College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et
des Orthophonistes de l'Ontario

CASLPO'S GUIDE TO GOVERNANCE:

PRINCIPLES AND PRACTICES

EFFECTIVE DATE: JUNE 6, 2019

5060-3080 Yonge Street
Toronto, Ontario M4N 3N1
416-975-5347 1-800-993-9459
www.caslpo.com

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1. INTRODUCTION

Let's begin with a fundamental definition: to govern, at the very core, is to control and direct. You may govern yourself, another person or, in this case, an organization. The focus of this document is the governing of a regulatory body. As Council members, or governors, your essential task is to control and direct the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO).

In order to do this, you must know and understand the structure and goals of the organization, and the procedures and policies that enable you to function in the most efficient and effective way. A governance manual should articulate these elements explicitly. However, a governance manual is not static, it should be subject to analysis, review and change as the organization and its goals change.

This Governance Manual must be considered in the context of two other important documents, which will also guide Council and Non-Council members: College By-laws and the Orientation Package.

PURPOSE

This manual is intended to capture the structure and goals of CASLPO, along with all the procedures and policies that we currently have that speak to "how" the Council will govern, beyond what is contained in By-laws. This manual should be considered a resource for all Council and Non-Council members to consult when they are determining how they will function within and interact with the College. As with all organizations, CASLPO's structure, goals and methods for governance will grow and evolve. Consequently, this manual, too, will grow and evolve.

STRUCTURE

This manual is designed to provide information at the broadest, conceptual level as well as the more concrete, procedural level. You should be able to search and find specific information (to search a topic or word, press **shift f**, simultaneously) without having to go through the manual sequentially. You will always know that you are consulting the most current version by the "effective date" on the cover.

2. GOALS OF THE COLLEGE

DIVERSITY STATEMENT

The College of Audiologists and Speech-Language Pathologists of Ontario believes that ensuring diversity is fundamental to its growth and progress and an integral part of all of its activities. This philosophy is reflected in all aspects of College operations including communications with the public and its interactions with applicants for registration and members, Council and committee members, accountability bodies, employees, consultants and other College representatives.

All individuals will be treated as individuals without regard to factors such as race, colour, ancestry, place of origin, religious beliefs, gender, age, physical disability, mental disability, marital status, family status, sexual orientation or any other factor that is legislatively protected under Ontario's *Human Rights Code*[1]. Any form of discrimination or harassment based upon these factors is neither permitted nor condoned and, above all, will not be tolerated under any circumstances.

The College is also committed to complying with the *Accessibility for Ontarians with Disabilities Act, 2005* and the *Occupational Health and Safety Act*.

VISION STATEMENT

CASLPO will be an outstanding leader among the regulators of health care professionals.

MISSION STATEMENT

The College is committed to ensuring that the people of Ontario receive respectful, effective, high quality audiology and speech-language pathology services provided by competent self-regulated practitioners.

MANDATE

The purpose of the College is to regulate the professions of Audiology and Speech-Language Pathology. The College serves and protects the public interest and governs its members in accordance with the *Regulated Health Professions Act, 1991* (RHPA), the *Audiology and Speech-Language Pathology Act, 1991* (ASLPA), and the regulations, policies and By-laws of the College.

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[1] The actual language from the Ontario *Human Rights Code* at the time of approval reads: "race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sexual orientation, gender identity, gender expression, age, record of offences, marital status, family status or disability".

CORE VALUES

Serves and Protects the Public Interest: The College acts to serve and protect the public interest.

Provides Quality Service: The College provides high quality service to the public and to its members. It strives to improve continuously its level of service delivery.

Accountability & Transparency: The College is accountable to the public, the government and its members through governance and administrative processes that are open, fair, responsive, respectful and professional.

Acts with Integrity: The College treats people and its stakeholders with dignity and respect.

Teamwork and Collaboration are Essential: The knowledge, commitment and skills of Council, staff, volunteers and members drive the College's success. Individual roles are defined and clearly understood and everyone involved works in a collegial manner together.

OBJECTS

The College has the following objects, as set out in s. 3 of the *Health Professions Procedural Code* ("the Code"), being Schedule 2 to the *RHPA*:

1. To regulate the practice of the professions and to govern the members in accordance with the *ASLPA*, the Code and the *Regulated Health Professions Act, 1991* and the regulations and By-laws flowing therefrom.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the professions.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
    4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under the Code and the *Regulated Health Professions Act, 1991*.

7. To administer the ASLPA, the Code and the *Regulated Health Professions Act, 1991* as they relate to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.

STRATEGIC GOALS

In addition to CASLPO's foundational (Vision, Mission, Mandate, Core Values) and legislative (Objects) goals, the College also sets strategic goals. For the most current strategic plan, please refer to the posted plan here. Details of the projects, etc. may be found in your Orientation Package.

3. STRUCTURE OF THE COLLEGE

Colleges operate through an established Council and committee structure in order to discharge their responsibilities. A general description of the composition and duties of the CASLPO Council and committees follows, however, you will find further details within By-law No. 1.

THE COUNCIL

The Council of the College consists of 18 members;

- 7 members of the public appointed by Government (these public appointees cannot be health professionals or government employees);
- 9 professional members (elected from all geographic areas of the province by their peers who are also governed by the same College) and;
- 2 appointed academic members proposed by the academic community and approved by Council.

The Council elects a President from among its members, to preside over meetings that are subject to rules of procedure (See Committee Operations).

COMMITTEE STRUCTURE

All members of the Council sit on a variety of committees. In addition, non-Council professional members may be appointed to specific committees. The Council approves the committee composition, annually.

The Executive Committee structure is unique, in so far as the Council votes for each member of the Committee, typically at the June Council meeting. The final composition of the Executive Committee has 6 members: two audiologists, two speech-language pathologists, and two public members, which must include the President and the Vice-President.

All committees of the College develop and recommend College policies for Council approval. However, in addition to policy recommendations, the following committees also render decisions regarding specific members:

1. Registration,
2. Investigations, Complaints and Reports,
3. Discipline,
4. Fitness to Practise, and
5. Quality Assurance

Any decisions rendered with regard to specific members by the above listed committees are not subject to the approval of Council.

Below you will find a description of the functions of both the statutory and non-statutory committees.

STATUTORY COMMITTEES

Seven statutory committees with specific legal functions and procedures, must be established and maintained by all Colleges as a requirement under the RHPA:

1. ### EXECUTIVE COMMITTEE

   This Committee may act on behalf of Council between Council meetings and coordinates the activities of committees; recommends the composition of all committees; sets Council agendas and dates; evaluates the performance of the Registrar; focuses on governance, leadership and Council training, education and evaluation and succession planning.

2. ### REGISTRATION COMMITTEE

   This Committee (or a panel of the Committee) provides a fair and transparent process for reviewing applications for registration. It reviews applications that the Registrar has referred based on concerns that the applicant may not meet the registration requirements. The committee also advises Council and makes recommendations on matters relating to entry to practice standards, mentorship requirements, registration regulations, and related matters. It also addresses issues of reporting practices concerning Ontario's Office of the Fairness Commissioner (OFC).

   The Committee's decisions regarding approval of applications are subject to external appeal through the Health Professions Appeal and Review Board (HPARB).

3. ### INVESTIGATION, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

   This Committee (or a panel of the Committee) considers all complaints made to the College regarding members. Since 2009, the ICRC has also been responsible for reports regarding members that are made to the College. In the case of complaints, the ICRC may decide to request a formal investigation into the matter. The ICRC may also approve to appoint an investigator in a report matter if the Registrar has reasonable and probable grounds to believe that a member has committed an act of professional misconduct or is incompetent.

   The ICRC acts as a screening committee and has the responsibility to determine whether or not allegations warrant a referral to the Discipline Committee for a hearing. If a referral is not merited in a particular case, the ICRC may make other decisions in accordance with the legislation. These options include ordering the member to complete a Specified Continuing Education or Remediation Program (SCERP), referring the member to the

Fitness to Practise Committee for incapacity proceedings, issuing a written warning, advice or reminder, requiring the member to appear before the ICRC to receive an oral caution or taking any other action it considers appropriate that is not inconsistent with the *Audiology and Speech-Language Pathology Act, 1991*, the Code, the regulations or the By-laws of the College. The ICRC can also decide to take no action in the matter.

The Committees decisions regarding complaints and reports are subject to external appeal though the Health Professions Appeal and Review Board (HPARB).

4. DISCIPLINE COMMITTEE

This Committee (or a panel of the Committee) holds public hearings on specified allegations of incompetence or professional misconduct referred to it from the Inquiries, Complaints and Reports Committee (ICRC).

Functioning as a quasi-judicial body, this Committee works independently of the Council. In essence the Discipline Committee's function is to judge the merits of the College's case regarding a member Vs the member's defence. Consequently, this Committee must accomplish its work independent of the Council and therefore do not represent the College at the hearings. For these reasons, the Discipline Committee generally employs independent legal counsel (ILC) to assist in their functions.

A decision of the Discipline Committee may be appealed through divisional court, only.

5. FITNESS TO PRACTISE COMMITTEE

This Committee (or a panel of the Committee) holds closed hearings on matters referred to it by the ICRC, to determine if a member is incapacitated and, if a panel finds a member is incapacitated, to make an appropriate order. Incapacitated is defined in the Code as follows:

> Section 1 (1): … the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's certificate of registration be subject to terms, conditions or limitations, or that the member no longer be permitted to practise.

This Committee holds closed hearings concerning referrals from the ICRC regarding members who the ICRC, through their investigation, suspect the member may be incapacitated, either physically or mentally.

A decision of the Fitness to Practise Committee may be appealed through divisional court, only.

6. PATIENT RELATIONS COMMITTEE

   This Committee's primary duty is to establish a patient relations program, which includes a Sexual Abuse Prevention Plan and may make recommendations about the amount of funding a College commits to assist victims of sexual abuse by members. The Committee may also develop initiatives relating to public education and awareness.

7. QUALITY ASSURANCE COMMITTEE

   This Committee has oversight and responsibility for the College's Quality Assurance (continuing competence) Program which assesses member competence in accordance with the profession's standards of practice and supports the members to upgrade their skills and knowledge in order to improve their practices. The Committee also advises Council and makes recommendations on matters relating to support of the quality assurance process.

   There is no appeal process available regarding the decisions of this Committee.

NON-STATUTORY COMMITTEES

In addition to the statutory committees, CASLPO has established 2 non-statutory committees:

1. PRACTICE MATTERS COMMITTEE (SLP AND AUD)

   The Practice Matters Committee monitors professional practice issues and other issues that affect access to the professions and provide policy advice to Council.

2. FINANCE COMMITTEE

   This Committee reviews the budget and financial statements. It also reviews and evaluates the risks that may affect the College. It maintains a relationship with the Auditor and reviews the annual business plan and matters related to the adequacy of the internal controls of the College. It ensures there are adequate systems and practices in place to provide reasonable assurance of compliance with laws and regulations with respect to the financial affairs of the College.

Colleges may also form other standing committees or task forces for specific purposes.

Non-statutory committees consist of members of Council and may also include appointed professional members as Non-Council Members.

4. ROLES AND RESPONSIBILITIES

GENERAL COUNCIL AND NON-COUNCIL MEMBER RESPONSIBILITIES

All members of Council and non-Council members have general responsibilities when participating in any Council activity and they include the following.

PREPARATION FOR MEETINGS

Council members will:
- Make every reasonable effort to attend meetings of Council and committees
- Acquire a basic understanding of the College objects and the processes for carrying out these objects
- Commit sufficient time to prepare for meetings in order to be an active participant in discussions and decisions
- Respect the decisions of Council once made and not publicly advocate against such decisions
- Declare a conflict of interest, where appropriate, in matters under discussion and not participate or be present during discussion or decision.

SPEAKING WITH ONE VOICE

Council members will:
Uphold all decisions made by Council and not speak against a decision once it has been made

- Use the expertise of individual members to enhance the ability of the Council as a body, rather than to substitute their individual values for the group's values
- Be accountable to the people of Ontario for competent, conscientious, and effective execution of its obligations as a body.

CONFIDENTIALITY AND IMMUNITY

Council or committee work is privy to information, which is considered confidential, and the RHPA (section 36) requires (with some exceptions) that confidentiality regarding such information be preserved. Violation of this Section would, on conviction, give rise to a significant penalty (up to a $25,000 fine.) Also, Section 38 provides legal protection in the course of duties as a Council member. However, the protection has limits; there would be no immunity for libel or slander, by a member of Council against another member, for example.

Confidentiality restrictions may also apply between committees, between a particular committee and the Council and/or between Council members. It is important to note that Council members may not be privy to all information and may have to place their trust in the committee that is seized with a matter that is confidential and trust that they will follow established policies and procedures.

CONFLICT OF INTEREST DETERMINATION

From time to time, as a member of a committee that makes decisions regarding members (QA, ICRC, Discipline, Fitness to Practise, Registration), you may have had prior knowledge or contact with the member or applicant under review. The following is meant to assist you as a committee member in determining whether you have an actual or perceived conflict of interest in the review of a case.

Questions to consider:
1. Do I have personal or direct knowledge of the member?
   a. If no, then you likely do not have a conflict of interest.
   b. If yes, then continue.
2. What is the nature of my knowledge? e.g. involvement with a different College committee, co-worker or supervisor (past or present), school mate (past or present), personal relationship (friend, acquaintance, etc.)

3. How long ago was I in contact with the member?
4. Are there any other factors I feel could affect my participation as an unbiased decision maker?

If Council Members have recent and/or detailed knowledge of a member, it is likely a conflict of interest. In these cases, members are to notify a member of staff as soon as possible and discuss the potential or real conflict of interest well before the meeting. However, it may be the case that potential conflict of interest is only discovered while in a meeting. In these instances, members should indicate the potential conflict of interest immediately and the chair will interrupt the meeting to determine with staff what the issues are and how to handle it. Do not discuss concerns with any other members of the committee. Doing so may affect their ability to participate in the deliberations.

Should members discover a potential conflict of interest during a meeting, they should identify to the chair that "I have a conflict of interest" and do not provide details respecting why. The Chair will arrange for a short break and a member of staff will contact the member directly.

Always remember: There are no hard and fast rules to determine conflicts. Staff are always happy to assist with any questions you may have. Everything must be approached on a case by case basis.

COUNCIL

The Council acts as a Board of Directors and the Council members' principle role is to provide policy direction in keeping with the College objects (see page 2 for the

full list of objects). These objects, or purposes are found in the RHPA and include the overarching duty to regulate the practice of the professions in accordance with legal requirements in the public interest.

Council members bring individual perspectives to the collective decision-making process that has, at the forefront, protection of the public interest through effective regulation of its members. The Council aims for governance excellence in the monitoring and directing of the affairs of the College in an effort to instill public confidence and trust.

Council Responsibilities

In carrying out its role, the College Council will:

1. Fulfill the legislated responsibilities in the *Regulated Health Professions Act*, the *Code* and the *Audiology and Speech-Language Pathology Act* and ensure that all other statutory responsibilities of the College, its committees and its employees are upheld.

2. Understand the objects of the College and the Council's definition of their direction.

3. Establish rules of order for use during Council and committee meetings.

4. Review and approve College governance policies, regulations, By-laws, standards, guidelines and position statements.

5. Establish and promote the College's mission, vision and values.

6. Develop and approve the strategic direction of the College and monitor the work of Council and its committees to ensure goal achievement.

7. Use the College's strategic plan to direct its activities and allocate its resources by setting broad budget priorities, and approve budgets based on these priorities.

8. Receive reports from all statutory committees, non-statutory committees, task forces, and the Registrar.

9. Consider and recommend the legislative changes necessary for the College to meet its mandate.

10. Appoint the College Registrar and participate in their performance review.

11. Appoint the College auditor.

12. Annually elect the College officers (President, Vice President and remaining members of the Executive Committee).

13. Ensure ongoing and effective recruitment of non-Council members.

14. Establish non-statutory committees and task forces.

15. Appoint all committee members, annually.

16. Develop, monitor and evaluate the governance, financial management and reporting frameworks of the College.

17. Oversee the College's performance related to its mandate achievement of stated goals and directions.

18. Evaluate its own performance through a specified evaluation process.

PRESIDENT

The President is elected by Council to serve as its most senior officer in facilitating governance effectiveness and alignment with the mission and vision. The President works effectively with the Registrar, and highlights Council's stewardship role in the self-regulation of the profession.

Responsibilities

In addition to duties outlined in By-law 1(6.2), the President shall:

- Promote, in conjunction with Registrar, the establishment and evaluation of the College's strategic plan.
- Collaborate with the Registrar to identify issues, develop objectives and establish priorities to be deliberated by the Council and oversee the planning, chairing and evaluation of all Council meetings.
- Act as a signing authority for By-laws, regulations, contracts and cheques on behalf of the College as required.
- Serve as the Chair of the Executive Committee and participate on other committees as directed by Council.
- In conjunction with the Registrar, act as an official liaison for opportunities to promote the development of beneficial relationships with other organizations.
- Receive all matters directed to the attention of Executive Committee and Council and review and determine, with the Executive Committee as appropriate, a best course of action on such matters related to the performance of committees or Council members.
- Develop the Council agenda and identify matters that should be discussed in-camera.
- Maintain awareness of activities and of issues facing the Council, external and internal to the College; and in conjunction with the Registrar, including acting as a key spokesperson on Council matters as required.
- On behalf of Council and in accordance with policy, negotiate the Registrar's contract and coordinate the Registrar's annual performance review.
- Support new Council members by reaching out to them in their first quarter to provide and guidance, direction and advice.
- Provide transition information to the new President in the form of a single meeting as immediately following the election.

COMMITTEES

Committees generally have one or both of the following functions:
- Recommending policies/processes to Council
- Making decisions relating to individual members or applicants.

Under the legislation, the following committees are charged with the authority to make committee decisions relating to individual members or applicants:
- Registration,
- Quality Assurance,
- Inquiries, Complaints and Reports,
- Discipline
- Fitness to Practise

As such, these decisions are not reviewable by Council as a whole. See "COMMITTEE STRUCTURE" for descriptions of each committee role.
All committees that have met must submit quarterly reports to Council.

For detailed composition and duties of statutory and non-statutory committees, see By-law No. 1, Article 10.

COMMITTEE CHAIR

The role of the Committee Chair is primarily to preside over meetings of the committee, keeping good order and decorum and adhering to the "Common Rules" and the By-laws, regulations, and governing legislation. In addition, chairs work with staff to finalize meeting agendas prior to meetings and approve drafts of meeting minutes and reports before they are circulated; and approve individual committee sections of College annual reports. Chairs may also be called upon to introduce committee reports and items at Council meetings and to move motions at Council relating to committee work. Similarly, chairs of Committee will address questions from Council pertaining to the Committee Reports. This does not preclude the Chair from requesting that staff address specific questions. Chairs are expected to start and end meetings on time and to indicate the meeting duration just prior to adjournment.

With the exception of the Executive Committee, chairs are elected annually at the first meeting of a given committee, immediately following the September/October meeting of College Council. No member can be chair for more than three consecutive terms. A chair, other than the Chair of the Executive Committee, can be removed from office by a vote of two-thirds of the members of the committee.

Committee Chairs will identify a member from their committee to fill in as chair in unexpected circumstances where the Chair is not available. The designee must have attended the annual Chairs Training Session.

NON-COUNCIL MEMBER ROLE

Non-Council committee members are professional members appointed by Council and assist the Council in carrying out the duties of the committee to which they are assigned. Non-Council committee members may bring specific expertise relating to the committee they serve.

Non-Council Member Responsibilities

When appointed to College committees, a non-Council member will:

- Be knowledgeable and supportive of Council policy, and the work and outcomes of the committee
- Be knowledgeable about the regulatory and statutory obligations of the committee and CASLPO
- Participate in the work of the College toward the fulfillment of its purpose, mission, and vision
- Prepare for each committee meeting by reviewing pre-meeting materials in order to understand the topics to be discussed, and the implications of policy and directional decisions
- Attend each committee meeting as required, and participate effectively around issues and policies pertaining to the committee's mandate in a balanced, collaborative manner
- Demonstrate cultural sensitivity in committee policy development, policy implementation, and communications and personally model behaviours described in the Council's Code of Conduct.

REGISTRAR AND STAFF

REGISTRAR

The Council appoints the Registrar who is responsible for providing appropriate and effective resource support to carry out both the core, mandated functions as well as the Council's high-level policy direction. The Registrar reports to Council. In addition to being the Chief Executive Officer of the College, the Registrar also has a number of statutory responsibilities relating to investigations, complaints, discipline, registration and maintenance of the Register of members.

STAFF

All other persons employed by the College to assist in carrying out the various administrative and support functions of the College report to the Registrar (see the Organizational Chart in the Appendices).

REGISTRAR'S JOB DESCRIPTION

Reports To:

The Registrar is accountable to the members of the College Council; with a direct reporting relationship to the President of the College.

Key Responsibilities:

The Registrar is the chief administrative officer of the College. As such, the Registrar is responsible for the administration of the College by providing strategic and operational support to Council and the College's committees, overseeing the operation of the College office and staff, representing the College to a variety of stakeholders including representatives of the provincial government and the media, and ensuring the statutory responsibilities of the *Regulated Health Professionals Act* (RHPA), the *Audiology and Speech-Language Pathology Act* and other applicable legislation are fulfilled.

MANDATE:
- Work with the Council President, Council, Deputy Registrar and senior management to develop and implement strategic plans and priorities;
- Undertake periodic reviews of the strategic plan, employing a collaborative and consultative process involving all stakeholders (Council, members, management, external stakeholders); win buy-in for plans and develop annual business plans to operationalize the strategic plan; gain approval for business plan from Council; ensure the appropriate resources and organizational structure to achieve planned results and ensure transparency and full accountability of the College;
- Advise, support, and work closely and openly with the College Council; ensure accurate, timely, and effective reporting and advice is presented to Council;
- Develop and build a collaborative, engaging, open and supportive working relationship with Council, Council committees and members;
- Inspire, lead and manage a talented senior management team and staff;
- Sustain and strengthen a strong, highly professional, customer-first organizational culture; always balancing the interests of the public with those of members;
- Strengthen and continuously improve education programs and initiatives for the public, and for the members of both professions;
- Lead the development of a strong continuous communications strategy to champion the College's mission, plan, initiatives, progress, etc. with the public, members and key external stakeholders;
- Ensure an ongoing two-way dialogue with all stakeholders, internal and external;
- Develop strong working relationships with government(s), the Ministry of Health and Long-Term Care, Ministry of Education, Ministry of Training, Colleges & Universities, Ministry of Children & Youth Services, other regulatory bodies, and related associations;
- Balance the interests of both professions in the College; ensure equity and fairness in treatment;
- Be proactive and strategic in addressing emerging issues, and in ensuring CASLPO's engagement with the issues;

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- Be a strong steward of CASLPO's mission, vision, values, and resources, and ensure compliance with regulatory requirements.

SPECIFIC ACCOUNTABILITIES OF THE REGISTRAR:

1. Support Council in achieving its governance role and facilitate effective Council operations
   - Identify and recommend new policies, and ensure that approved policies are properly and uniformly understood, implemented, administered and reviewed;
   - Ensure Council has all relevant information for making decisions;
   - Coordinate the activities of Council;
   - Facilitate implementation of Council decisions;
   - Ensure timely distribution of notices of meetings, agendas and minutes for all Council meetings;
   - Orient new Council members to the role of the College (orientation materials found here).

2. Strategic planning and implementation
   - Facilitate and participate in strategic planning exercises and change management initiatives;
   - Participate actively with Council and Committees in the development of short, intermediate and long-term goals;
   - Report periodically to Council and appropriate Committees with respect to annual plans, work achievements, schedules, staff, organization, financial situation, political positioning and general functioning of the College;
   - Be sensitive to the practice of audiology and speech-language pathology in Ontario, Canada, and internationally; its changing role and needs, and ensure the College is capable of responding to changing requirements.

3. Leadership
   - Provide leadership, develop strategies and make decisions relative to the day-to-day operations of the College;
   - Guide organizational effectiveness through improvement of structure, systems, technology, and staff development;
   - Ensure compliance with the *Audiology and Speech-Language Pathology Act, Regulated Health Professions Act* and other relevant legislation, regulations and By-laws;
   - Provide leadership to national regulatory initiatives through the Canadian Alliance of Audiology and Speech-Language Pathology Regulators;
   - Identify training opportunities for, and implement programs to meet the training needs of Council, Committee members and College staff;
   - Enhance volunteerism in College self-governance.

4. Resource management, including financial control
   - Supervise all staff members;
   - Oversee the development and maintenance of the College's budget, membership database and Register;
   - Ensure that the College complies with all appropriate legislation;
   - Ensure the College is properly staffed with qualified people to meet its immediate and long-term needs;
   - Oversee hiring, performance appraisal, promotion, discipline or termination actions as outlined in the HR policies;
   - Determine scope and limitations of authority of subordinates regarding policies, contractual commitments, expenditures and personnel actions;
   - Establish and maintain an office culture where professional and individual growth is valued, individual performance is recognized, and initiative and accountability are encouraged;
   - Manage and coordinate activities and set performance standards for College staff;
   - Ensure effective role relationships between committee chairpersons and College staff are established, understood and maintained;
   - Coordinate financial planning, forecasting, budgeting, monitoring of investments, reporting controls; and ensure the College operates within the financial parameters established by Council;
   - Ensure the adequacy and soundness of the College's budgeting and financial structure for long-term financial health;
   - Ensure that appropriate financial records are maintained and that the College is in compliance with the College Auditor's standards;
   - Ensure appropriate maintenance of office facilities and equipment, including software upgrades;
   - Negotiate major contracts, leases, purchases and financial agreements;
   - Coordinate a risk management strategy to encompass insurance, exposures, protective maintenance and disclaimers.

5. Government, member, public and stakeholder relations and communications
   - Ensure appropriate and timely communications to the public, government, Executive Committee and other committees, and that correct information for decision-making purposes is provided to those concerned;
   - Pursue a pro-active role in creating positive awareness of the College by the public, government, and other stakeholders; and ensure that members are aware of the College's roles and responsibilities;
   - Develop and maintain strategic relationships to further the College's mission within the profession at all levels and with other provincial regulatory bodies;
   - Represent the College as appropriate in its relations with the general public, governments, professional societies and associations and other groups related to the health professions;

- Represent the College at local, provincial, national, and international meetings of the profession as appropriate.

REGISTRAR'S ANNUAL PERFORMANCE REVIEW PROCESS

PURPOSE

The Council is responsible for the establishment and implementation of a timely, objective and constructive process for evaluating the performance of the Registrar on an annual basis. An effective performance evaluation process links performance to the College's goals including the strategic and operational plan, provides an objective basis for assessing performance and behavioural competency, promotes healthy dialogue between Council and the Registrar and creates an opportunity to provide the Registrar with constructive feedback on key strengths and areas for development.

Performance Dimensions

The Registrar will be evaluated on the following dimensions:

1. **Performance**. An assessment of the Registrar's ability to meet the performance objectives set out at the beginning of each fiscal year that aligns to the Strategic Plan.

2. **Leadership**. An assessment of the Registrar's leadership competency.

Timetable – Objective Setting For Next Calendar Year
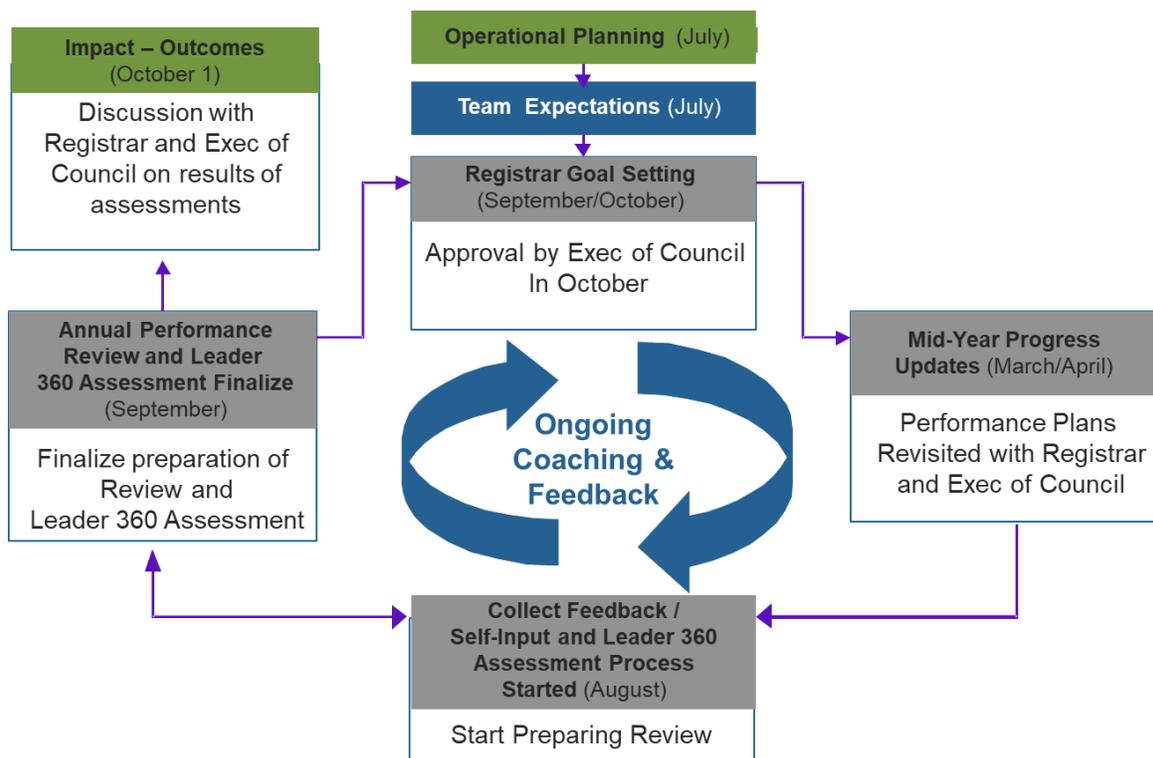
5. COMMITTEE OPERATIONS

COMMON RULES OF PROCEDURE

Meetings are governed by legislation, (the Regulated Health Professions Act, 1991, the Audiology and Speech-Language Pathology Act, 1991), by By-law (By-law No. 1, as amended Sept. 28, 2018) and by Bourinot's Rules of Order, which have been adopted by the Council as its General Rules (Article 6.1.15 of By-law No.1). These do not supersede any existing legislation, regulations or By-laws.

QUORUM

Quorum for any committee meeting is a **majority** of the members of the committee, at least one of whom must be a public member (e.g. 5 of 8), except as otherwise specified in the By-laws, the RHPA, the Code or the Regulations.

VOTING

Voting at meetings may be through a **show of hands** or by **secret ballot (e.g. election of a chair)**, as directed by the Chair. **Chairs are allowed to cast a vote**. Every issue/matter voted on shall be decided by a **majority** of the votes cast by those present in person or participating by electronic means. There is **no proxy voting** allowed.

Abstentions are not counted one way or another.

A **tie vote** (e.g. 3 to 3) means a motion is defeated.

Chairs are not allowed to cast a "deciding" vote to break a tie.

MOTIONS

All motions require a mover and seconder. The mover and seconder, if they wish, have the first right to speak to a motion and should be invited to do so by the chair of the meeting.

The Chair must ensure that both those in favour and against the motion are given the opportunity to speak. If a motion is made to amend the main motion, a vote on the amendment must precede the vote on the main motion. If the amendment is approved, it becomes part of the main motion.

As a member of a committee you do not have to abstain on voting on a set of meeting minutes solely for the reason that they were not present at the meeting. Similarly, you are not prevented from moving or seconding the adoption of said minutes, or discussing the minutes.

A motion to reconsider an already approved motion may be made by any member of the committee. A motion to reconsider must be approved by a two-thirds vote of

those members present at the meeting (e.g. if 12 are present, then 8 votes are required to reconsider).

A motion to "table" a resolution or item is in order at any time and may be moved by any member. The motion must clearly indicate the time to which the resolution is being tabled (e.g. – To table for consideration at the next meeting called). A motion to table can only be debated as to time and must be considered immediately by the committee.

The chair, when putting a question (motion) to a vote should always ask for those in favour, opposed or any abstaining.

The chair may ask the members at the meeting if they are ready to vote on a motion. If there is no objection, then the vote proceeds without further debate. (E.g. "Are you ready to vote on the motion?")

DECORUM AND ORDER

The following are Council's expectations for order and decorum at meetings, based on the approach used in *Bourinot's*:

- Chairs must maintain a speakers' list and accord precedence to those speaking to a motion/matter for the first time.
- No member of the committee, nor any staff resource or visitor, has a right to speak until recognized by the chair.
- All comments by members must be addressed through the chair (e.g., "Madam Chair, I wish to: support the motion…ask the Registrar…move an amendment, etc.").
- The chair may interrupt a member speaking if the member appears to be making irrelevant remarks.
- If the chair calls a member to order, they must immediately stop speaking.
- A member may at any time rise on a "point of order" to indicate they believe there has been a breach in the rules of procedure and the chair must rule on the legitimacy of the point of order.
- Chairs need to be fair, balanced and equitable in their rulings and in their interactions with other committee members.
- Members need to be respectful of the chair, of each other, and of supporting staff and visitors.

ELECTION OF THE COMMITTEE CHAIR

Nominations for Chair

- Nominations will be taken, and nominees will be permitted to accept/reject the nomination and say a few words in favour of their nomination, if they wish.
- Nominations must be seconded.

- Members who choose to nominate someone for Chair should first get in touch with that person beforehand to see if they are interested in the position.
- If members wish to nominate someone, they will do so during the call not via email beforehand.
- The By-laws state that chairs of committees must be members of Council; non-Council committee members are not eligible to chair committees.

Voting

- Assuming there is more than one person nominated for chair, committee members will be directed to email staff the name of the individual who they are voting for – to the staff's attention only, not the entire committee.
- Members voting must have access to email during the call.
- The reason for this two-step process is to mimic the "secret ballot" process usually used for electing chair positions.
- If there is only one person nominated, they will be acclaimed with no need to complete the voting step.

TELECONFERENCE MEETINGS

Whether you are participating in a teleconference meeting via audio and/or in-vision, there are some unique challenges to overcome in order to conduct an efficient and effective meeting. The following are best practices that address common issues that the tele/video environment presents.

ISSUE: It's difficult to know who's on the teleconference

- Staff will keep track of who has joined the meeting.
- The chair (or staff) will identify who is on the call at the beginning of the meeting.
- Participants should identify themselves when speaking, particularly when moving, and seconding a motion.

ISSUE: Participants may need to leave and/or join mid-meeting

- If participants know in advance, they will be leaving the meeting early, or joining after the start, they should inform staff before the meeting so they may inform the chair.
- If, for any reason, a participant leaves the meeting and then returns, the teleconference system automatically announces their leaving and their return, so they do not need to announce this themselves.
- At an appropriate point, the chair can acknowledge the participant's departure and/or return.

ISSUE: Participants are unsure when to speak

- The chair will create a speaking list at the start of each discussion and call on those participants one at a time. Once those people have spoken, the chair will ask for additional comments, etc.
- The chair will also keep track of those who have and have not spoken and check in with those who have not in order to allow them the opportunity to speak, if they wish.

ISSUE: Participants have difficulty hearing

- When participants are not able to use a quiet, private room, they should avoid using a speaker phone.
- Participants should be encouraged to put their phones on mute, until they are speaking.
- Participants should ensure their speaker is close and that they do not have to turn away from the speaker to view their screen, or documents.
- Participants should be encouraged to use a slightly louder voice than normal to ensure everyone can hear.

ISSUE: Focusing participants throughout

- Staff, along with the chair, will endeavour to keep teleconferences short and on time. The goal is no longer than 3 hours.
- Materials will be provided at least 1 week ahead of the meeting so that less time is needed to review memos, documents, etc. during the meeting and more time can be devoted to discussion and decision-making.
- Participants should avoid repeating what others have said in order to reduce the total time in discussion.
- The chair will summarize discussions at the appropriate junctures.
- Discussions regarding typos, formatting, etc. will be kept at a minimum during the meeting. Staff will find out what format works best for the participant to provide this valuable feedback (e.g. call, email, fax, etc.).

ISSUE: Technical Problems

- Staff will ensure that participants can join the meeting at least 5 minutes prior in order to sort out any technical issues.
- If a participant's computer system has limitations regarding any facets of the technology (e.g. video), they should let the staff know in advance. Staff can then work to overcome the limitations, if possible.

IN-CAMERA MEETINGS

It is a requirement of the RHPA, but also in the interest of good governance, that meetings of the Council shall be open to all members and to the public. There are, however, specific occasions when the Council should meet in private ("in-camera").

The Council may move in camera or hold meetings that are not open to the public if it determines it is in the best interest of the College to do so, and it complies with the conditions set out in Procedural Code, Section 7 Meetings.

(2) Exclusion of Public:

Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

(a) matters involving public security may be disclosed;

(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;

(c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;

(d) personnel matters or property acquisitions will be discussed;

(e) instructions will be given to or opinions received from the solicitors for the College; or

(f) the Council will deliberate whether to exclude the public from a meeting or whether to make an order under subsection (3). 1991, c. 18, Sched. 2, s. 7 (2); 2007, c. 10, Sched. M, s. 20 (2).

and,

(3) Orders preventing public disclosure:

In situations in which the Council may exclude the public from meetings, it may make orders it considers necessary to prevent the public disclosure of matters disclosed in the meeting, including banning publication or broadcasting of those matters. 1991, c. 18, Sched. 2, s. 7 (3).

 and,

(4) Grounds noted in minutes:

If the Council excludes the public from a meeting or makes an order under subsection (3), it shall have its grounds for doing so noted in the minutes of the meeting. 2007, c. 10, Sched. M, s. 20 (3).

The President may order that the meeting move in-camera. Any Council member may request a matter be dealt with in-camera, in which case a vote will be taken and if a majority of the Council so decides, the matter shall be dealt with in-camera.

Summary notes of the in-camera discussion are recorded by a member designated by the President. The President maintains a copy in a designated secure cabinet.

6. WORKPLACE RESPECT POLICY

The College of Audiologists and Speech-Language Pathologists of Ontario (College) recognizes the dignity and worth of every Council and committee member, and to that end believes in providing and maintaining a working environment in which all Council and committee members are free from violence, harassment and discrimination when conducting College business. This policy applies to all Council and committee members and covers all forms of violence, harassment and discrimination prohibited under human rights legislation.

Definitions

"College Business Setting" means any place where College-related activities are conducted. It includes, but is not limited to, the College's physical work premises, work-related social functions (social events, golf games, etc.), meetings outside the College's office, events where the individual represents the College, work-related travel and work-related conferences or training sessions.

"Violence" means the threatened, attempted or actual conduct of a person that causes or is likely to cause physical injury at a College Business Setting.

"Discrimination" means the differential treatment of an individual on the basis of race, colour, ancestry, place of origin, religious beliefs, gender, age, physical disability, mental disability, marital status, family status, and sexual orientation or any other factor that is legally protected ("Prohibited Grounds").

"Harassment" means engaging in a course of vexatious comments or conduct that is known, or ought to reasonably be known, to be unwelcome. It may include unwelcome, unwanted, offensive, or objectionable conduct that may have the effect of creating an intimidating, hostile or offensive work environment; interfering with an individual's performance on behalf of the College; adversely affecting an individual's relationship with the College; and/or denying an individual's dignity and respect. Harassment may result from one incident or a series of incidents. It may be directed at specific individuals or groups.

Examples of harassment and discriminatory conduct include but are not limited to the following:

- Humiliating a Council or committee member in front of colleagues;

- Subjecting an individual to unwelcome remarks or jokes;

- Consistent subjection of an individual to practical jokes or ridicule;

- Making any College-related decision (including appointments, administrative support, evaluations, training or security of position) not on the basis of merit, but on the basis of any of the Prohibited Grounds;

- Comments which are intended, or that ought reasonably be known, to promote stereotyping on the basis of any of the Prohibited Grounds;

- Jokes or comments which draw attention to, for example, a person's disability, age, ethnic, racial, or religious background or affiliation, or which draw attention to a person's gender, sexuality or sexual orientation with the effect of undermining such person's role in a professional environment or that by their nature are known or ought reasonably to be known to be embarrassing or offensive; and

- Derogatory remarks, verbal abuse or threats directed toward members of one gender or regarding one's sexual orientation or sexuality or with respect to a person's or group's ethnic, racial or religious background or affiliation. Such remarks can be made to someone other than the object (e.g., statements made to a College employee about another Council member).

Harassment encompasses sexual harassment, which is defined as any conduct, comment, gesture or contact of a sexual nature that is likely to cause offence or humiliation to any Council or committee member or that might, on reasonable grounds, be perceived by that Council or committee member as placing a condition of a sexual nature on appointments, administrative support, evaluations, training or security of position. Examples include but are not limited to:

- Unwelcome remarks, jokes, innuendoes or taunting of a sexual nature about a person's body, attire, age, marital status or sexuality;

- Unwelcome or intimidating invitations or requests with sexual overtones whether indirect or explicit;

- Leering or other gestures;

- Unwelcome physical contact such as touching, patting or pinching;

- Unwelcome display or objects or pictures of a sexual nature; and

- Sexual advances, request for sexual favours, or other verbal or physical conduct of a sexual nature when:

  i.   Submission to such conduct is made explicitly or implicitly a term or condition of appointments, administrative support, evaluations, training or security of position;

  ii. Submission to or rejection of such conduct is used as the basis for decisions affecting a Council or committee member's appointments, administrative support, evaluations, training or security of position; and/or

iii. Such conduct has the purpose or effect of humiliating an individual or substantially interfering with a Council or committee member's performance or in creating an intimidating, hostile or offensive environment.

Please note that a reasonable action taken by the Council, a committee or its representatives, including the Registrar, relating to the management and operation of the College, the Council or a committee is not Harassment. For example, conducting a performance review of Council or Committee members to enhance accountability would not constitute discrimination or harassment unless the performance review is based on Prohibited Grounds.

Policy Statement

All Council and committee members in a College Business Setting have a right to participate in an environment free from violence, harassment and discrimination. To accomplish the College's goal of promoting a violence, harassment and discrimination free environment, the College will not tolerate violent, harassing or discriminatory behaviour from Council and committee members, College representatives (i.e., contractors, consultants, interns and volunteers), members, College staff, visitors, guests, or any others that attend upon a College Business Setting. In addition, the College will communicate its commitment to a College Business Setting free of violence, harassment and discrimination.

Retaliation or reprisals are prohibited against any individual who has complained under this policy in good faith or has provided information regarding a complaint. Any retaliation or reprisal will be subject to immediate action, up to and including censure or removal. Alleged retaliation or reprisals are subject to the same complaint procedures and penalties as complaints of violence, discrimination and harassment.

The College recognizes that individuals may find it difficult to come forward with a complaint under this policy because of concerns of confidentiality. As such, all complaints concerning College Business Setting violence, harassment, or discrimination, as well as the names of parties involved, shall be treated as confidential to the greatest extent possible. The College's obligation to conduct an investigation into the alleged complaint may require limited disclosure. As it pertains to violence, where the College believes there to be imminent danger to a Council or committee member, it may divulge such confidential information as is reasonably necessary. At the conclusion of each complaint process, all related documentation will be maintained for safe-keeping in a confidential manner by the Registrar or his or her designate.

Responsibilities

Each and every Council and committee member is responsible for creating and maintaining a violence, harassment and discrimination free College Business Setting. All Council and committee members are requested to report promptly when

they become aware of alleged actions or complaints of violence, discrimination or harassment. College leaders such as a College officer or committee chair, in particular, have a responsibility to actively promote a positive environment and to intervene when problems occur. Failure to do so may be considered as a failure of the organization to exercise its authority and consequently be in contravention of legislation applicable to the College in this regard.

Complaint Procedure

Step 1 - Self Help: Council and committee members are encouraged to attempt to resolve their concerns by direct communication with the person(s) engaging in the unwelcome conduct. Where Council and committee members feel comfortable doing so, communicate disapproval in clear terms to the person(s) whose conduct or comments are offensive. Keep a written record of the date, time, details of the conduct, and witnesses, if any.

Step 2 – College Leadership Support and Intervention: Council and committee members who are not comfortable with direct communication and who believe they are victims of discrimination or harassment, or who become aware of situations where such conduct may be occurring, are encouraged to seek advice from and report these matters to the Registrar (in respect of staff) or the President (in respect of a Council or Committee member).

Step 3 - Formal Complaint: If informal attempts at resolving the issue are not appropriate or are proving to be ineffective, a formal complaint may be filed. To file a formal complaint:

   i.   Provide a letter of complaint that contains a brief account of the offensive incident (i.e., when it occurred, the persons involved, names of witnesses, if any). The letter should also include the remedy sought and be signed and dated by the person complaining;

   ii.   File the complaint with the Registrar; and

   iii. Cooperate with those responsible for investigating the complaint.

Formal complaints will be investigated. If the complaint is about a Council or committee member, the process set out in the by-laws will be followed.

If the complaint is about a staff person, it will be handled in accordance with the College's Respect in the Workplace Policy.

Any respondent(s), regardless of their position within the College, will be excluded from administering and managing the investigation and resolution process (save and except for their involvement as a respondent).

Complaints Against Third Parties

The College recognizes that a Council or committee member may be subject to violence, harassment or discrimination by a third party who interacts with the College. A Council or committee member who believes that he or she has been subjected to such conduct by a person who does not work for the College may seek the advice of the Registrar who will take whatever action is appropriate in the circumstances.

7. FINANCE

CASLPO FINANCIAL PLANNING PRINCIPLES

1. Annual Budgets shall generally reflect a Zero-Based Budgeting ["ZBB"] approach [i.e., all expenses must be justified and approved for each fiscal year, rather than approving only changes made from a prior year].

2. The annual operating budget shall be funded from the College's annual operational revenue base generated by membership fees and investment income.

3. The College shall operate on a break-even basis, avoiding annual operating deficits, and not using reserve funds to cover annual operating deficits.

4. College Reserve Funds shall be maintained to cover extraordinary expenses relating to unforeseen legal costs that may arise from the College's role in protecting the public interest. Funds may also be utilized to fund any unforeseen emergency events and situations.

5. In accordance with standard accounting approaches, reserve funds shall be maintained at an amount sufficient to cover at least six months of annual operating expenses, and reserve funds shall not normally exceed six months of operating expenses by more than $1 million, as a ceiling.

6. The annual budget must provide sufficient funding for operationalizing the College's strategic priorities, including being sufficient to fulfill the College's Vision, Mission, Mandate and Objects, including its core functions of Registration, Practice Advice, Quality Assurance, Complaints and Discipline, Public Awareness, any other legislated mandatory obligations, such as the Public Register, the College website and Sexual Abuse Prevention program. The Budget shall also provide sufficient funding for the College to carry out its governance functions, including the election of professional members and their remuneration. The Budget shall also provide funds for Council and ongoing College member and student education activities.

7. The Budget shall be sufficient to meet the needs of a stabilized staff compensation system, including ensuring that there is a sufficient staff complement, as designated by the Registrar and as approved by Council, for the fulfillment of the College's duties and functions, as described in legislation, regulations, by-laws, standards of practice and position statements. The Budget shall reflect the College's commitment to retaining a highly professional, experienced and skilled workforce, providing services within a healthy workplace environment.

8. In order to avoid the imposition of substantial membership fee increases, the Finance Committee will formally review the need for revenue adjustments on a

three-year cycle and do a yearly review of the adequacy of fee revenues to meet the College's needs.

9. The College's "Financial Planning Principles" will be regularly reviewed, to ensure they remain valid and applicable. Such reviews will take place, as needed, and at least every three years.

DEVELOPMENT OF THE ANNUAL BUDGET

The annual Business Planning process gets underway each year in June. The Annual Budget is a component of the Business Plan.   The budget is developed during the course of the summer, and is approved by the Finance Committee, Executive Committee and then, by Council.

Executive and Council deadlines determine our working timeframes and deadlines for the summer months.
- Council approves strategic priorities at their June meeting;
- CASLPO staff work on the Business Plan and Budget Plan in June and July to refine the plans in August;
- The Business Plan and Budget for the following fiscal year [Oct. 1 to Sept. 30] goes to Finance in August and then Executive earlier in September and to Council later in September (or October).

Timelines:
June
1. Director of Finance circulates to the Registrar, Deputy Registrar and Directors:
    - A copy of the current year's Budget package (including revenue and expenditures pages, payroll [to Registrar only] and detailed budget pages)
    - Current year results and analysis vs budgeted figures on a line by line basis
    - Indication of specific areas where input and estimates for the following year are needed

June-early July
2. Director of Finance, within the framework of a Zero-based approach, works on the budget for administrative (non-program driven) revenue and expense categories using current year-to-date numbers and past trends to formulate preliminary numbers.
3. Registrar, Deputy Registrar and Directors give feedback and estimates to the Director of Finance on program driven revenue and expenses.

July-August
4. Director of Finance produces first draft of budget. Draft budget is reviewed with the Directors to ensure that figures are consistent with strategic

direction and current year business plan. Revisions are made based on review.

5. Director of Finance presents the revised budget to the Registrar. Revisions are made based on review.

6. Budget is finalized by management and approved by the Registrar

Late August

7. Budget is presented to the Finance Committee for approval.

Early September

8. Once approved by the Finance Committee, the Budget is presented to Executive for approval.

Late September

9. Once approved by Executive, the Budget is taken to Council for approval.

AUDIT PROCESS

Each year the College has an audit of its financial statements as at September 30th. There is no interim audit performed. The process includes the following timelines:

1. In **September**, audit firm sends to the Director of Finance and Operations the Pre-Audit Communication package which includes the audit plan and the detailed list of schedules that the College must prepare prior to the audit field work.

2. In **October**, the audit partner presents the Pre-Audit Communication package to the Finance Committee. The Committee reviews the audit approach, audit procedures and materiality. The audit partner confirms the Committee's oversight role in relation to management fraud, error and misrepresentation.

3. Throughout **October**, the Director of Finance and Operations prepares all of the schedules that the audit firm will want to see during its field work and either sends them to the auditor [in electronic format] as they are done or keeps electronic versions on hand for the November audit field work.

4. In the **1st or 2nd week of November**, field auditors arrive to perform the audit field work, working mostly with the Director of Finance and Operations. The auditors will also obtain independent verification from the Director of Professional Conduct for ICRC and Discipline processes and projected costs and will discuss the analysis of past and ongoing cases and costs. The field work typically runs for 4 days.

5. The auditor will draft preliminary financial statements in **late November** and present the draft financial statements and audit findings to the Finance Committee at the beginning of December. The Finance Committee then recommends that the documents be brought to Council for approval. The Audit partner will attend the December Council meeting and present his findings to the Council members. Council typically approves the final audited financial statements at the **December** Council meeting.

6. Copies of the audited financial statements are delivered to the College a few weeks following the Council meeting.

8. RISK POLICY

An important aspect of governance and management best practices is to ensure that organizational risks are identified, assessed and managed in a timely, efficient and effective manner. CASLPO believes this Risk Policy is an integral step in the continuing evolution of the strategic planning process for the organization.

RISK MANAGEMENT VISION

CASLPO is committed to building and fostering an enterprise risk management culture that clearly faces reality through the systematic process of risk identification, assessment and management and will affect this through its strategic planning process.

CASLPO's values of serving and protecting the public interest, providing quality service, accountability and transparency, acting with integrity, teamwork and collaboration are the foundation of the organizational risk culture and will guide our actions.

RISK MANAGEMENT POLICY

OVERALL POLICY

To accomplish our Mission, CASLPO must pursue opportunities, provide services and conduct activities which may pose degrees of external and/or internal risk. Accordingly, CASLPO's policy is to apply an enterprise risk management framework with clear roles and responsibilities in the identification and management of risk, and to ensure that effective management of risk is an enterprise core competency.

CASLPO will identify and manage risks relevant to the organization within the context of its three year strategic plan, annual operational plan and budget and work closely with the Council/Committees (particularly Finance and Executive) to identify and manage risks relevant to CASLPO itself and the professions of audiology and speech-language pathology as a whole.

RISK TOLERANCE

CASLPO accepts a level of risk in many of the activities it undertakes. As part of its risk management process, CASLPO assesses its willingness to accept risk in various key operational elements. Guided by its vision, mission, mandate and values, CASLPO seeks to manage those risks to an acceptable level, otherwise referred to as its *tolerance for risk*.

CASLPO has developed a Risk Tolerance Profile, which will be updated annually to provide a high-level view of the risk CASLPO is willing to accept related to CASLPO's areas of responsibility. Specifically, the profile sets boundary conditions for risk

tolerance, outlines the continuum of risk tolerances by which risks are assessed and provides CASLPO's agreed level of risk tolerance for each element considered.

ENTERPRISE RISK MANAGEMENT (ERM)

ERM is an integral part of strategic planning and ensures a uniform approach across the organization, including management and staff, council and committees for:

- risk identification
- risk assessment
- risk mitigation and management
- risk reporting and communications

ERM is not merely a defensive process to guard against "worst case" scenarios; it also:
- enables innovation and initiative in strategic planning
- serves to ensure successful implementation of strategic objectives
- enables proactive leadership focus and shaping of issues rather than reaction to events

STRATEGIC AND OPERATIONAL PLANNING

CASLPO's Strategic Plan provides a perspective of the dynamic, continuous, multi-year planning processes. It ensures that the strategic direction is sound, provides linkage between strategies and provision of services, and establishes the basis of the annual operational commitments and related budgets.

It is through CASLPO's strategic and operational planning processes that key risks affecting the organization as a whole will be identified and addressed going forward.

The ERM approach ensures systematic consideration of risk in the strategic and operational planning processes. It will also ensure that resource allocation explicitly takes into account risk mitigation efforts.

ROLES AND RESPONSIBILITIES

CASLPO Council: Council is responsible for the approval of CASLPO's strategic plan (every three years) and operational plan/budget (annually), which will include CASLPO's Risk Tolerance Profile. The Council, through the Finance and Executive Committees, will be responsible for oversight of ERM as it relates to CASLPO activities.

CASLPO Management: Management will provide operational leadership in the implementation of this risk policy in conjunction with its responsibilities for the strategic and operational planning processes, including resource allocation, budget development and recommendations. Their responsibilities include:

- Developing the risk tolerance profile as outlined above in Section 3.2.

- Identifying potential and emerging risks and assessing their likelihood/

consequence as part of the strategic and business planning processes.

- Identifying those risks that they determine unacceptable and for which risk mitigation and management strategies must be developed.

- Determining the right level of risk for each strategic initiative utilizing the risk tolerance profile.

- Assigning responsibility to appropriate staff and committees to develop risk mitigation approaches/actions on an issue-specific basis.

- Explicitly identifying risk mitigation resource requirements and resultant resource allocation to manage risks to an acceptable level.

- Identifying opportunities to seize the initiative in managing the uncertainties of potential and emerging risks and outcomes.

- Implementing a process for tracking and reporting risks.

CASLPO'S RISK CULTURE

Risk management will be achieved through the development of an organizational culture where the common-sense consideration of risk is instinctive in normal day to day activities. Accordingly, ERM will be integrated into normal management processes, such as strategic and operations planning, project and operations management, and management reporting.

Creating a reality-based ERM culture also requires an atmosphere that encourages clear and candid discussion of risks among and across all levels of the organization without fear of judgment or consequences. CASLPO is committed to fostering that kind of environment.

Some of the specific factors and potential obstacles in mitigating risks are within CASLPO's span of control (delivery of services, planning, communication) but many are not (external events, member actions, regulatory initiatives by government or other Colleges). However, even these can be anticipated, monitored and influenced by CASLPO, to varying degrees.

DEVELOPING THE PROFILE

CASLPO's Risk Tolerance Profile has been developed as an internal tool for use by the organization in setting, tracking, and reporting on its strategies and activities. The Risk Tolerance Profile identifies, organizes and explains the risks CASLPO faces and links these to the organization's strategies and actions. The profile is an integral part of CASLPO's annual strategic planning exercise. Council members will review and approve the profile developed by staff.

The areas of risk identified are reflected in two general categories:

Enterprise Risk
- Legal/ Regulatory
- Core business
- Supporting processes
- Strategic

Fraud Risk
- Misappropriation of assets
- Fraudulent financial reporting

The model illustrated below integrates risk management, performance measurement, strategic planning, and the business planning and budgeting processes at CASLPO and identifies the relationships between and among key governance and management processes. Risk assessment and any treatments identified help inform the business planning and budgeting process and subsequently operational performance objectives for the next year. Integration of performance indicators and metrics will also enable monitoring of progress in mitigating risks.
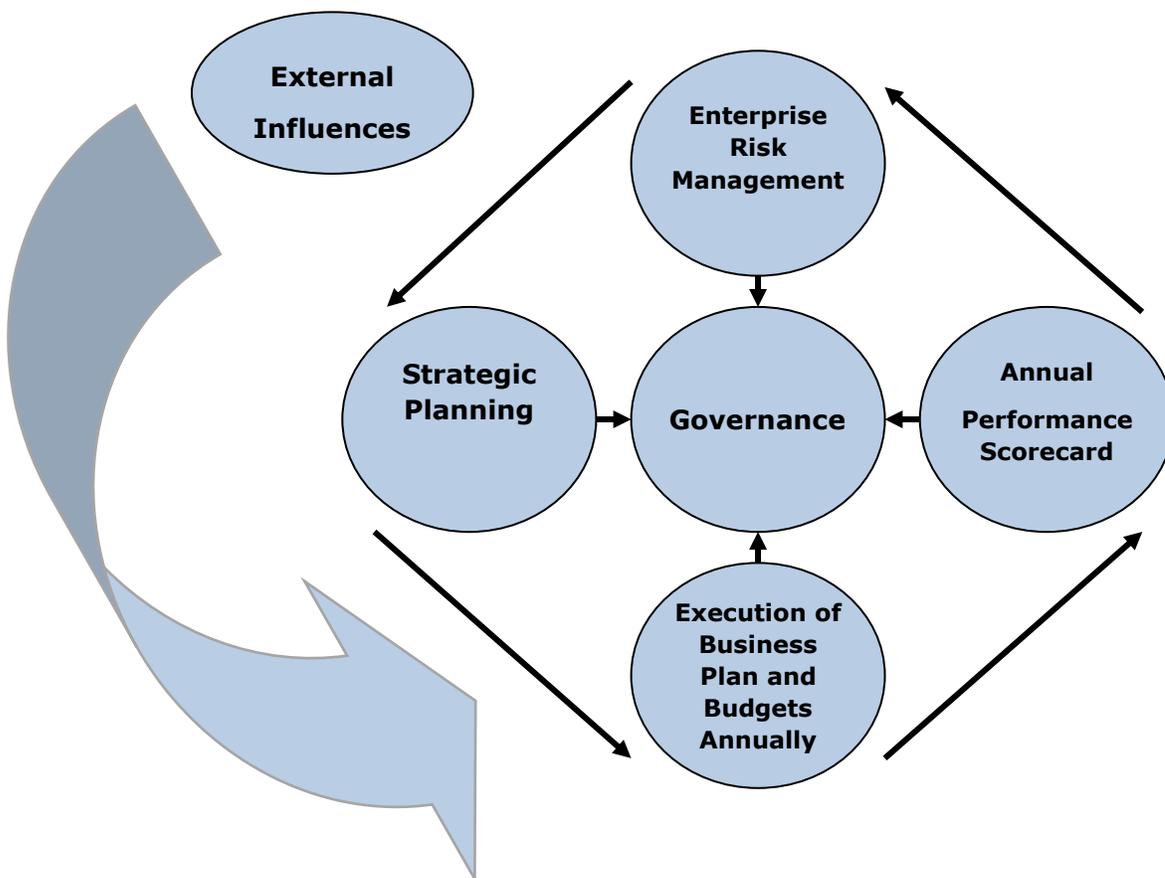
9. COMMUNICATION PROTOCOLS

MEDIA

Direct all media enquiries immediately to the Registrar, or their designate.

GOVERNMENT

Similarly, direct any requests for information or action from the government or external groups to the Registrar or their designate.

MEMBERS/APPLICANTS

From time to time, members or applicants may contact you as a Council member to ask about a College process that they may be involved in (e.g. peer assessment, complaints, applications). Although members may mistakenly think you represent their interests on the Council, you must resist the temptation to assist them directly. Otherwise, it may appear that you may be influencing the outcome. Always direct any members or applicants to the appropriate staff person (see the Organization Chart) or the Registrar and assure them that the staff person will be able to answer all their questions.

This does not preclude you from helping your colleagues by providing basic information about the College that is available to the public and all members via our website (e.g. SAT deadline, Peer Assessment process).

There may be grey areas when you may not be sure if you should provide the information requested. If you are in doubt, always err on the side of caution and encourage the member or the public to contact CASLPO directly.

10. SUCCESSION PLANNING

COUNCIL

The Executive Committee together with the Registrar recommend all committee compositions and Council education initiatives. These processes ensure Council members have associated training, experience and commitment to sit on the most appropriate committees. The By-laws of the College ensure committee compositions allow for transfer of knowledge over time: experienced members may be retained on committees for up to 6 years, which then allows for novice Council members to committees to develop the knowledge and skill to participate more meaningfully over time.

STAFF

Operationally, CASLPO has several processes in place to ensure that the core functions of the College can continue despite possible interruptions through staff turn-over, extended absences and planned/unplanned leaves or retirements.

At an operational level, each director is responsible for capturing all detailed processes in an accessible format so that an uninitiated person could relatively seamlessly pick up where the last person left off. The Registrar and the Deputy Registrar also remain apprised of the status of each and every core program on a regular basis through quarterly and individual meetings.

Hiring practices also include consideration of candidates':

- Retention potential
- Advancement potential
- Skill sets for cross training

11. COUNCIL EVALUATION

The College has always valued the process of evaluating how the Council functions at its meetings and has an evaluation process in place. Although the tool and the process continue to evolve, the current method of evaluation is as follows:

Following each Council meeting, members of Council in attendance are sent a link to an anonymous survey. The purpose of the survey is to evaluate the Council meeting as a whole, including the process and focus of discussion. The questions are organized under 3 main categories:

- Meeting Process
- Governance
- Self-Reflection

Council members in attendance are given 1 week (7 days) to complete the survey.

The results of each survey are then collated and shared with the Executive Committee. The President then presents a summary of the survey findings at the following Council meeting. If there are suggestions in the survey that the Executive Committee views as useful and actionable, all attempts are made to act on the suggestions as soon as possible.

12. APPENDICES

ORGANIZATIONAL CHART

Registrar
Brian O'Riordan

Executive Assistant to the Registrar & Deputy Registrar
Laura Bartolini

Deputy Registrar
Carol Bock

Director
Registration (and Mentorship)
Colleen Myrie

Director
Professional Practice and Quality Assurance
Alex Rowland

Director
Professional Conduct
Preeya Singh

Director
Finance and Operations
Ruth Cimerman

Director
Information Technology
Baron French

Mentorship Program

Advisor Audiology Practice & Policy
Samidha Joglekar

Advisors-
SLP Practice
Sarah Chapman-Jay
David Beattie

General Office Coordinator & Program Assistant
Julie McFarland

Manager Investigations and Hearings
Chevonne Cordle

Manager Communications
Lisa Gibson

Program Assistant
Jessica LaForet

Intn'l Applications Coordinator
Jennifer Cupit

Council and Committee Support

Council Executive Committee

Laura Bartolini

Registration Committee

Colleen Myrie

Quality Assurance Committee
Practice Matters Committee

Alex Carling-Rowland

ICRC Committee
Discipline Committee
Fitness to Practice Committee

Preeya Singh

Finance Committee

Ruth Cimerman

Patient Relations Committee

Lisa Gibson

ANNUAL WORK CALENDAR

The following are expected annual recurring events/occasions for the College and Council:

January

- Member compliance with Quality Assurance policies/regulations through the Self-Assessment Tool (SAT); deadline date is Jan 31
- Planning and design of Annual Report begins
- Renewal for Professional Corporations; deadline date Jan 2

February

- Executive Committee meets
- Response to members failing to comply with the submission of the SAT by deadline
- Spring visits begin for university students in SLP & AUD programs (Registration Presentation)
- 1st issue of ex.press developed/posted

March

- 1st Quarterly meeting of Council held
- Annual review of Registrar's Performance begins
- Professional Member election schedule set by Council
- Annual submission of Fair Registration Practices Report; deadline Mar 1
- Tax receipts made available to members by March 1 (CRA requirement)
- Education Day for peer assessors

April

- Bi-Annual meeting of CAASPR Board
- Annual meeting with Office of the Fairness Commissioner
- Peer assessments begin
- E-nominations for elections close

May

- May is "Speech and Hearing" month
- Spring CASLPO forums begin
- Elections for professional member seats on Council take place
- Executive Committee meets
- Finance Committee meets to review risk policies and reassess risk priorities
- Submission for Health Professions Database; deadline May 30

June

- 2nd Quarterly meeting of Council held
- Council elects new Executive Committee, reviews risk policies and approves risk priorities, and reviews or confirms matters relating to the College Strategic Plan

- Annual Report is approved
- Council education session

July

- Committee compositions considered for upcoming year (Oct-Sept) of meetings
- Budget preparation begins for next fiscal year

August

- Registration portal is opened for annual renewal of memberships in College.
- Finance Committee meets to review budget
- Annual staff planning/education session takes place

September

- Executive Committee meets
- 3rd Quarterly meeting of Council held
- Council approves the new College budget and committee composition for coming year
- 2nd issue of ex.press is developed/posted
- Fall CASLPO Forums begin
- Review of Registrar's performance is completed
- Performance reviews of staff are completed

October

- October 1 is the registration renewal deadline
- Fall visits begin for university program SLP & AUD students (Ethics and Standards presentation)

November

- External audit process begins
- Bi-Annual meeting of CAASPR Board
- Executive Committee meets
- CASLPO winter e-Forums begin
- Finance Committee reviews Year End Financial Statements

December

- 4th Quarterly meeting of Council held
- Council approves auditor's report and financial statements; appointment of auditor for coming year
- Suspension or revocation of members due to non-payment of registration fees
- Annual review of the College Strategic Plan
- Seasonal celebrations
- Members randomly selected for Peer Assessment for the upcoming year

RELATED ORGANIZATIONS

All Colleges relate to a number of agencies, including the following:

- Federation of Health Regulatory Colleges of Ontario (FHRCO) - this voluntary organization acts as an information clearinghouse for Colleges and undertakes special projects from time to time

- Health Professions Appeal and Review Board (HPARB) - this Board, established by the RHPA, reviews appeal of decisions made by the ICRC and Registration Committees and may hold hearings on registration matters

- Health Professions Regulatory Advisory Council (HPRAC) - established by the RHPA, HPRAC advises the Minister on whether unregulated health professions should be regulated, whether regulated professions should no longer be regulated, amendments to the *Regulated Health Professions Act*, a health profession act or a regulation under those acts, quality assurance and patient relations programs of Ontario's health regulatory Colleges, and on other matters referred to it by the Minister.

- Minister of Health and Long-Term Care - the RHPA assigns to the Minister the responsibility of the administration of the Act as well as the duty to ensure that the health professions are properly regulated and that the public has appropriate access to services. The Minister can issue directives to Colleges and in certain circumstances appoint a supervisor to take over a College.

- Canadian Alliance of Audiology & Speech-Language Regulators (CAASPR) – This is the voluntary alliance for the eight provinces which regulate the two professions in Canada.

ACRONYMS

Acronym	Meaning
AAA	American Academy of Audiology
ACSLPA	Alberta College of Speech Language Pathologists and Audiologists
ADM	Assistant Deputy Minister
ADP	Assistive Devices Program
ADR	Alternate Dispute Resolution
AHIP	Association of Hearing Instrument Practitioners of Ontario
AHPDF	Allied Health Professional Development Fund
AIT	Agreement on Internal Trade
ASD	Autism Spectrum Disorder
AGRE	Advisory Group for Regulatory Excellence
AODA	Access for Ontarians with Disabilities Act
ASHA	American Speech-Language-Hearing Association
AUD	Audiologist
CAA	Canadian Academy of Audiology
CAASPR	Canadian Alliance of Audiologists and Speech Language Pathologists Regulators
CAPD	Central Auditory Processing Disorder
CCO	College of Chiropractors of Ontario
CDA	Communication Disorders Assistant
CDAAC	Communicative Disorders Assistants Association of Canada
CDHO	College of Dental Hygienists of Ontario
CDO	College of Dietitians of Ontario
CDTO	College of Dental Technologists of Ontario
CHS	Canadian Hearing Society
CIHI	Canadian Institute for Health Information
CLAC	Continuous Leaning Activity Credits
CLEAR	Council of Licensure, Enforcement and Regulation
CMLTO	College of Medical Laboratory Technologists of Ontario
CMO	College of Midwives of Ontario
CMRTO	College of Medical Radiation Technologists of Ontario
CMTO	College of Massage Therapists of Ontario
CNAR	Canadian Network of Agencies for Regulation
CNO	College of Nurses of Ontario
COO	College of Chiropodists of Ontario
COLLEGEOPTOM	College of Optometrists of Ontario
COLLEGEPT	College of Physiotherapists of Ontario
COPTONT	College of Opticians of Ontario
COTO	College of Occupational Therapists of Ontario
CPO	College of Psychologists of Ontario
CPSO	College of Physicians and Surgeons of Ontario
CRTO	College of Respiratory Therapists of Ontario
CVO	College of Veterinarians of Ontario

CDO	College of Denturists of Ontario
FHRCO	Federation of Health Regulatory Colleges of Ontario
FSCO	Financial Services Commission of Ontario
HIP/HIS	Hearing Instrument Practitioner/Specialist
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
ICRC	Inquiries, Complaints, and Reports Committee
IPC	Interprofessional Collaboration
IPP	Initial Practice Period
IPR	Initial Practice Registrant
LHIN	Local Health Integration Network
MOHLTC	Ministry of Health and Long-Term Care
MRA	Mutual Recognition Agreement
MSHA	Manitoba Speech-Language-Hearing Association
NBASLPA	New Brunswick Association of Speech Language Pathologists and Audiologists
NCSB	National Council of State Boards of SLP & AUD Regulators
NLASLPA	Newfoundland and Labrador Association of Speech Language Pathologists and Audiologists
OAFCCD	Ontario Association for Families of Children with Communication Disorders
OAPAC	Ontario Association of Private Audiology Clinics
OCP	Ontario College of Pharmacists
OCT	Ontario College of Teachers
OHA	Ontario Hospital Association
OHIP	Ontario Health Insurance Plan
OHRC	Ontario Human Rights Commission
OMA	Ontario Medical Association
ORAC	Ontario Regulators for Access Consortium
OSLA	Ontario Association of Speech-Language Pathologists and Audiologists
PHIPA	Personal Health Information Protection Act
PIPEDA	Personal Information and Protection of Electronic Documents Act
PS	Position Statement
PSG	Practice Standards & Guidelines
QA	Quality Assurance
RCDSO	Royal College of Dental Surgeons of Ontario
RHPA	Regulated Health Professions Act
RIFSSSO	Regroupement des intervenants francophones en santé et en services sociaux de l'Ontario
SAC	Speech-Language and Audiology Canada
SAT	Self-Assessment Tool
SCERP	Specified Continuing Education or Remediation Program
SLP	Speech Language Pathologist
WSIB	Workplace Safety & Insurance Board