in Canadian dollars and issued by a Canadian institution.

Policy Type:	Section 6: Finance
Policy Reference and Title:	6.5 External Audit
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022
Date Reviewed:	June 2016, June 2023, June 2024, October 2025

Purpose

To ensure that an external financial audit is undertaken yearly.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

To ensure accountability, transparency, and sound financial stewardship, the Board makes sure, through the Finance and Audit Committee, that an external, neutral third party annually performs a financial audit.

Procedure

The Finance and Audit Committee ensures that the Registrar & CEO:

1. Provides for an annual external audit of financial performance by an auditor appointed by the Board.
2. Provides a review of the auditor appointment at least every five years unless the Board directs otherwise.
3. Supports and manages the audit process.
4. Allows for reasonable additional external audits if, or when, the Board requests them.



Policy Type:	Section 6: Finance
Policy Reference and Title:	6.6 Honoraria and Allowable Expenses
Date Prepared:	May 1994
Date Revised:	January 2016, March 2018, January 2019, January 2020, January 2021, January 2022, January 2023, June 2023, January 2024, January 2025, October 2025
Date Reviewed:	January 1997, June 1999, October 2000, March 2002, June 2002, August 2004, October 2004, March 2008, June 2008, July 2010, June 2012, January 2013, January 2021, January 2024, June 2024, January 2025

Purpose

To provide guidelines on how an Elected Director, Academic Appointee, or Committee Appointee who prepares for and attends meetings or who incurs allowable expenses while conducting College business is paid an honorarium or reimbursed.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- All Academic Appointees and Committee Appointees, who may receive honoraria or reimbursements.
- The Finance and Audit Committee particularly, which also supports the Board by conducting detailed reviews of financial matters, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Definitions

- **Honoraria:** Token payments to Elected Directors, Academic Appointees, and Committee Appointees who provide services to the College for which a traditional fee or payment is not typically charged or expected. These payments are expressions of appreciation and goodwill for the voluntary services that these individuals provide to the College.
- **Allowable expenses:** Accommodations, meals, gratuities, travel, internet charges, and dependant care.



Policy

An Elected Director, Academic Appointee, or Committee Appointee who prepares for and attends meetings on College business is paid an honorarium.

An Elected Director, Academic Appointee, or Committee Appointee who incurs allowable expenses while conducting College business is reimbursed. The Director or Appointee is required to consider economy and necessity when incurring expenses.

Honorarium payments are always gratuitous. The decision to provide an honorarium should have no influence on an individual's decision to participate or volunteer their time. The party providing the payment has no legal obligation to make the payment, and the recipient has no legal right to the payment.

These payments are typically made to recognize or thank individuals for their contributions, particularly when traditional compensation is not expected or legally required. The policy aims to ensure fair and consistent practices while adhering to relevant regulations and ethical considerations.

Honoraria Claims Procedure

1. Elected Directors, Academic Appointees, and Committee Appointees submit their honoraria and reimbursement claims using the third party online vendor platform provided by the College.
2. Honoraria may be claimed for attendance and preparation time. Preparation time is paid when Elected Directors, Academic Appointees, and Committee Appointees are required to review materials that the College distributes before the meeting.
3. The per diem amount of the Chair or Vice-Chair is payable only when they are acting in the capacity of Chair or Vice-Chair of the Board or as Chair of a statutory or standing committee for the meeting of the specific Committee or Board. All other participation is remunerated at the standard rate.
4. If the College cancels a full-day meeting without 48 hours' notice, Elected Directors, Academic Appointees, and Committee Appointees will be entitled to be reimbursed at half of the full-day attendance rate. If the College cancels a half-day meeting without 48 hours' notice, Elected Directors, Academic Appointees, and Committee Appointees will be entitled to be reimbursed at half of the half-day rate. Only Elected Directors, Academic Appointees, and Committee Appointees who are scheduled to attend and who request reimbursement receive it. Elected Directors, Academic Appointees, and Committee Appointees are permitted to submit a reimbursement claim for preparation time per the limits set out in this policy for their meeting.
5. The College pays \$60.00 per diem for on-site meetings or remote meetings that are scheduled for less than one hour. Preparation time is included in the attendance rate for meetings of less than one hour. When the duration of a meeting is one hour or more, preparation time may be claimed in addition to the per diem. A one-hour meeting that is cancelled is not reimbursable.
6. The Finance and Audit Committee annually reviews per diem rates and this policy. The Board approves all changes to the per diem rates before they come into effect the following fiscal year, to allow for appropriate budgeting.
7. Elected Directors, Academic Appointees, and Committee Appointees can claim both preparation per diem and travel per diem on the same date.

8. All expense claims must be submitted before the end of the applicable fiscal year. The College encourages Elected Directors, Academic Appointees, and Committee Appointees to submit their expenses as soon as possible to assist the College with providing accurate tax records (for example, T4 and T4A slips) to Directors and Appointees.

Per Diems

The College offers up to three types of per diems:

- Attendance.
- Preparation time.
- Travel.

Each per diem is governed by unique conditions. Attendance and preparation per diems are payable per scheduled meeting except for meetings of less than one hour, as noted above. Multiple distinct meetings are permitted per calendar day; however, only one travel per diem is payable per trip into Toronto (see the specific condition for each per diem below).

Attendance

The attendance per diem is a fixed rate payable for scheduled on-site or remote work periods.

Three fixed rates are available:

- One-hour rate of \$60: Equal to or less than one hour.
- Half-day rate: Equal to or less than three hours and thirty minutes but more than one hour.
- Full-day rate: More than three hours and thirty minutes to a maximum per day of seven hours and thirty minutes.

If a meeting is scheduled for one hour but goes over the scheduled length, the College will pay Elected Directors, Academic Appointees, and Committee Appointees the half-day rate.

If a meeting is scheduled for half a day but goes over the scheduled length, the College will pay Elected Directors, Academic Appointees, and Committee Appointees the full-day rate.

If a meeting is scheduled for a full day but less time is required to complete the work, the College will pay Elected Directors, Academic Appointees, and Committee Appointees the full-day rate.

Preparation Time

All preparation time is based on a fixed hourly rate.

Board, Executive, subcommittee, and working group meetings: Elected Directors, Academic Appointees, and Committee Appointees can claim a maximum of two hours of preparation time for Board, Executive, subcommittee, and working group meetings.

When an exceptionally large volume of reading material is distributed, the meeting Chair will advise Elected Directors, Academic Appointees, and Committee Appointees if the maximum allowance for preparation time will be increased. This is left to the Chair's discretion.

Discipline Committee; Fitness to Practise Committee; Inquiries, Complaints and Reports Committee; Registration Committee; Quality Assurance Committee; and decision writing meetings: Preparation time is not to exceed the meeting's maximum scheduled length unless the Chair approves.

Travel

When travel equal to or in excess of 250 kilometres is required, Elected Directors, Academic Appointees, and Committee Appointees are advised to travel the day before the meeting and claim the travel per diem. Same-day travel of less than 250 kilometres is also reimbursed.

Rates

Full-Rate Attendance:

- Standard rate for Elected Directors, Academic Appointees, and Committee Appointees: \$250
- Chair (of Board or statutory or standing committee): \$325
- Vice-Chair: \$275

Half-Rate Attendance:

- Standard rate for Elected Directors, Academic Appointees, and Committee Appointees: \$125
- Chair (of Board or statutory or standing committee): \$162.50
- Vice-Chair: \$137.50

Preparation time: \$45 per hour.

Travel: \$150 per reimbursement claim.

Allowable Expenses Claims Procedure

1. Elected Directors, Academic Appointees, and Committee Appointees submit allowable expenses using the third party online vendor platform provided by the College. Claimants must include all receipts except for mileage claims.
2. The Registrar & CEO, Program Director, or other appropriate College staff member reviews the submitted forms before approval. Incomplete forms are returned to the claimants.
3. The College pays expenses according to its payroll schedule, on the 15th day of each month. The deadline to submit claims for payment is the ninth day of each month.

Accommodation

1. Hotel arrangements can be made at College-approved hotels to ensure that the College receives the benefit of the corporate rate. However, a more economical alternative is acceptable also.
2. Except for Board and Executive Committee meetings, Elected Directors, Academic Appointees, and Committee Appointees are to make arrangements for their own accommodation per this policy.
3. Private accommodation may be used instead of the approved hotel when an Elected Director, Academic Appointee, or Committee Appointee can stay with friends or relatives. The Director or Appointee can claim a maximum of \$40 per night.

4. No reimbursement is made where an Elected Director, Academic Appointee, or Committee Appointee resides within 50 kilometers of the meeting venue unless they are required to attend on two or more consecutive days. Only one night is reimbursed between meeting days.
5. Personal charges made at a hotel are not reimbursed; these include laundry, in-house movies, or personal phone calls.
6. Internet charges will be reimbursed if they are not included in the accommodation cost.

Meals

Rate: The daily maximum rate is \$100, which includes breakfast, lunch, and dinner.

1. Meal claims are based on actual expenses incurred.
2. Elected Directors, Academic Appointees, and Committee Appointees can claim gratuities where the total cost is within the daily maximum.

Travel

Rate: \$0.70/km

1. Travel comprises Economy airfare, bus, train (including VIA 1), local public transportation, taxi, or private automobile.
2. In each case, only the cost of the most economical and/or practical mode of travel may be claimed. Wherever possible, Elected Directors, Academic Appointees, and Committee Appointees are encouraged to take advantage of advance bookings, seat sale fares, or other discounts offered.
3. Costs for parking must include a receipt for reimbursement.
4. Individuals are not reimbursed for traffic and parking violations.

Internet Charges

Elected Directors, Academic Appointees, and Committee Appointees are reimbursed for the cost of additional hotel internet charges related to College business. Receipts are required.

Dependant Care

Rate: The maximum hourly rate for which elected Directors, Academic Appointees, and Committee Appointees is reimbursed is not more than minimum wage, for up to the maximum number of hours scheduled for the meeting plus one hour travelling time. Directors and Appointees should not submit claims for dependant care expenses unless they are actually incurred. Costs for dependant care are reimbursed where they are incurred over and above the regularly scheduled provision of care.

Policy Type:	Section 6: Finance
Policy Reference and Title:	6.7 Reserve Funds
Date Prepared:	February 1997
Date Revised:	October 2017, June 2019, March 2020, June 2022, June 2024
Date Reviewed:	October 2000, March 2007, October 2010, June 2012, January 2013, January 2016, January 2019, June 2023, October 2025

Purpose

To outline how the College sets aside and manages funds for future needs or unexpected expenses while providing guidelines to the Board on maintaining specific reserve funds.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed reviews of financial matters, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

Reserve funds are important in maintaining financial stability and helping the College to manage risks, address future needs, and ensure long-term sustainability of the College's mandate.

Procedure

To cover these variable and/or unforeseen costs and expenses, the College has established and maintains specific reserve funds.

1. Reserve funds are maintained for:
 - **Hearings and Independent Medical Exam Reserve Fund**

The Hearings and Independent Medical Exam Reserve Fund is designated to cover costs, including legal costs, for conducting the following: independent medical exams, discipline hearings, fitness to practise hearings, registration appeal and Inquiries, Complaints and Reports Committee review hearings before the Health Professions Appeal and Review Board, other hearings that may arise related to regulating the profession, judicial reviews, and appeals before the courts of committee decisions. The amount to be maintained in this fund is \$400,000 or such other amount as the Board determines.
 - **Sexual Abuse Therapy and Counselling Reserve Fund**

The Sexual Abuse Therapy and Counselling Reserve Fund is designated to cover costs for

funding therapy and counselling. The amount to be maintained in this fund is \$25,000 or such other amount as the Board determines.

- **The Premises Fund**

The Premises Fund is designated to minimize the impact on the operating budget of major expenses related to College property. It would cover such costs as lease hold improvements and furniture. The minimum amount to be maintained in this fund is \$500,000 or such other amount as the Board determines.

- **Technology Fund**

The Technology Fund is designated to provide for the cost of any technological improvements that support the efficient and effective delivery of the College's mandate. The minimum amount to be maintained in this fund is \$100,000 and maximum amount is \$500,000 or such other amount as the Board may determine.

2. The Registrar & CEO authorizes appropriations from the annual operating surplus to the approved levels of reserve funds.

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Policy Type:	Section 6: Finance
Policy Reference and Title:	6.8 Technology Plan / IT Policy
Date Prepared:	
Date Revised:	n/a
Date Reviewed:	n/a

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Policy Type: Section 6: Finance

Policy Reference and Title: 6.9 Insurance

Date Prepared: October 2025

Date Revised: n/a

Date Reviewed: October 2025

Purpose

To ensure that the College maintains adequate and appropriate insurance coverage to protect the organization, its Board, and staff from financial loss and liability.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer, who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

The College maintains insurance coverage that is prudent and sufficient to manage its risks in alignment with best practices for health regulatory bodies. This includes general liability, directors' and officers' liability, cyber liability, and property insurance.

Procedure

1. The College maintains at least the following types of insurance coverage:
 - General liability (including cyber) and crime insurance.
 - Directors' and officers' liability.
 - Property insurance.
 - Travel and occupational accident insurance.
2. The Finance and Audit Committee reviews this policy and the College's insurance coverage annually and makes recommendations to the Board.

Policy Type:	Section 6: Finance
Policy Reference and Title:	6.10 Signing Officers
Date Prepared:	October 2025
Date Revised:	n/a
Date Reviewed:	October 2025

Purpose

To outline the delegation of signing authority, approval thresholds, and related procedures.

Accountability, transparency, and sound financial stewardship are foundational principles of the College. In carrying out its public protection mandate, the College engages in a variety of financial activities, including entering contracts, purchasing services, approving payments, and managing investments.

Designated individuals are entrusted with the authority to approve commitments on the College's behalf and are accountable for doing so according to applicable policies, bylaws, and the Board-approved budget.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Definitions

- **Board-approved budget commitments:** Contracts included during the annual budgeting process and that have been approved at a Board meeting.
- **Contract:** Any written document or instrument between the College and a third party and that legally binds the College to make a payment or to purchase goods or services. (Oral contracts are strictly prohibited.) This includes any of the following that may be binding upon the College: agreement, purchase order, contract, subcontract, letter of intent, memorandum of understanding, memorandum of agreement, lease, deed, transfer, instrument, assignment, obligation, certificate, or other document.
- **Invoice:** A list of goods or services provided by a vendor for products purchased or services rendered with corresponding payment obligations outlined. Invoices must be addressed to the College and include the seller's name, a description and price of the goods or services, and the payment terms.

- **Non-Board-approved budget commitments:** Contracts that were not included as part of the budgeting and planning process for the fiscal year's operating budget. The Board has not approved these items, and they are over the threshold as outlined in this policy.
- **Payments:** The paying of an invoice from a vendor, which can take the form of a cheque or direct payment via the bank.
- **Signing authority:** The power given to an individual to sign contracts that commit the College to a legal relationship and contractual obligations. Also refers to the power given to individuals to approve invoices, cheques, and release bank funds for payment.
- **Vendors:** Suppliers, service providers, consultants, and third parties.

Policy

To ensure responsible fund management, the College:

- Identifies the individuals authorized to sign legally binding agreements, contracts, and financial transactions on the College's behalf.
- Establishes consistent financial authorization thresholds.
- Ensures that the College's financial practices are aligned with its governance framework and fiscal responsibilities.
- Promotes transparency and accountability in the use of College funds.

Procedure

1. **Delegation of Authority**
Signing authority may be exercised by only those individuals designated under this policy. Authority is limited by role, value threshold, and nature of the transaction. Certain transactions may require dual signatures to ensure appropriate oversight and control.
2. **Contracts and Agreements**
All contracts must comply with the Board-approved budget unless otherwise authorized. Multi-year agreements and those involving high-value or strategic importance require Board-level approval. Contracts affecting staff employment and benefits are strictly excluded under this policy. Appendix A outlines the thresholds.
3. **Payments and Invoices**
Payments must follow appropriate approval processes and be aligned with the approved budget. Appendix B lists thresholds and required signatories.
4. **Banking and Financial Transactions**
All College payments must be made by cheque or through approved electronic banking platforms. Online payments require pre-authorization and dual approval by designated signing officers, according to platform controls.
5. **Limitations**

The Registrar & CEO may not authorize any payment where:

- Expenditures are split to circumvent thresholds.
- Due diligence has not been exercised regarding conflicts of interest.

Operational Procedures

1. Initiation and Review

- College staff initiate contracts or invoices and verify budget availability.
- The designated authority reviews and confirms compliance with this policy before signing.

2. Approval and Signing

- Individuals must sign according to their delegated authority, as detailed in the appendices.
- Where two signatures are required, both signatories must independently verify compliance.

3. Documentation

- All executed documents must be stored in the College's designated records system with appropriate supporting documentation.

4. Monitoring

- The Finance and Audit Committee oversees compliance with this policy and reviews it at least once every three years.

Appendix A: Contracts

Contracts/Agreements	Threshold per Contract Before Taxes	Required Signatures	
		One of Signature 1	One of Signature 2
Board-approved budget commitments	Less than \$50,000	Registrar & CEO Director of Regulatory Affairs Director of Finance, People & Corporate Services Program Director Director of Communications	
	\$50,000 and greater	Registrar & CEO	Director of Regulatory Affairs Director of Finance, People & Corporate Services Program Director Director of Communications
Non-Board-approved budget commitments	Less than \$50,000	Registrar & CEO	Director of Regulatory Affairs Director of Finance, People & Corporate Services Program Director Director of Communications
	\$50,000 and greater	Registrar & CEO	Finance and Audit Committee (including notification to Board)
Agreements for five years and longer	Any value	Board Chair	

Appendix B: Payment and Invoice Approval

Payment Processes	Threshold for Single Transaction Before Taxes	Required Signatures	
		Signature 1	One of Signature 2
Online direct deposits	Less than \$15,000	Director of Finance, People & Corporate Services	Registrar & CEO
	\$15,000 and greater	Registrar & CEO and Director of Finance, People & Corporate Services	Board Chair Board Vice-Chair Chair, Finance and Audit Committee Member at Large, Executive Committee
Cheques	Less than \$5,000	Registrar & CEO or Director of Finance, People & Corporate Services	
	\$5,000 to \$14,999	Director of Finance, People & Corporate Services	Registrar & CEO
	\$15,000 and greater	Registrar & CEO or Director of Finance, People & Corporate Services	Board Chair Board Vice-Chair Chair, Finance and Audit Committee Member at Large, Executive Committee

Payment Processes	Threshold for Single Transaction Before Taxes	Required Signatures	
		Signature 1	One of Signature 2
Invoices (per invoice)	Less than \$5,000	Manager	
	\$5,000 to \$29,999	Manager	Registrar & CEO Director of Regulatory Affairs Director of Finance, People & Corporate Services Program Director Director of Communications
	\$30,000 and greater	Registrar & CEO Director of Regulatory Affairs Program Director Director of Communications	Director of Finance, People & Corporate Services



Policy Type: Section 7: Oversight and Risk Management

Policy Reference and Title: 7.1 Strategic Planning

Date Prepared: December 2009

Date Revised: March 2010

Date Reviewed: October 2016, October 2019, October 2024

Purpose

To provide guidance and support for shaping the College's strategic directions.

Application

This policy applies to:

- All Directors, who approve the College's overall strategic directions and provide appropriate oversight to ensure that the Strategic Plan is implemented.
- The Registrar & Chief Executive Officer (CEO) and College staff, who are responsible to engage the Board in the Strategic Plan's development for Board approval. They are responsible for implementing the Board's strategic initiatives and accountable to the Board for regularly reporting progress on implementing the Strategic Plan.

Policy

The Strategic Plan articulates the College's mission, vision, and values over the long term. It also identifies strategic priorities and key performance indicators. These strategic priorities outline the College's plan and goals and identify measurable targets and other indicators by which the College will measure success against the stated objectives.

The Board recognizes its legal and moral responsibility for governing the College and for ensuring that the College's mission and vision are carried out. This is achieved by the Board developing the strategic directions that the College takes and ensuring that:

1. At least every three years, the Board dedicates a portion of its resources to focus on the College's long-term goals by overseeing the development, approval, and implementation of the Strategic Plan.
2. The plan outlines the College's mission, vision, and values.
3. The plan details strategic priorities and goals and identifies measurable objectives against which the College will evaluate success.
4. The plan takes into account the current and possible future environment in which the College operates, which may include feedback or information from multiple sources.
5. The strategic planning is based on effective and efficient risk and resources management strategies.
6. The Registrar & CEO updates the Board regularly about progress on the approved priorities.

7. The Board monitors progress made against the approved priorities, and where underperformance or other issues are identified, ensures that corrective action is taken.

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Policy Type: Section 7: Oversight and Risk Management

Policy Reference and Title: 7.2 Overseeing Financial Risks

Date Prepared: October 2025

Date Revised: n/a

Date Reviewed: October 2025

Purpose

To establish the Board's responsibility for overseeing financial risk and ensure that adequate resources are available to support the College's mandate and strategic directions. This policy outlines how financial risk is identified, managed, and mitigated through effective governance, oversight, and accountability mechanisms.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed reviews of financial matters, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Definition

Financial risk: Any risk that may impact the College's financial health, sustainability, or compliance including:

- Budgetary risk (for example, overspending or revenue shortfalls).
- Investment risk (for example, market volatility).
- Liquidity risk (for example, inability to meet obligations).
- Compliance risk (for example, failure to follow accounting or regulatory standards).
- Fraud or misuse of funds.

Policy

The Board oversees the College's financial management with a view to identifying and mitigating risk in key areas related to financial planning, investment policy, registrant fee structure, and an auditing process that includes the Board appointing external auditors.

The Board ensures that a financial planning process is part of the College's overall strategic planning process and considers the financial implications of any new policy, action, or direction before approving it for implementation.

Procedure

Role of the Board

The Board is ultimately responsible for overseeing financial risk and ensuring that appropriate strategies, policies, and processes are in place to support prudent financial stewardship. Specifically, the Board:

- Oversees the development and approval of the annual operating and capital budgets.
- Approves and regularly reviews the College's investment policy and surplus fund strategy.
- Appoints external auditors and receives annual audited financial statements and reports.
- Ensures that financial planning is integrated into the strategic planning process.
- Considers the financial implications of new policies, initiatives, or strategic directions before approving them.
- Oversees the adequacy of insurance coverage aligned with identified and assumed risks.
- Promotes transparency and engages with system partners when financial decisions may impact them.

Following Board approval of the audited financial statements, the Chair of the Finance and Audit Committee and the Board Chair sign them.

Role of the Finance and Audit Committee

The Finance and Audit Committee acts on the Board's behalf to:

- Review and recommend for Board approval:
 - Annual operating and capital budgets.
 - Investment goals, strategies, and performance.
 - Fee structure and changes.
 - Auditors' reports and recommendations.
- Develop financial policies.
- Meet with external auditors before and after the annual audit.

Following Board approval of the audited financial statements, the Chair of the Finance and Audit Committee and the Board Chair sign them.

Role of the Registrar & CEO and Management

Under the Board's direction, the Registrar & CEO and Senior Leadership Team:

- Provide effective financial administration and internal controls.
- Ensure timely, accurate, and complete financial reporting by College staff to the Board and the Finance and Audit Committee.

- Collaborate with the Finance and Audit Committee to support implementation of Board-approved financial policies.
- Establish and maintain internal financial policies according to sound accounting principles.
- Maintain a financial risk register or equivalent documentation to support ongoing monitoring and mitigation.

Procedures for Financial Risk Oversight

To fulfill its financial oversight responsibilities, the Board:

- Approves the annual operating and capital budgets for each fiscal year.
- Appoints external financial auditors and receives their reports annually.
- Approves the College's investment policy and periodically reviews it for relevance and effectiveness.
- Ensures that the College maintains appropriate insurance based on the College's risk profile.
- Receives regular financial reporting (quarterly or as required) to monitor actual performance against the budget and flag emerging risks.
- Reviews recommendations from the Finance and Audit Committee and makes final decisions on material financial matters.

Monitoring and Review

- At least every three years or earlier if required due to legislative, regulatory, or operational changes, the Finance and Audit Committee reviews this policy and recommends updates to the Board.

Policy Type:	Section 7: Oversight and Risk Management
Policy Reference and Title:	7.3 Board's Oversight Role in Risk Management
Date Prepared:	January 2018
Date Revised:	October 2024
Date Reviewed:	n/a

Purpose

To guide and support the Board in discharging its risk oversight responsibilities.

Application

This policy applies to:

- All Directors, who are jointly and severally responsible for the College's oversight.
- The Registrar & Chief Executive Officer (CEO) and College staff, who share responsibility with the Board for identifying, analyzing, and managing risk.

Policy

The College appreciates risk management as an essential ingredient of responsive, efficient, and effective governance. While the Board provides leadership in risk management, it relies on the College to implement systems, processes, and procedures to enable the Board's risk oversight responsibilities.

The College recognizes that management and organizational risk exists in all aspects of its activities and cannot be avoided. The College must maintain a common and consistent approach to identifying and managing any risks which could prevent the organization from achieving its strategic objectives and effectively executing its responsibility. Where appropriate, the approach is transparent and uncomplicated.

The Board's oversight responsibilities include continuously reviewing the College's risk register and risk report and ensuring that the Registrar & CEO:

- Provides complete and appropriate information or reports on risks to aid the Board in its risk management oversight responsibilities.
- Disseminates to the Board risk management information or reports that contain complete and accurate details on existing and emerging risks that the College is facing.
- Explains any risk's likelihood and impact.
- Highlights actions taken or in progress to mitigate the risks' effects.
- Prepares the risk management report before each Board meeting.
- Undertakes a thorough review of the risk register annually to identify any needed project priorities for the upcoming year.

- Periodically undertakes a review of the risk management framework to maintain its relevance and effectiveness.
- Complies with all processes, procedures, and systems for risk management.
- Provides support to the Committee delegated with risk management responsibilities² to build and sustain risk management culture and capacity.

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² Currently, the Executive Committee has these responsibilities, but that may change.

Policy Type: Section 8: Evaluation, Training, and Development

Policy Reference and Title: 8.1 Board Assessment and Evaluation

Date Prepared: December 2009

Date Revised: March 2010

Date Reviewed: March 2017, January 2025

Purpose

To provide guidance and direction to the Board regarding the effectiveness of Board meetings and the Board as a whole. Regular evaluations are essential for improving Board performance and ensuring that meetings are productive and overall governance is enhanced. The evaluations process focuses on Board accountability, fosters a culture of continuous improvement, and drives organizational success.

Application

This policy applies to:

- All Board Directors.
- The Governance Committee.
- The Executive Committee.

Policy

The Board regularly evaluates its governance performance. The Governance Committee recommends an evaluation process to the Board for its approval. The Committee reviews the process every three years to ensure that it still meets current expectations. The Executive Committee reviews the evaluation results and recommends improvements to the Board.

Procedure

The Board is obligated to govern effectively, to ensure fulfillment of the College's public protection mandate, and to work together in building a healthy and effective Board team. Evaluation increases the Board's understanding of its own governance and deepens its commitment to good governance, including adhering to the principles of good governance.

Board evaluations involve two types, each with a specific aim:

- **Evaluation of Board meetings:** To gather feedback after each Board meeting on the meeting's effectiveness.
- **Annual Board evaluation:** To evaluate the Board's performance over the course of the year, including Board dynamics and alignment with good governance.

Evaluation of Board Meetings

1. The Board conducts meeting evaluations after each Board meeting. Immediately following each meeting, all Directors receive a survey. The survey includes quantitative and qualitative questions.
2. Key evaluation areas may include:
 - 2.1 Meeting organization
 - 2.2 Preparation
 - 2.3 Discussion effectiveness
 - 2.4 Decision-making process
 - 2.5 Individual performance
 - 2.6 General satisfaction
 - 2.7 Continuous improvement
3. The Executive Committee reviews the evaluation findings and proposes any recommendations. The author of each survey is identified to the Executive Committee only, and the Committee shares a summary of the key findings and areas for improvement with the Board.

Annual Board Evaluation

1. The Governance Committee recommends the Board evaluation that is conducted each year after the January Board meeting.
2. This evaluation may include a survey of all Directors, involving both quantitative and qualitative questions and a self-assessment.
3. The process may also involve an external facilitator to ensure objectivity and provide a third party perspective.
4. Key evaluation areas may include:
 - 4.1 Board governance
 - 4.2 Oversight and decision-making
 - 4.3 Organizational alignment
 - 4.4 Financial performance
 - 4.5 Board dynamics and collaboration
 - 4.6 Individual performance
 - 4.7 Board meetings and processes
 - 4.8 General satisfaction

5. The Executive Committee reviews the evaluation findings and recommends improvements to the Board. The agenda at the Board meeting following the evaluation includes an opportunity for discussing the findings.

Review

The Governance Committee reviews the process and format of the meeting and annual evaluations at least every three years.

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Policy Type:	Section 8: Evaluation, Training, and Development
Policy Reference and Title:	8.2 Committee Assessment and Evaluation
Date Prepared:	June 2025
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To provide guidance and direction to each committee regarding the effectiveness of committee meetings and the outcomes of the committee as a whole. Regular evaluations are essential for improving committee performance and ensuring that meetings are productive and overall governance is enhanced. The evaluation process focuses on committee accountability, fosters a culture of continuous improvement, and drives organizational success. Feedback from these evaluations not only promotes ongoing development of Committee Appointees but also ensures alignment with the College's public protection mandate.

Application

This policy applies to:

- All Committee Appointees (including Directors appointed to committees)
- All Committee Chairs
- The Governance Committee particularly, which is also responsible for overseeing and reviewing the evaluation process

Policy

Each committee regularly evaluates its governance performance. The Governance Committee oversees the evaluation process. This involves recommending an evaluation process to the Board for approval and reviewing the process every three years to ensure that it meets the current expectations. The Chair of the committee being evaluated reviews the evaluation results and recommends improvements. For the annual evaluation, the Governance Committee also participates in this review and recommendation.

Procedure

Each committee is obligated to govern effectively, to ensure fulfillment of the College's public protection mandate, and to work together in building a healthy and effective committee team. Evaluation strengthens the committee's understanding of its governance responsibilities and reinforces its commitment to continuous improvement and the principles of good governance.

Committee evaluations involve two types, each with a specific aim:

- **Evaluation of committee meetings:** To gather feedback after each committee meeting on the meeting's effectiveness.

- **Annual committee evaluation:** To evaluate the committee's performance over the course of the year, including group dynamics and alignment with good governance.

Evaluation of Committee Meetings

1. The committee Chair conducts meeting evaluations after each meeting. Immediately following each meeting, Committee Appointees receive a survey. The survey includes quantitative and qualitative questions. Committee Appointees may choose to identify themselves in the survey responses, but this is optional.
2. Key evaluation areas may include:
 - 2.1 Meeting organization
 - 2.2 Preparation
 - 2.3 Discussion effectiveness
 - 2.4 Decision-making process
 - 2.5 Individual performance
 - 2.6 General satisfaction
 - 2.7 Continuous improvement
3. The Governance Committee tabulates the survey results and provides them to the committee Chair, who reviews the evaluation findings, proposes recommendations for improvements, and communicates action steps to the committee at its next meeting.

Annual Committee Evaluation

1. The Governance Committee oversees the committee evaluation process that is conducted each year between January and March.
2. This evaluation may include a survey of all Committee Appointees, involving both quantitative and qualitative questions and a self-assessment.
3. Key evaluation areas may include:
 - 3.1 Committee mandate and purpose
 - 3.2 Committee meetings and processes
 - 3.3 Committee dynamics
 - 3.4 Individual performance
 - 3.5 General satisfaction
4. The Committee Chair and Governance Committee review the evaluation findings and make recommendations for improvements. The Chair shares the evaluation and recommendations with the committee, and the agenda for the next committee meeting includes an opportunity for discussion.

5. The Governance Committee receives a report of each committee evaluation, monitors progress on any recommended actions arising from the evaluations and may follow up with committees on implementation status.

Review

The Governance Committee reviews the process and format of the meeting and annual evaluations at least every three years.

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Policy Type:	Section 8: Evaluation, Training, and Development
Policy Reference and Title:	8.3 Performance Evaluation for Registrar and CEO
Date Prepared:	December 2009
Date Revised:	January 2011, January 2016, January 2019, June 2025
Date Reviewed:	n/a

Purpose

The purpose of this policy is to establish a structured and transparent process for the regular evaluation of the Registrar and Chief Executive Officer (CEO). The evaluation ensures accountability to the College's mandate, promotes continuous improvement, and supports effective leadership in regulating the profession in the public interest.

Application

This policy applies to:

- All **Board of Directors** who will participate in the evaluation process,
- The **Board Chair** who reviews the performance review process with the Registrar, and the
- The **Executive Committee**, which is responsible for overseeing the performance and annual performance evaluation of the Registrar & CEO and delivering the results and compensation.

Policy

The Board is responsible for systematically monitoring the performance of the Registrar & CEO. Performance will be measured in relation to:

- Fulfillment of the Registrar & CEO's job description.
- Adherence to the Board's directives.
- Outcomes identified in the College's strategic priorities.
- Overall effectiveness in meeting the College's legislative and regulatory mandate.

Performance evaluations aim to:

- Provide meaningful feedback and identify development opportunities.
- Ensure accountability and alignment with the College's priorities.
- Inform decisions on compensation and goal-setting.

Procedure

Evaluation Methods

To support comprehensive performance evaluation, the Board will acquire performance data through one or more of the following methods:

- **Internal reports:** Submitted by the Registrar & CEO, demonstrating progress on strategic goals, compliance with Board policies; and operational performance.
- **Board Input:** Solicited through surveys, structured interviews, or facilitated discussions to access perceptions of the Registrar & CEO performance.
- **Staff and/or Third-Party feedback:** Collected at the Board's discretion, with care to maintain confidentiality and objectivity.

Annual Performance Review Process

- An annual evaluation of the Registrar & CEO will be conducted following the completion of the yearly planning cycle (typically between June and August).
- All Board Directors will be invited to contribute input into the evaluation.
- The evaluation will focus on the prior fiscal year and include a self-assessment by the Registrar & CEO.

Evaluation Oversight and Documentation

- The Executive Committee will coordinate the process, compile feedback, and document results.
- The Committee will meet with the Registrar & CEO to discuss findings, strengths, and areas for development, and to set performance goals for the following year.
- A copy of the final report will be provided to the Registrar & CEO and placed in their personnel file.

Confidentiality

- All materials, data, reports related to the evaluation are confidential and will be securely maintained.
- Board Directors and others involved in the evaluation must respect the confidentiality and integrity of the process.

Review

This process will be reviewed every three years to ensure it meets the current expectations. The Executive Committee oversees the evaluation process, reviews the results, and recommends improvements.

Policy Type:	Section 8: Evaluation, Training, and Development
Policy Reference and Title:	8.4 Succession Plan for the Position of Registrar & Chief Executive Officer (CEO)
Date Prepared:	October 2024
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To ensure continuous coverage of executive duties, which is critical to ongoing operations and organizational stability, in the event of a planned or unplanned, short- or long-term leave by the Registrar & CEO.

Application

This policy applies to:

- The Board and Senior Leadership Team (SLT), who collectively act if the Registrar & CEO is unable to perform their duties. This action ensures consistent leadership for managing the College and, when necessary, an orderly transition in Registrar & CEO succession.
- The Registrar & CEO, who ensures that a succession plan is in place.

Definitions

- **Planned absence:** A foreseen absence where the return date can be identified, such as a maternity or medical leave, or an absence with no return date.
- **Unplanned absence:** An unforeseen absence, often with little or no notice. These absences vary depending on the type of leave, either short or long term.
- **Permanent departure:** An absence from which the staff member will not return to employment, generally due to retirement, resignation, or termination of employment. A permanent departure from employment can be planned well in advance or be the result of a sudden vacancy.

Policy

To ensure that provision is made for the continuity of College leadership, the Board has a documented process in place for succession should the Registrar & CEO position become vacant due to sudden or planned absence, resignation, retirement, or termination.

Procedure

Short-Term Absences (Planned or Unplanned): These comprise absences which are three months or less, with the Registrar & CEO's anticipated return.

1. The SLT is prepared to cover the Registrar & CEO's duties and ensure business continuity.

2. The Registrar & CEO delegates signatory responsibility to an SLT member. If the Registrar & CEO is not available to make this delegation, the Director of Finance, People & Corporate Services will convene with the Executive Committee to assist them to make this delegation.
3. The Board Chair meets as necessary with the individual with delegated signatory authority, to ensure continuity and stability of operations during the Registrar & CEO's absence.
4. If the absence lengthens, the procedures for a longer duration will be implemented.

Long-Term Absences (Planned or Unplanned): These comprise absences which are more than three months and up to a year, with the Registrar & CEO's anticipated return.

1. The SLT is prepared to cover the Registrar & CEO's duties and ensure business continuity.
2. The Executive Committee meets to recommend to the Board the appointment of an Acting Registrar & CEO. This may involve the Registrar & CEO if they are available to contribute to this decision.
3. The Board Chair calls a special Board meeting to be held at the earliest time that a quorum can be arranged. This meeting may be held virtually.
4. The Board appoints an Acting Registrar & CEO according to section 9.01 of the College bylaws. Unless otherwise specified, the Acting Registrar & CEO is vested with all the responsibility and authority of the Registrar & CEO, including strategic planning, financial management, Board support, risk management, and human resources oversight.
5. The Board Chair meets regularly with the Acting Registrar & CEO, to ensure continuity and stability of operations during the Registrar & CEO's absence.

Permanent Planned Departure (Retirement): In this situation, an optimal notice given four to six months in advance and in writing to the Board provides the Board with appropriate time to organize and hire for the position and plan for a transition period.

Immediately upon notice of the Registrar & CEO's permanent departure:

1. The Board Chair calls a Board meeting to recommend individuals who will compose a Search Committee to oversee the departure, hiring, and succession process.
2. The Search Committee develops a plan to ensure that the permanent position is filled by the time of the current Registrar & CEO's last day of employment and implements and shares a transition plan with the Board and staff.

Sudden Permanent Vacancy (Resignation, Termination, or Death): If the Registrar & CEO suddenly departs or is otherwise unable to lead the College, having an emergency transition plan in place is vital.

If a sudden vacancy occurs:

1. The SLT will be prepared to cover the Registrar & CEO's duties and ensure business continuity.
2. The Executive Committee and SLT will work together to identify a potential interim successor.
3. The Executive Committee will meet to recommend to the Board the appointment of an Interim Registrar & CEO.

4. The Board Chair will call a special Board meeting to be held at the earliest time that a quorum can be arranged. This meeting may be held virtually.
5. The Board will identify interim procedures and responsibilities, including appointing an Interim Registrar & CEO according to section 9.01 of the College bylaws. Unless otherwise specified, the Interim Registrar & CEO will be vested with all the responsibility and authority of the Registrar & CEO, including strategic planning, financial management, Board support, risk management, and human resources oversight.
6. The Board Chair will meet regularly with the Interim Registrar & CEO, to ensure continuity and stability of operations until a permanent Registrar & CEO is appointed.

Further Procedures for Planned Permanent Departure or Sudden Permanent Vacancy

1. The Board appoints a Search Committee consisting of at least the Board Chair, Director of Finance, People & Corporate Services, and two Directors. The Committee must be represented by at least one Public Director.
2. The Search Committee:
 - 2.1 Reviews the Registrar & CEO's job description.
 - 2.2 Determines the search process, which may involve an internal search only or an internal and external search.
 - 2.3 If an open (internal and external) recruitment is being used, engages an executive search firm to assist with recruiting and/or selecting a new Registrar & CEO. The Director of Finance, People & Corporate Services assists in choosing the search firm. This engagement process may include a request for proposals or quotations from individuals and firms qualified to conduct this search.
 - 2.4 Determines the selection process, which may include a panel interview, presentation, or other such activities that will enable the Committee to differentiate candidates and inform the selection process. The Director of Finance, People & Corporate Services assists in determining the selection process.
 - 2.5 Presents to the Board, for approval, the name and qualifications of a preferred candidate for the position and any recommendations related to the employment contract.
3. The Executive Committee drafts a negotiated employment agreement, including compensation, benefits, and start date.
4. Once all parties have agreed to and signed the employment contract, the College notifies the following system partners about the hiring of the new Registrar & CEO:
 - 4.1 College staff
 - 4.2 The Ministry of Health
 - 4.3 The general public
 - 4.4 Registrants

4.5 Professional associations (Canadian Association of Occupational Therapists and Ontario Society of Occupational Therapists)

4.6 The Association of Canadian Occupational Therapy Regulatory Organizations

Transition Into the Role

1. The outgoing Registrar & CEO or the SLT develops a formal transition and onboarding plan for the person entering either the interim or permanent Registrar & CEO position.
2. The Executive Committee works closely with the SLT to ensure a smooth transition for the new Registrar & CEO.
3. If necessary, the Executive Committee contracts external resource assistance in such areas as executive recruitment, human resources management, and legal advice.

DRAFT

Policy Type:	Section 8: Evaluation, Training, and Development
Policy Reference and Title:	8.5 Board and Committee Training and Development
Date Prepared:	June 2025
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To provide direction and guidance for Directors and Committee Appointees regarding training, education, and development expectations. Effective governance requires that Directors and Committee Appointees are equipped with the knowledge, skills, tools, and support needed to fulfill their roles effectively and with competence and confidence. Effectively fulfilling their roles requires Directors and Committee Appointees to understand their responsibilities, navigate complex issues, and make informed decisions.

Application

This policy applies to all Directors and Committee Appointees.

Policy

The College and the Board are committed to effective governance and regulatory performance through comprehensive orientation and ongoing education. While Directors and Committee Appointees are expected to bring relevant knowledge and experience to their roles, continued learning is essential to strengthening governance capacity, supporting the College's effectiveness, and enhancing regulatory performance.

Procedure

Orientation Process

Orientation for Directors and Committee Appointees occurs as soon as possible following appointment or election. The Registrar & CEO and/or senior staff collaboratively provide the orientation, which includes:

1. An overview of the College's mandate, governance framework, and strategic priorities.
2. Access to resources outlining roles, responsibilities, policies, and key procedures.
3. Informal peer support and welcome by current Directors and Committee Appointees.

Board Training and Development

The College supports continuous development for Directors, recognizing governance as a shared responsibility between individuals and the organization.

Training initiatives include:

- Annual Board-wide governance training

- Opportunities to attend external educational events
- Regular updates on emerging issues specific to occupational therapy and on regulatory trends
- Presentations about shared responsibility for ongoing development between Directors, the Board, and the College

Key training topics may include:

- Governance roles, ethics, legal responsibilities, and accountability
- Strategic planning and performance monitoring
- Financial literacy and resource management
- Open communication and effective decision-making.
- Emerging issues, such as Equity, Diversity, and Inclusion, cybersecurity, and sustainability
- Skills gap areas identified through Board evaluations

Committee Training and Development

All committees are expected to operate in alignment with the Board's governance framework and their individual mandates. The College supports Committee Appointees through tailored education and developments opportunities, including:

- Ongoing learning specific to each committee's work.
- Training needs identified through formal evaluation or at the Committee Chair's recommendation.
- Additional training recommended by the Governance Committee to enhance overall committee effectiveness.

Policy Type:	Section 8: Evaluation, Training, and Development
Policy Reference and Title:	8.6 Training for Board Chair and Committee Chairs
Date Prepared:	June 2025
Date Revised:	n/a
Date Reviewed:	n/a

Purpose

To outline the approved process for induction training and ongoing support for the Board Chair and Committee Chairs. The policy aims to ensure that they are equipped to lead effectively, facilitate meetings, and fulfill their governance responsibilities with competence and confidence. Effectively fulfilling these responsibilities requires Directors and Committee Appointees to understand their responsibilities, address complex issues, and make informed decisions.

Application

This policy applies to the Board Chair and Committee Chairs.

Policy

The College and the Board are committed to providing training, education, and development opportunities that support the leadership roles of the Board Chair and Committee Chairs. These tools are designed to equip them with the skills and knowledge necessary to lead effectively, fulfill their roles, and promote strong governance practices.

Procedure

1. Induction Training

Following their election, selection, or appointment and whether new or returning to the role, Board Chairs and Committee Chairs participate in the induction training session at the beginning of each College year. The relevant College staff members deliver the training. Induction training supports chairs in developing or refreshing the skills needed to lead effectively. It also provides opportunities for them to share their insights and build peer connections. Topics may include:

- Leading through effective chairing
- Clarifying roles and responsibilities
- Facilitating productive discussions and deliberations
- Identifying and managing challenges

2. Ongoing Collaboration and Peer Support

To foster collaboration and shared learning, the Board Chair and the Registrar & Chief Executive Officer (CEO) may convene meetings with Committee Chairs to discuss experiences, challenges, and strategies. These meetings promote collaboration, problem-solving, and knowledge exchange.

3. Evaluation and Improvement

In alignment with the Board Assessment and Evaluation policy, chair training programs are evaluated through participant feedback to assess effectiveness and identify opportunities for improvement.

4. Policy Review and Accountability

The Governance Committee reviews this policy every three years or as needed. The Registrar & CEO ensures its implementation and recommends any updates.

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Style Sheet for COTO Governance Manual

Dictionary and Style Manuals

Canadian Oxford Dictionary
Oxford Guide to Canadian English Usage, 2nd Ed.
Canadian Press Stylebook, 18th Ed.

Spelling List

acknowledgement	Committee Appointees (not committee members)
adviser	Committee Chairs
annual registration	Community Appointees
annual renewal	Competencies (when referring generally to <i>Competencies for Occupational Therapists in Canada</i>)
appointees	<i>Competencies for Occupational Therapists in Canada</i> , the (document)
Band Leader (Indigenous person)	Competency and Enhance Assessments
best-practice (adj.)	Confidentiality Agreement
Black (people)	co-sign
Board of Directors (COTO's), Board	coto.org
bylaw	COTO Portal
callout (n.)	Council (when referring to a specific council)
CAOT, the	in court, the court
Certificate of Authorization	culturally safer
Chair (n.; when referring to the Chair of a committee or Board)	data (singular n.)
chair (v.)	decision-makers
check mark	decision-making (n. & adj.)
client (not patient)	defence (n.)
client records (used generally; see also health records)	de-identification
client-centred	Dialectical Behavioural Therapy
co-create	Directors (of COTO Board)
Code (when referring to the Health Professions Procedural Code)	education (n.)
Code of Conduct	educational (adj.)
Code of Ethics (when referring to COTO's)	Elder (Indigenous person)
codevelop	Elected Director
coexist	email
co-facilitate	end-of-life (adj.)
Cognitive Behavioural Therapy	entry-level (adj.)
College (when referring to a specific college)	Equity, Diversity, and Inclusion
Committee (when referring to a specific College committee; otherwise, lower case)	evidence-informed (before & after n.)
	External Auditor, external auditors
	Fairness Commissioner
	field-test
	field-testing

Find an Occupational Therapist/Find an OT
follow-up (n. & adj.)
follow up (v.)
footcare
for example (not e.g.)
four Rs
fulfill
full-day (adj.)
Governance Manual
healthcare (adj.)
health care (n.)
Health Professions Procedural Code
health records (used in connection with privacy legislation; see also client records)
high-quality (adj.)
homepage
indwelling
in-person (before & after n.)
interested parties (not stakeholders)
internet
interprofessional
jewellery
judgement
knowledgeable
licence (n.)
license (v.)
licensing body
Lieutenant Governor
LGBTQ2S+
lock box (n. & adj.)
log in (v.)
login (n.)
long-term care home
MyQA
never-ending
non-clinical
non-critical
non-statutory
non-visible
occupational therapy (not OT)
occupational therapy assistants
online
on-road
on-site (before & after n.)
Ontario Regulation 95/07: Professional Misconduct
Ontario Regulation 226/96: General - Part V: Advertising
OSOT (no “the”)
OT Reg. (Ont.)
panel members
People of Colour
percent (but use % where possible)
policy-making
practice (n.)
Practice Guidance Documents
practise (v.)
prepackaged
PREP Module
presterilized
private sector (adj.)
problem-solving (n. & adj.)
Professional Development Plan
Public Director
publicly funded
Quality Assurance Program (when referring to COTO’s; otherwise, lower case)
re-assess
recontact
record keeping (n. & adj.)
re-entry
re-evaluate
registrant (not member)
Registrar & CEO
registration renewal
resumé
risk management (n. & adj.)
role emerging placement
Rules of Procedure
self-assessment tool
self-regulated
Senior Leadership
socioeconomic
Standards, Standards of Practice (full set), Standard for XX (single standard)
Strategic Plan
subcommittee
surveillance material
Telehealth

telepractice	wait list, waiting list
third party (n. & adj.)	webinar
toward	website
two track (adj.)	well-being
underway	White (people)
up-to-date	White-passing
username	worldview
video conferencing	

Acronyms

spell out and introduce acronym on first mention in a policy and use acronym thereafter;
if the term is mentioned only once in a policy, do not include acronym

CEO: Chief Executive Officer
EDI: equity, diversity, and inclusion
EIA: Equity Impact Assessment
ICRC: Inquiries, Complaints and Reports Committee
RHPA: *Regulated Health Professions Act, 1991*
SLT: Senior Leadership Team

Dates & Numbers

one to nine, 10+
2,500
416-214-1177/1-800-890-6570
\$200
\$200.34
5:34 p.m.
9 a.m.
%

Punctuation and Typography

serial comma
comma after introductory adverb or adverbial or participial phrase
no spaces around slash dividing two words; spaces around slash dividing two phrases or sentences

italics for acts; no italics for regulations

no italics or quotation marks for policy names

quotation marks for words used as words (For example, an occupational therapist publishing research in a journal on hand therapy may use the abbreviation “CHT” to represent “Certified Hand Therapist.”)

- an exception occurs in glossaries or definitions sections, where the number of quotation marks required would be visually messy
- unless necessary to avoid confusion, quotation marks are not used with the

phrasing “refers to” (an example of an exception is “PHO refers to the steps taken to clean, disinfect, and sterilize medical equipment or devices as ‘reprocessing’”)

for ellipses, use three periods without spaces before, between, or after dashes with no space on either side

Capitalization

headline-style capitalization for headings and subheadings

cap names of website tabs and menu headings (for example, Find an OT)

cap names of COTO committees (for example, Quality Assurance)

cap job titles

cap Fundamental Values of Occupational Therapists as listed in COTO’s Code of Ethics

cap names of policies when cross-referenced elsewhere in the document (for example, “In alignment with the Board Assessment and Evaluation policy, etc.”)

cap “team” when referring to a specific COTO team (Communications Team)

Lists

always introduced by colon even if sentence preceding colon is incomplete

usually, bullets; occasionally, Arabic numerals followed by a period

cap initial letter

unless needed for legal reasons, do not use “and” or “or” between bullet points

use period at end of each list item unless “and” or “or” is necessary, in which case, use comma

points can be words, phrases, or complete sentences; ensure parallelism within list

Charts and Tables

charts and tables must have an in-text reference

headline-style titles and row and column heads

parallel structure within each cell if possible

ensure that titles and heads are descriptive yet concise

period at end of each cell or sentence

References to Bylaws and Legislation

College bylaws: section 5.05.7

Health Professions Procedural Code: section 10(1)(3), section 80.2(1)(4)

Other

use “their,” not “his” and “her,” as both a singular and a plural third-person pronoun but

use “it” for organizations

generally, use plural for groups of people (occupational therapists, clients, etc.)

avoid contractions

use a plural verb with “staff” (Staff are responsible for, etc.)
generally, ensure that job titles of COTO staff match those on the COTO website

BOARD MEETING BRIEFING NOTE

Date: March 26, 2026
From: Nominations Committee
Subject: Committee Appointments

Recommendation:

***THAT** the Board appoint Wesam Al Ghazawi to the Inquiries, Complaints and Reports Committee for a three-year term, commencing March 27, 2026.*

***THAT** the Board appoint Sarah Waite to the Quality Assurance Subcommittee for a three-year term, commencing March 27, 2026.*

Issue:

The Board is asked to consider the appointments, as recommended by the Nominations Committee.

Link to Strategic Plan:

This aligns to:

Quality Practice:

2.2. Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy service.

Performance and Accountability:

4.1. Ensures College governance is proactive, effective, competency-based, and accountable.

Why this is in the Public Interest:

Committee members must possess the knowledge, skills, and experience to discharge their duties effectively. Ensuring that committee is composed of qualified, and diverse members support effective, timely, and fair decision-making. Strong committee governance enhances public protection and reinforces confidence in the College’s regulatory role.

Equity, Diversity, and Inclusion Considerations:

The appointment process is designed to promote equity, diversity, and inclusion. In making its recommendations, the Nominations Committee considered diversity across practice settings, geographical location, lived experience, and professional perspectives. The resulting composition of the Inquiries, Complaints and Reports Committee and the Quality Assurance

BOARD MEETING BRIEFING NOTE

Committee Appointments

Page 2 of 2

Subcommittee reflects a broad representation of occupational therapists from across the province and supports inclusive, informed decision-making.

Background:

The Nominations Committee is responsible for ensuring that College committees collectively demonstrate an appropriate range of expertise and skills as well as a diversity of practice, geographic location, gender, cultural, and age diversity is met.

An open and competitive recruitment process was conducted for a professional appointee to the Inquiries, Complaints and Reports Committee (ICRC), and it was anticipated that the Nominations Committee would bring forward a recommendation for one professional committee appointee to the March 2026 Board meeting.

Discussion:

The College conducted an open recruitment process and invited interested registrants to apply through the College website and social media channels.

College staff supported the recruitment process by responding to candidate inquiries, collecting application forms and supporting documentation, and confirming that each candidate meets the College's eligibility requirements for committee appointments. The Nominations Committee reviewed the applications and conducted interviews with applicants as part of the recruitment process. Following its review and deliberations, the Nominations Committee is recommending to the Board that Wesam Al Ghazawi be appointed to the Inquiries, Complaints and Reports Committee.

During this recruitment process, the Nominations Committee was also advised of a vacancy on the Quality Assurance Subcommittee. Rather than initiating a separate recruitment process, the Committee reviewed the pool of applicants from the ICRC recruitment to determine whether any candidates also possessed the competencies and experience required for the Quality Assurance Subcommittee.

Through this review, the Committee identified Sarah Waite as a candidate whose experience and competencies align well with the needs of the Quality Assurance Subcommittee. Ms. Waite brings current clinical practice experience through direct client care, which supports the Subcommittee's work in reviewing and supporting the various quality assurance program components. Following its review and deliberations, the Nominations Committee determined that Sarah Waite would be a strong addition to the Quality Assurance Subcommittee and recommends her appointment.

Attachments:

1. Resume in FYI Section – Wesam Al Ghazawi (*suppressed in public materials to protect privacy*)
2. Resume in FYI Section – Sarah Waite (*suppressed in public materials to protect privacy*)

March 26, 2026

BOARD BRIEFING NOTE

Date: March 26, 2026
From: Registration Committee
Subject: Revised Language Fluency Requirement Registration Policy

Recommendation:

THAT the Board approve the revised Language Fluency Requirement registration policy.

Issue:

The Registration Committee is asked to approve the draft Language Fluency Requirement policy to align with the new 1-6 scale TOEFL iBT cut scores. Further changes include adding Pearson Test of English (PTE) as another acceptable test.

Link to Strategic Plan:

Public Confidence and Qualified Occupational Therapists:

- Public Confidence
 - 1.5 College operations are transparent, effective and efficient in serving and protecting the public interest,
- Qualified occupational therapists
 - 2.2 Decisions about occupational therapists are transparent and accessible.

Why this is in the Public Interest:

The updated score scale will better align with global standards and simplify score interpretation. In addition, the added Pearson Test of English is in line with the amended *Regulated Health Professions Act, 1991*, which is meant to harmonize language proficiency requirements under the *Immigration and Refugee Protection Act*, with those required by health regulatory colleges. These changes will ensure more effective and efficient registration of internationally educated applicants, while protecting the public.

Diversity, Equity, and Inclusion Considerations:

The updated score scale will better serve equity-deserving groups by simplifying score interpretation and ensuring a modern testing experience. In addition, adding Pearson Test of English gives internationally educated applicants more test choices. These changes will further enhance equity, diversity and inclusion in language testing for international applicants.

Background:

The TOEFL iBT test remains the gold standard in English-language testing by many institutions and organization in North America. To remain competitive, they must constantly make positive changes. Updating and modernizing test scores is an important step in this direction.

In April 2022, the Ontario Government passed the *Pandemic and Emergency Preparedness Act, 2022* that amended the *Regulated Health Professions Acts, 1991* (RHPA), adding a new Language Proficiency Requirements section. The added section required health regulatory Colleges to ensure they comply with regulation made by the government respecting English or French language proficiency requirements.

One of those provisions required health regulatory colleges to ensure that their English or French language proficiency requirements align with those approved under the Immigration and Refugee Protection Act (Canada) for use in assessing language proficiency.

Pearson Test of English has already been approved by Immigration Refugees, Citizenship Canada (IRCC) as an additional test. The College need to add this test to ensure compliance with law.

Discussion:

The updated TOEFL iBT test creates a more personalized, accessible, and modern testing experience, while maintaining the academic rigor institutions trust. The changes will also lead to easier score interpretation for score users, including registration teams in Colleges. These changes were effective from January 21, 2026.

In addition, Pearson Test of English has already been accepted by Immigration, Refugees and Citizenship Canada (IRCC), meaning the College need to add it as another acceptable test.

The Association of Canadian Occupational Therapy Regulators (ACOTRO) has updated their language policies to reflect the new changes. The changes in this policy were adopted from the ACOTRO changes.

Attachments:

1. Language Fluency Requirement Policy 8-81

Language Fluency Requirement - *DRAFT*

8-81

Section:	Registration
Applies to:	All applicants for all classes of registration
Approved by:	Registration Committee
Date Revised:	February 2016, February 2022, December 2022, April 2025, January 2026

Purpose

This policy explains how the College determines if an applicant meets the registration requirement to be able to speak and write English or French with reasonable fluency.

Principle

Effective communication is essential for providing safe and effective care in the practice of occupational therapy.

Policy

Applicants must provide evidence of reasonable skills in reading, listening, speaking and writing in one of Canada's official languages, English or French.

The College applies the [language proficiency standards](#) of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO).

Process for demonstrating language fluency

Applicants can demonstrate that they meet the language fluency requirement in the following ways:

- Applicants who obtained their occupational therapy education in Canada can provide proof of the completion of their occupational therapy degree.
- Applicants who obtained their occupational therapy education outside Canada can have an accredited credential assessment agency confirm that their language of instruction for occupational therapy was English or French. The agency must send this directly to the

College as an original document. This can also be included with the Substantial Equivalency Assessment System (SEAS) report issued by the Association of Canadian Occupational Therapy Regulatory Organizations.

- Applicants can show that they have achieved the minimum score on one of the College-approved language fluency tests listed in this policy's Appendix. They must also ensure that:
 - i. The test was completed within the two years prior to the application. However, the results will remain valid within the application validity period.
 - ii. The four domains of reading, writing, listening and speaking were tested,
 - iii. All sections of the test (four domains) were completed in a single sitting,

The results must be sent directly from the testing agency to the College as an original document. They can also be included with the SEAS report.

Demonstrating language fluency through alternate methods

Applicants who are unable to demonstrate language fluency by way of one of the methods set out above must make a request to the Registration Committee for permission to demonstrate fluency through an alternative method.

Applicants must have alternative evidence acceptable to the Registration Committee that they meet the language fluency requirement. The evidence must be sent directly to the College by the individual or organization who is providing the evidence. For example, the test provider or applicant's employer.

Here are some examples of evidence that the Committee may consider:

- Language tests and scores that they have achieved to date
- Experience with verbal communication, validated by signed letters of support from, for example, occupational therapists or other health professionals, previous practice supervisors, or employers
- Related healthcare employment where written documentation was required, validated by signed letters from, for example, occupational therapists or other health professionals, previous practice supervisors, or employers

Criteria for granting permission to demonstrate language fluency through alternate means

The Committee considers each request on an individual basis. The Committee will only grant permission to demonstrate language fluency through alternate means if:

- The circumstances beyond the control of the individual and

- The Committee considers the applicant's evidence to be substantially equivalent to the requirements set out in this policy and
- Allowing the applicant to prove reasonable fluency through alternate means will not pose a risk to safe, effective care.

Legal Requirement

[Ontario Regulation 226/96: General, under the Occupational Therapy Act, 1991, s 35\(1\)5](#)

[Ontario Regulation 508/22 Registration Requirements, under Regulated Health Professions Act, 1991, s 3\(1\)\(2\)](#)

Appendix

College Language Fluency Requirement

Acceptable tests and scores are as follows:

English

Language Skill	Canadian English Language Proficiency Index Program (CELP/IP General)	International English Language Testing System Academic (IELTS) Academic and General Module	Test of English as a Foreign Language (TOEFL) iBT		Test of English as a Foreign Language (TOEFL) Essentials	Pearson Test of English Core (PTE Core)
			Tests completed before January 21, 2026	Tests completed after January 21, 2026		
Reading	9	7.0	21	4	10	78
Writing	8	6.5	21	4.5	8	79
Listening	8	7.0	21	4.5	9	71
Speaking	8	6.5	21	4	8	76

French

Language Skill	Test d'Evaluation du Français (TEF) TEF Canada, TEF Quebec and TEF 5 épreuves	Test de connaissance du français (TCF) TCF Canada, TCF Quebec, TFC Tout Public results
Reading	248	524
Writing	349	12
Listening	280	503
Speaking	349	12

Testing Conditions:

- Combined scores from different testing agency tests will not be accepted.
- All 4 language components (reading, writing, listening, speaking) must be tested
- The minimum required test score must be met for component
- All component scores must be obtained from a single test sitting, except in the case of official partial test re-takes where the language testing agency issues a combined report, and has verified the validity and reliability of the combined result
- The test must have been successfully completed no more than two years prior to applying. Test results older than two years will not be accepted.
- Once accepted, the test results remain valid for the duration of the application.