

**MEMORANDUM OF UNDERSTANDING
BETWEEN:**

**HIS MAJESTY THE KING IN RIGHT OF ONTARIO AS
REPRESENTED BY THE
MINISTER OF HEALTH**

(the "Minister")

- AND -

**HEALTH AND SUPPORTIVE CARE PROVIDERS
OVERSIGHT AUTHORITY**

(the "Authority")

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Recitals

WHEREAS the Minister and the Authority are required to enter into a memorandum of understanding pursuant to section 14(1) of the *Health and Supportive Care Providers Oversight Authority Act, 2021*;

AND WHEREAS the Minister is accountable to the people of Ontario as a member of the Legislative Assembly and to the Legislative Assembly as a Minister of the Crown in right of Ontario;

AND WHEREAS the Authority is accountable to the Minister and the government for its administration of the *Health and Supportive Care Providers Oversight Authority Act, 2021* and its associated regulations and its statutory mandate under that Act;

AND WHEREAS the Authority provides valuable information to the government regarding the operational effectiveness of the *Health and Supportive Care Providers Oversight Authority Act, 2021* and its associated regulations and on measures that may strengthen the care, safety and rights of recipients of health and supportive care, and that both parties acting in the public interest are dependent on a collaborative relationship;

AND WHEREAS the Minister and the Authority recognize the benefit of maintaining a strong collaborative relationship and the importance of resolving any disagreements as amicably and expeditiously as possible;

AND WHEREAS the Authority is not a Crown agent, intends to be funded (at least partially or in whole) through fees paid by registrants, and is not self-regulating;

AND WHEREAS the Minister is responsible for recommending legislative and regulatory changes to the Lieutenant Governor in Council;

AND WHEREAS the Minister and the Authority intend to exercise their powers and duties under the *Health and Supportive Care Providers Oversight Authority Act, 2021* in such a manner as to protect the public interest and carry out and perform their respective duties under this memorandum of understanding in a manner to help ensure the balance and enhancement of public protection and safety through a flexible approach to overseeing personal support workers (PSWs) and other professions over time;

NOW THEREFORE in consideration of the promises and the mutual covenants

contained in this memorandum of understanding and subject to the terms and conditions hereof, the parties hereby enter into this memorandum of understanding.

1. Definitions and Interpretation

- 1) In this memorandum of understanding, the following terms have the following meanings:
 - a) “**Act**” means the *Health and Supportive Care Providers Oversight Authority Act, 2021* S.O. 2021, c. 27, Sched. 2,;
 - b) “**Authority**” means the Health and Supportive Care Providers Oversight Authority;
 - c) “**Appointee**” means a member and Director appointed to the Authority by the Lieutenant Governor in Council, but does not mean an individual employed or appointed by the Authority as staff;
 - d) “**Board**” means the board of directors of the Health and Supportive Care Providers Oversight Authority;
 - e) “**CEO**” means the chief executive officer of the Authority;
 - f) “**Chair**” means the Chair of the Health and Supportive Care Providers Oversight Authority board of directors;
 - g) “**Crown**” means His Majesty the King in Right of the Province of Ontario;
 - h) “**Director**” means a member of the Board of Directors, either appointed or elected;
 - i) “**Deputy Minister**” means the Deputy Minister of Health;
 - j) “**Executive Council Act**” means the *Executive Council Act*, R.S.O. 1990, c. E. 25,;
 - k) “**Government**” means the Government of Ontario’
 - l) “**Investigators**” means persons appointed by the CEO under section 39 of the Act;
 - m) “**Lobby**” means to arrange a meeting between a public office holder, as defined in the *Lobbyist Registration Act, 1998*, and any other person or to communicate with a public office holder in an attempt to influence:
 - i. the development of any legislative proposal by the Government of Ontario or by a member of the Legislative Assembly,
 - ii. the introduction of any bill or resolution in the Legislative Assembly or

the passage, defeat or amendment of any bill or resolution that is before the Legislative Assembly,

- iii. the making or amendment of any regulation as defined in Part III (Regulations) of the *Legislation Act, 2006*, the development or amendment of any policy or program of the Government of Ontario or the termination of any program of the Government of Ontario,
 - iv. the development or amendment of any policy or program of the Government of Ontario or the termination of any program of the Government of Ontario,
 - v. a decision by the Executive Council to transfer from the Crown for consideration all or part of, or any interest in or asset of, any business, enterprise or institution that provides goods or services to the Crown or to the public,
 - vi. a decision by the Executive Council, a committee of the Executive Council or a minister of the Crown to have the private sector instead of the Crown provide goods or services to the Crown, or
 - vii. the awarding of any grant, contribution or other financial benefit by or on behalf of the Crown.
- n) “**Lobbyist**” means an individual who, for payment, undertakes to Lobby on behalf of the Authority, but does not mean an individual who is employed by the Authority, a significant part of whose duties is to Lobby on behalf of the Authority;
 - o) “**Minister**” means the Minister of Health or any other member of the Executive Council to whom responsibility for the administration of this Act is assigned or transferred under the *Executive Council Act*;
 - p) “**Ministry**” means the Ministry of Health or any successor to the ministry;
 - q) “**MOU**” means this memorandum of understanding signed by the Minister and the Chair and entered into pursuant to s.14(1) of the Act, and includes all attached schedules and any agreement or schedule in writing supplementing or amending this memorandum of understanding or any of its schedules;
 - r) “**Objects**” means the objects of the Authority in section 12 of the Act;

- s) "Professional Association" means an organized group of individuals who promote and advocate for the interests of any class of registrant under the Act, employers of any class of registrant under the Act, or any health profession set out in Schedule 1 of the *Regulated Health Professions Act, 1991*;
 - t) "**Statutory Mandate**" means the exercise of the authority delegated to the Authority, pursuant to the Act and includes the objects of the Authority as set out in clauses 12 (a) to (g).
- 2) In this MOU, for the purposes of interpretation:
- a) Words denoting the singular include the plural and vice versa and words denoting any gender include all genders;
 - b) The word "including" or "includes" shall mean "including (or includes) without limitation";
 - c) Any reference to a statute shall mean the statute in force as at the date hereof, together with all regulations promulgated thereunder, as the same may be amended, re-enacted, consolidated and/or replaced, from time to time, and any successor statute thereto, unless otherwise expressly provided;
 - d) The division of this MOU into separate sections and subsections, and the insertion of headings are for convenience of reference only and shall not affect the construction or interpretation of this MOU; and
 - e) This MOU should be read together with the Act. This MOU does not affect, modify or limit the powers of the Act or the Authority as set out in the Act, or interfere with responsibilities of any of its parties as established by law.
- 3) The powers and responsibilities of the Minister set out in this MOU may be exercised by the Minister and, when authorized, by the deputy minister of the Ministry, or another authorized official of the Ministry.

2. Purpose of the MOU

- 1) This MOU between the Minister and the Authority:
 - a) Clarifies the roles, duties and responsibilities of the Minister and the Authority in relation to the administration of the Act and the administrative matters as set out under the Act; and
 - b) Clarifies the administrative, financial, auditing, accountability, legislative

and regulatory development, and working and reporting relationships between the parties.

3. Other Duties and Powers

- 1) Any additional duties and powers of the Authority assigned to it pursuant to clause 12 (h) of the Act shall be set out in Schedule "A" attached to this MOU. Schedule "A" may be amended from time to time by the Minister. The Authority may provide the Minister with advice to support the process and implementation of the assignment of an additional duty or power.

4. Accountability Relationships

- 1) The Minister is accountable to the Legislative Assembly for the fulfilment of the Statutory Mandate by the Authority.
- 2) The Board is accountable to the Minister through the Chair, for the performance of the Authority.

5. Roles and Responsibilities of the Parties

5.1 The Minister

- 1) The Minister is responsible for overseeing the performance of the Authority with respect to the fulfilment of its Statutory Mandate. For this purpose, the Minister requires timely access to information from the Authority as set out in the Information Sharing Protocol, attached as Schedule "B".
- 2) The Minister is responsible for bringing forward proposed changes to the Act to the Lieutenant Governor in Council and the Legislative Assembly.
- 3) The Minister may engage the Authority:
 - a) throughout the policy development process on legislative or policy changes that may affect the Authority and its activities,
 - b) in supporting the Ministry with public and stakeholder communications and consultations regarding any proposed legislative, regulatory or policy changes, and
 - c) in the development of communication strategies for critical or on-going issues.
- 4) The Minister may provide the Authority with an annual letter outlining the

government's expectations and priorities with respect to the Authority during the specified fiscal year. The letter would provide measurable expectations from the Minister that align with the Authority's Statutory Mandate as well as government priorities and commitments. The Minister will make reasonable efforts to provide the letter prior to January 1st to inform business planning for the upcoming fiscal year. If provided later than January 1st, the Authority may provide the Minister with information on any operational impact of the expectations and priorities in the letter.

- 5) Pursuant to section 17 of the Act, the Minister may issue policy or operational directions to the Authority relating to its administration of the Act after giving the Authority the notice that the Minister considers reasonable in the circumstances. The parties acknowledge that a policy direction issued to the Authority is deemed to form part of the MOU and is binding on it.
- 6) The Minister may, where the Minister deems appropriate, delegate, make or assign to the Authority such additional authority, appointments or consents as are within the Minister's authority, if the Authority requires such additional authority, appointments, or consents to carry out its Statutory Mandate.
- 7) The Minister may, where the Minister deems appropriate, assist the Authority in obtaining any additional authorities, appointments or consents which cannot be granted by the Minister.
- 8) The Minister may, where the Minister deems appropriate, assist the Authority in working with other ministries to facilitate agreements and relationships with the Authority.
- 9) The Minister shall not interfere with the independent exercise of the statutory functions fulfilled by the Authority's directors, officers, investigators and other agents exercising statutory and regulatory duties.
- 10) The Minister shall make reasonable efforts to meet with the Chair to discuss issues relating to the fulfillment of the Authority's mandate.

5.2 The Authority

- 1) The Authority shall carry out its duties and responsibilities in accordance with the law, the Act and this MOU.
- 2) The Authority shall carry out its duties and responsibilities in accordance with the principle that the provision of health services and supportive care services by registrants to members of the public shall be safe, competent, ethical and high-quality. The Authority

shall consider current best practices, including risk-based regulatory practices, in carrying out its duties and responsibilities.

- 3) The Authority, through the Chair, shall ensure that the Board is aware of the terms of this MOU.
- 4) The Authority is responsible for ensuring that it has adequate resources, including financial resources, to comply with this MOU, the Act, and other applicable law, and for acting in accordance with the business plan that it has provided to the Minister under clause 9(1)(a) of this MOU.
- 5) The Authority is responsible for developing and maintaining corporate by-laws and shall make such by-laws available on its website as soon as practicable after the by-law becomes effective.
- 6) The Authority is responsible for developing and maintaining up-to-date written policies and procedures for each functional area of its business.
- 7) The Authority is responsible for developing, maintaining and making publicly available on its website up-to-date written procurement policies and procedures that comply with the most recent Ontario Public Service Procurement Directive to ensure that goods and services, including consulting services and information technology are acquired through a process that is fair, open and transparent.
- 8) The Authority is responsible for developing, maintaining and making publicly available on its website up-to-date written travel, meal and hospitality expenses policies and procedures in keeping with the spirit and principles of the most recent Ontario Public Service Travel, Meal and Hospitality Expenses Directive in order to set out principles for the reimbursement of expenses to ensure fair and reasonable practices, and to provide a framework of accountability to guide the effective oversight of resources in the reimbursement of expenses.
- 9) The Authority is responsible for developing and maintaining appropriate risk management processes and plans, performance measurements, governance, and financial management processes with sound internal controls to conduct the Authority's operations effectively and efficiently, economically and with regard to stakeholders' and the public's expectations for the prudent use of funds.
- 10) The Authority is responsible for developing, maintaining and making publicly available on its website up-to-date written policies and procedures, including service standards, for responding to and assisting in the resolution of

complaints about registrants and other complaints received by the Authority related to its administration of the Act.

- 11) The Authority is responsible for providing the Minister with timely information in relation to any matter requested by the Minister and shall also provide the information identified in the Information Sharing Protocol attached as Schedule "B".
- 12) The Authority is responsible for developing, maintaining and making publicly available on its website up-to-date written policies and procedures, including service standards, for registration applications.
- 13) When able and appropriate, the Authority shall coordinate its enforcement activities in relation to the investigation of serious incidents with the enforcement activities of other municipal, provincial and federal enforcement authorities.
- 14) When engaged by the Minister and in a manner specified by the Minister; in accordance with subsection 5.1(3) of this MOU, the Authority shall collaborate in:
 - a) the policy development process on legislative or policy changes that may affect the Authority and its activities, including collecting specific information requested in writing by the Minister;
 - b) supporting public and stakeholder communications and consultations regarding any proposed legislative, regulatory or policy changes; and
 - c) the development of communication strategies for critical or on-going issues.
- 15) The Authority shall promptly inform and advise the Minister regarding any information related to the administration of the Act and any urgent or critical matters that may require legislative, regulatory or policy changes or other action by the Minister.
- 16) The Authority shall not use public funds or funds generated under section 50 of the Act to hire Lobbyists to Lobby the provincial government.
- 17) If the Minister exercises any of the Minister's powers under the Act, the Authority shall take all necessary and advisable steps to ensure compliance with the power that has been exercised.

6. Board and Statutory Appointments

6.1 Board Composition and Appointment of Board Members

- 1) The rules pertaining to who can serve as directors elected to the Board, the criteria for their nomination and the process for their election, have been established by by-law with the approval of the Minister as per subsection 6(3) of the Act.
- 2) The Authority shall obtain the Minister's prior approval of any change in the by-law respecting who can serve as directors elected to the Board, the criteria for their nomination, the terms, and the process for their election.
- 3) The Authority shall develop and maintain competency criteria for the Board setting out the types of skills and competencies that are required on the Board, attached to this MOU as Schedule "C".
- 4) The Board competency criteria in Schedule "C" shall be inclusive and shall require reasonable efforts to include members on the Board who reflect a variety of perspectives, including public protection and public interest perspectives, with the goal of reflecting the diversity of Ontario. The Authority shall make the competency criteria public.
- 5) The Minister shall have regard to the competency criteria used by the Board when recommending appointments to the Lieutenant Governor in Council.
- 6) The Minister shall endeavour to recommend to the Lieutenant Governor in Council that it make appointments to the Board in a timely manner.
- 7) Board members shall be remunerated by the Authority. A Board member employed by the public service of Ontario as defined in the *Public Service of Ontario Act, 2006*, shall not receive any remuneration unless permitted under the Ontario Public Service Agencies and Appointments Directive or any successor directive.
- 8) The Board shall ensure that new Board members complete any training required by the Minister within six (6) months of being elected or appointed, or when next available.

6.2 Information Required from the Board

- 1) The Board shall conduct a Board evaluation in accordance with best practices

in alignment with its strategic planning timelines so that the findings can be considered for strategic planning purposes. The evaluation shall be facilitated by an independent third party. The results of the evaluation shall be summarized in a report and a copy of the report shall be provided to the Chair. The Chair shall provide a copy of the report to the Minister upon request.

- 2) The Board shall adopt a binding board code of conduct policy for its directors. The code shall include rules to prevent the possibility of any Board member advancing his or her personal or business interests, or the interests of another person or organization, ahead of the interests of the Authority. As well as rules respecting conflicts of interest, the code shall include rules respecting political activity and disclosure of wrongdoing. The code of ethics, as it may be amended from time to time, is subject to the approval of the Minister. Upon approval by the Minister, the code shall be attached to this MOU as Schedule "D".
- 3) The annual meeting, at which the Board shall present its annual report and audited financial statements, and report to the members of the Authority on the affairs of the Authority for the immediately preceding year, shall be open to the general public and the Board shall make reasonable efforts to inform the general public of such meeting. The annual meeting shall take place within thirty (30) days of publishing the Annual Report.
- 4) Subject to section 11 of the Act, the Authority shall establish and maintain an advisory process for direct input to the Authority on issues of importance to stakeholders. The terms of reference of such an advisory process shall be made public and a report on the activities and advice provided by the Advisory Committee shall be included in the annual report.

6.3 Minister's Designation of Chair

In accordance with subsection 4(11) of the Act, the Minister shall designate the Chair from among the Board members and for this purpose the Minister shall have regard to the views of the Board, the competency criteria used by the Board, qualifications or rules established by any regulations under section 63(s) of the Act, the Authority's succession planning, and any other matter the Minister considers advisable in the circumstances.

7. Authority Chief Executive Officer

7.1 Duties and Responsibilities

- 1) The CEO works under the direction of the Chair to implement policy and operational decisions. The CEO reports the Authority's performance results to the Board, through the Chair.
- 2) Managing the day-to-day operational, financial, analytical, and administrative affairs of the Authority in accordance with the mandate of the Authority, accepted business and financial practices, and this MOU.
- 3) Advising the Chair on the requirements of and the Authority's compliance with Authority by-laws and policies, including annually attesting to the Chair on the Authority's compliance with mandatory requirements.
- 4) Ensuring that the Authority uses public funds with integrity and honesty, provided that the Authority is subject to the terms of a Transfer Payment Agreement with the Ministry.
- 5) Developing and maintaining up-to-date written policies and procedures for each functional area of the Authority's business.
- 6) Providing leadership and management to the Authority staff, including human and financial resources management, in accordance with, accepted business and financial practice standards, and the Act.
- 7) Translating the goals, objectives, and strategic directions of the Board into operational plans and activities.
- 8) Ensuring that the Authority has the oversight capacity and an effective oversight framework in place for monitoring its management and operations.
- 9) Keeping the Board, through the Chair, informed with respect to implementation of policy and the operations of the Authority.
- 10) Establishing and applying the Authority's risk management framework and risk management plan in place as directed by the Chair.
- 11) Supporting the Chair and the Board in meeting their responsibilities, including compliance with all applicable legislation, directives, policies, procedures, and guidelines.
- 12) Carrying out in-year monitoring of the Authority's performance and reporting on measures requested by the Board and report the results to the Board, through the Chair, at a frequency requested by the Board.
- 13) Keeping the Ministry and the Chair advised on issues or events that may concern the Minister, the Deputy Minister, and the Chair in the exercise of their responsibilities.
- 14) Seeking support and advice from the Ministry, as appropriate, on the Authority's

management of issues.

- 15) Establishing and applying a system for the retention of Authority documents and for making such documents publicly available when appropriate.
- 16) Undertaking timely risk-based reviews of the Authority's management and operations.
- 17) Keeping the Board, through the Chair, informed about operational matters.
- 18) Preparing financial reports for approval by the Board.
- 19) Preparing, for approval by the Board, a performance review system for staff and implementing the system.

8. Corporate Reporting

- 1) The Authority shall:
 - a) each year, provide the Minister with a business plan (as described in Schedule "E") for the forthcoming year, in a format acceptable to the Minister, no later than thirty (30) days before the end of the current fiscal year;
 - b) each year, provide the Minister with an annual report for the preceding year (as described in Schedule "E") in a format acceptable to the Minister, no later than one hundred and twenty (120) days after the end of its previous fiscal year; and
 - c) enable the Minister to review and comment on the documents referred to in clauses (a) and (b) within thirty (30) days from the receipt of the documents, under normal circumstances, and prior to final approval of the Board.
- 2) The Authority's business plan shall set out a summary of the activities it will undertake to make its goods, services and facilities accessible in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005*, and any relevant additional accessibility-related activities. The Authority's annual report shall include a summary of how these accessibility-related activities were provided.
- 3) The Authority's business plan shall set out the means by which services related to the administration of the Act are provided in French and the Authority's annual report shall account for how these French language services were provided.

- 4) The Authority's business plan shall set out the means by which complaints received by the Authority related to the administration of the Act are managed and resolved and the Authority's annual report shall account for how these complaints were responded to and resolved.
- 5) The Authority:
 - a) shall make the business plan referred to in clause (1)(a) available to the public, including by posting on the Authority's website, no later than thirty (30) days after final approval of the Board; and
 - b) shall publish the annual report referred to in clause (1)(b) to the Authority's website and by any other method the Minister requires no later than ninety (90) days after the annual report receives final approval of the Board.
- 6) The Authority shall conduct a satisfaction/value survey of all or a sampling of its, registrants and stakeholders, at least once every three years. The satisfaction/value survey may be facilitated by an independent third party. The Authority shall share a summary of the survey results with the Minister. The Authority's annual report and website shall also include a synopsis of the results of the satisfaction/value survey, as conducted.
- 7) The Authority shall have a risk management framework and risk management plan for managing risks that the Authority may encounter in meeting its program and delivery service objectives as described in Schedule "E".
- 8) The Authority shall establish performance measures regarding the administration of the Act, subject to the approval of the Minister. This stable set of performance measures will reflect the regulated sector and enable a year-to-year comparison. Where a year-to-year comparison is not possible because of a change in performance measures, the Authority shall give the Minister sufficient information to enable a proximate comparison of the changed performance measure.
- 9) The Authority shall provide the Minister with performance targets and results for the performance measures approved by the Minister in subsection (8) on an annual basis and upon request by the Minister. Where the Authority does not meet any one or more of its performance targets, the Authority shall identify any variance from the target and provide a written rationale to the Minister.

- 10) The Authority shall:
 - a) have a strategic plan (as described in Schedule "E") based on a minimum 3-year cycle in a format acceptable to the Minister, no later than thirty (30) days before the end of the current fiscal year;
 - b) permit the Minister to review and comment on the strategic plan within thirty (30) days from the receipt of the strategic plan and prior to final approval of the Board;
 - c) make the strategic plan available to the public, including by posting the strategic plan on the Authority's website, no later than thirty (30) days after final approval of the Board; and
 - d) follow the above process at the end of each strategic planning cycle to develop and post a new strategic plan on the Authority's website.

9. Regulatory Governance

- 1) The Board shall be responsible for carrying out the following regulatory governance functions:
 - a) reviewing the adequacy and effectiveness of the Authority's registration, enforcement and public protection framework, to ensure compliance with the Act;
 - b) reviewing implementation of and reporting on the enforcement of the Act, as well as the operations of the public protection framework; and
 - c) providing strategic advice to the Minister on potential or proposed legislative or regulatory changes.

10. Financial Arrangements

- 1) The Authority shall ensure that it has adequate resources to comply with this MOU and the Act consistent with the business plan that it has provided to the Minister under clause 8(1)(a) of this MOU.
- 2) The Authority acknowledges it cannot collect or retain any fines imposed by a court further to proceedings taken by the Authority under the *Provincial Offences Act*.
- 3) The Authority may set and charge fees, costs and other charges related to its administration of the Act, subject to any limitations imposed by the Act, in accordance with the process and criteria approved by the Minister, as set out in the attached Schedule "F".
- 4) The Authority shall make publicly available, including by posting on its website,
 - a) its fees, costs and other charges,
 - b) the process and criteria by which its fees, costs and other charges are established, and

- c) any rules governing the payment of its fees, costs and other charges.
- 5) The Authority shall report to the Minister at the earliest opportunity if there is any reason for concern about the financial state of the Authority.
- 6) The Authority shall make the policies and amounts related to rates of remuneration of Board members public.

11. Records, Privacy and Access

- 1) To the extent permissible by law, all records obtained from any source, created, or maintained by the Authority in the course of carrying out its administration of the Act are the property of the Authority and the Authority is the sole owner and custodian of such records and may use them for its legitimate purposes in the administration of the Act.
- 2) All records that are the property of the Authority shall be maintained in keeping with the records retention and destruction schedules established by the Authority.
- 3) Subject to any regulation made under section 36 of the Act, and the *Personal Health Information and Protection Act, 2004*, the Authority shall have an access and privacy code addressing issues of access to its records, protection of personal information and personal health information, and effective procedural rights and remedies. This code shall protect privacy and, to the extent permitted by the Act and any other legislation, provide access to information in possession of the Authority in accordance with the principles of the *Freedom of Information and Protection of Privacy Act* and provide an effective procedure in support of these principles. Upon approval by the Minister, the code shall be attached to this MOU as Schedule "G".
- 4) The Authority shall comply with the access and privacy code referred to in subsection (3), and shall make the code available to the public, including by posting on the Authority's website.

12. Litigation

- 1) The following provisions address any litigation arising after or as a result of the establishment of the Authority under the Act.
- 2) Civil and administrative litigation, including inquests, related to the Act in which the Crown is a defendant or an interested party, as a result of any

alleged act or omission of the Authority in its administration of the Act shall be defended or otherwise carried out by the Authority (with full right and power to choose legal counsel and with full right and power to reach a settlement which binds the Authority and, with the Crown's consent, binds the Crown), unless the parties expressly agree otherwise. The Authority shall be responsible for all costs of the litigation and for the payment of any settlement costs agreed to and payable by it and any damages awarded against it, as a result of any act, omission or fault of the Authority subject to an order of the court or agreement between the parties. The parties agree that the Crown reserves the right to defend or otherwise carry out any such litigation on its own behalf and at its own cost in respect of its own interest where it determines that it has an independent interest in the litigation.

- 3) Any proceedings, and any civil, criminal or administrative litigation, including inquests, not related to the Authority's administration of the Act, in which the Crown is a defendant or an interested party, arising from or in any way connected with any activity undertaken by, or alleged act or omission of the Authority, shall be defended or otherwise carried out by the Authority. The Authority shall be responsible for all costs of the proceedings or litigation and for the payment of any settlement costs agreed to and payable by it and any damages awarded against it. The parties agree that the Crown reserves its right to defend or otherwise carry out any such proceedings or litigation on its own behalf and at its own cost where it determines that it has an independent interest in the proceedings or litigation.
- 4) The Minister or the Crown shall cooperate with the Authority for the purpose of the Authority's defence or other participation in the litigation referred to in subsections (2) and (3) of this Article including providing documentation or information and providing witnesses in such litigation, where appropriate.
- 5) The Authority shall carry out all prosecutions related to the Act on its own behalf and in its own name, all in accordance with, pursuant to and in furtherance of the obligations of the Authority to administer the Act. In carrying out prosecutions related to the Act, the Authority shall conduct prosecutions in the public interest and in a manner consistent with such policies.
- 6) The Minister shall keep the Authority informed of any litigation by or against the Crown or in which the Crown is an interested party that may affect the interests of the Authority.
- 7) The Authority shall keep the Minister informed of any litigation by or against the Authority or in which the Authority is an interested party that may affect

the interests of the Crown.

13. Indemnification

- 1) The Authority acknowledges that, pursuant to subsection 60(2) of the Act, it is required to indemnify the Crown, and hereby does agree to indemnify the Crown, in respect of damages and costs incurred by the Crown for any act or omission of the Authority or its officers, directors, employees, Investigators, or agents in carrying out the administration of the Act, the regulations, a Minister's order or the MOU; or in the execution or intended execution of its powers and duties under the Act, the regulations a Minister's order or the MOU.
- 2) This indemnification survives termination of this MOU for the maximum period permitted by law or contract.

14. Insurance

- 1) The Authority shall take all reasonable steps to protect itself from and against all claims which might arise from the carrying out of the administration of the Act and the exercise or performance of its duties under the Act by the Authority, its Board members, appointees, officers, employees, and agents. The Authority shall at all times maintain, at its own cost and expense, adequate insurance against liability arising out of the Authority's carrying out of the administration of the Act and the exercise or performance of its duties or powers under the Act and this MOU, including but not limited to commercial general liability insurance on an occurrence basis for third party bodily injury, personal injury and property damage, to an inclusive limit of not less than \$5,000,000] per occurrence, and products and completed operations in the amount of not less than \$5,000,000 in the aggregate. The policy is to include the following:
 - a) His Majesty the King in Right of Ontario as represented by the Minister as an additional insured with respect to liability arising in the course of performance of the Authority's obligations under, or otherwise in connection with, the Act;
 - b) cross-liability clause;
 - c) thirty (30) day written notice of cancellation, termination or material change; and,
 - d) non-owned automobile coverage with blanket contractual coverage for hired automobiles.

- 2) The Authority shall provide the Minister with certificates of insurance or other proof as may be requested by the Minister, that confirms all of the insurance coverage as provided for in subsection (1), and renewal replacements on or before the expiry of any such insurance.
- 3) If the Crown imposes an obligation on the Authority by obtaining the enactment of legislation, making a regulatory change or otherwise, which gives rise to exposure to liability on the part of the Authority for which the Authority cannot reasonably obtain appropriate liability insurance, the Authority shall provide immediate notice to the Minister in writing of the uninsured risk and subject to government approvals that may be required, if any, the Authority and the Minister shall identify appropriate measures to resolve the issue to the satisfaction of both parties. Where government approval is required, the Minister shall make reasonable efforts to obtain the necessary approvals.

15. Code of Conduct for Compliance Personnel

- 1) The Authority shall develop a code of conduct for its compliance personnel relating to the Authority's compliance and enforcement responsibilities under the Act and any other legislation that is in keeping with the spirit and principles of the most recent Ontario Public Service Regulators' Code of Practice.
- 2) The Authority shall provide its code of conduct to the Minister, as it is updated from time to time, make it available to the public, and post the code on the Authority's website.

16. Supervisor

- 1) The parties recognize that the Minister has the power under section 15 of the Act to appoint a supervisor for the Authority for the purpose of assuming control of the Authority and responsibility for its activities if the Minister considers it in the public interest to do so. The Minister shall give the Board reasonable written notice before appointing the supervisor unless there are not enough directors on the Board to form a quorum. Where possible the Minister shall give 14 days written notice before appointing the supervisor.
- 2) The Authority shall cooperate with an Administrator appointed by the Minister under section 15 of the Act.

17. Dispute Resolution

The parties agree to use reasonable efforts to resolve any disputes that may arise out of or in connection with this MOU or the administration of the Act.

18. Communications and Information Sharing

- 1) Each of the parties shall designate an individual who will be the primary contact for all issues and communications related to this MOU, the Act and the administration of the Act.
- 2) The parties shall develop procedures for the sharing of information and the resolution of issues that may arise during the course of the Authority's administration of the Act. Upon approval by the Minister, such procedures shall be attached to the MOU as Schedule "B".

19. Reviews and Audits

- 1) The Authority acknowledges that pursuant to section 18(1) of the Act, the Minister may require that:
 - a) policy, legislative or regulatory reviews related to the Act or this MOU be carried out, and
 - b) reviews of the Authority, its operations, or both, including performance, governance, accountability and financial reviews, be carried out.
- 2) If the Minister requires a review mentioned in subsection 21(1) of this MOU, the Authority may provide suggestions to support the review process for the Minister to consider.
- 3) If the Minister requires the Authority or a person on behalf of the Authority to carry out a review mentioned in subsection 21(1) of this MOU, the Authority shall share the results of any reviews with the Minister.
- 4) If the Minister specifies another person or entity to carry out a review mentioned in subsection 21(1) of this MOU, the Minister shall ensure that the person or entity consults with the Authority as appropriate during any such review.
- 5) Upon the Auditor General conducting an audit under the Act, the Authority shall provide the Auditor General and its employees access to all records and any information required to conduct the audit, as may be requested by

the Auditor General. The Authority shall forthwith notify the Minister upon receiving notice from the Auditor General of an audit to be conducted on the Authority.

- 6) The Authority shall cooperate in any review or audit required by the Minister or the Auditor General.

20. Crown Agency Status

The Authority, the members, directors and officers of the Authority, the Investigators and the other persons employed, retained or appointed by the Authority are not agents of the Crown.

21. Conflict

In the event of a conflict between the provisions of this MOU and the Act, or a Minister's order made under the Act and this MOU, the Act or the Minister's order, as the case may be, prevails.

22. Amendment and Review of MOU

- 1) Subject to subsection 14(3) of the Act, the terms of this MOU may only be added to, deleted, varied or amended with the consent of both parties. Such amendments shall be in writing, dated, and signed by both parties and attached to this MOU.
- 2) The parties shall amend this MOU as required to accommodate any changes to the Act.
- 3) Pursuant to subsection 14(3) of the Act, prior to any Minister's amendments to this MOU, the Minister shall give such notice to the Authority as the Minister considers reasonable in the circumstances. The Minister shall provide the Authority with a time period that the Minister considers reasonable for the Authority to comply with the amendments.
- 4) Upon a change in the Minister or Chair of the Board, the new Minister or new Chair, as the case may be, must, within six months of the change, send a letter to the other party affirming their awareness of the MOU in order to facilitate compliance with the requirements of the MOU.
- 5) The parties shall conduct a review of this MOU within five (5) years of execution to ensure it is current. Despite the foregoing, either party may initiate a review of the MOU when advisable in the public interest upon giving notice in writing to the other.

23. Public Document

The parties agree that this MOU shall be made available to the public by either party upon request to that party by any member of the public. The Authority shall post this MOU on its website within thirty (30) days of the effective date of this MOU and thirty (30) days of execution of any amendments thereafter.

24. Entire MOU

- 1) The Minister and the Authority agree that this MOU, as amended from time to time in accordance with section 24 of this MOU, forms the entire MOU between the parties and, subject to Schedule "H", supersedes any prior understanding or agreement, collateral, oral or otherwise, existing between the parties at the date of execution of this MOU.
- 2) The schedules attached to this MOU in Appendix "A" continue in full force and effect until updated and added to the MOU as a schedule to it.

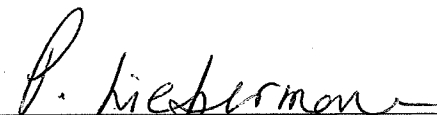
25. Effective Date

Subject to Schedule "H", this MOU comes into effect on the later date of execution by the parties and will supersede and replace any prior MOUs made between the parties.


IN WITNESS WHEREOF the parties hereto have executed this MOU.

**Health and Supportive Care
Authority**

His Majesty the King in right of Ontario



Chair of the Board



Minister of Health

Date: *July 9 2024*

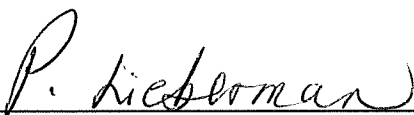
Date: July 31, 2024

SCHEDULE "A" – SUMMARY ADDITIONAL DUTIES OR POWERS OF THE CORPORATION

**HEALTH AND SUPPORTIVE CARE PROVIDERS
OVERSIGHT AUTHORITY**

There are currently no additional duties or powers.


**Health and Supportive Care
Authority**



Chair of the Board

Date: *July 9 2024*

His Majesty the King in right of Ontario



Minister of Health

Date: July 31, 2024

SCHEDULE "B" – INFORMATION SHARING PROTOCOL

HEALTH AND SUPPORTIVE CARE PROVIDERS OVERSIGHT AUTHORITY

This Schedule outlines information sharing protocols recognizing that the Health and Supportive Care Providers Oversight Authority (Authority) shall respond in an expeditious manner to all requests made by the Minister¹, including requests in respect of:

- 1) the governance of the Authority;
- 2) the administration of the Act by the Authority; or
- 3) the MOU.

This Schedule outlines information sharing protocols not already specified in the MOU or other schedules to the MOU.

Unless specifically outlined in this Schedule, when making information requests of the Authority, the Ministry of Health (Ministry) shall inform the Authority of the timeframe in which the information is needed.

Prior to any personal information or personal health information being shared, the Ministry and the Authority will confirm how it will be used, that there is legal authority to share it, that any notice requirements have been addressed, as well as the method for sharing, securing and disposing of the personal information. For this purpose, "personal information" has the same meaning as in the *Freedom of Information and Protection of Privacy Act*, and "personal health information" has the same meaning as in the *Personal Health Information Protection Act, 2004*.

To facilitate information sharing, the Authority and the Ministry will seek to achieve a "one- window" policy with the Authority and the Ministry's Health Workforce Regulatory Oversight Branch (HWROB), unless otherwise specified by the Ministry, being the access points.

¹ This is a schedule to the MOU between the Minister of Health and the Authority, and the responsibilities and obligations set out in both the MOU and this schedule reside with those entities respectively. As per subsection 1 3) of the MOU, the powers and responsibilities of the Minister set out in the MOU may be exercised by the Minister and, when authorized, by another authorized official of the Ministry. For practical purposes, the Ministry of Health (Ministry) or Health Workforce Regulatory Oversight Branch (HWROB) is used hereinafter instead of Minister when referring to the entity with which the Authority shall work to carry out this protocol.

In addition, the Authority and HWROB shall make reasonable efforts to meet at least quarterly to discuss current issues, needs and other matters necessary for the proper administration of this Schedule.

Description	Responsibility	
	Ministry	Authority
General		
Information requests made by the Ministry to the Authority, including data collection	<p>The Ministry shall make reasonable efforts to share with the Authority the context in which the request for information is being made.</p> <p>When making information requests that require the collection of new data from the sector, the Ministry shall consider Authority collection and reporting schedules and internal procedures in order to mitigate the administrative impact on health and supportive care services and the Authority. HWROB will give notice of these requests to the Authority where possible.</p>	The Authority shall respond in an expeditious manner to all requests made by the Ministry.
Changes to existing and new government directives applicable to the Authority, including directives, advice, guidance, and recommendations.	HWROB will share changes to existing directives or new directives that are applicable to the Authority. HWROB will give notice to the Authority where possible.	

Description	Responsibility	
	Ministry	Authority
Cabinet Submissions		
All Issues	HWROB will develop Cabinet submissions, as required, in cooperation with other Ministry divisions.	The Authority is consulted where appropriate.
Correspondence		
The Ministry and the Authority will work together to draft responses whenever possible, in a timely fashion, respecting that HWROB is required to respond to all correspondence within five (5) business days.		
On all subjects directed to the Minister/Ministry	HWROB will: <ul style="list-style-type: none"> • action to the Authority; or • draft a reply indicating referral to the Authority for direct response; or • draft a reply. 	The Authority will: <ul style="list-style-type: none"> • respond directly under Authority's signature and copy HWROB as appropriate; or • supply HWROB with information required for the Minister/Ministry to reply.
Briefing Notes		
For Minister/Ministry meetings with the Authority's stakeholders	HWROB will coordinate preparation of meeting materials and make reasonable efforts to notify the Authority of any such meetings and discuss with the Authority.	The Authority will provide HWROB with relevant information on stakeholders/issues.
For the Authority's meetings with Ministry stakeholders (e.g., other ministries or agencies)	HWROB will provide the Authority with relevant information on stakeholders/issues, if appropriate.	The Authority will make reasonable efforts to notify HWROB of the meeting, discuss outcomes with HWROB and provide a briefing note upon request.
Issue Notes		
The Ministry and the Authority will work together to issue responses in a timely fashion respecting the requirement to respond to all requests for issue notes within specific timeframes (i.e., short notice or outside of regular business hours) as requested by HWROB.		

Description	Responsibility	
	Ministry	Authority
On any subject (designed for use in the Legislature)	<p>The Ministry will prepare the issue note and provide it to the Ministry's Communications Branch.</p> <p>Requests for information made to the Authority to develop the issue note will be accompanied by a timeline for response.</p>	The Authority will provide information to HWROB within timeframe specified.
Issues Management		
Serious incidents (e.g. abuse or neglect, accidents and fatalities)	When the Ministry is informed by the Authority or through media reports, HWROB will provide key information to the Ministry's Communications Branch as quickly as possible, including by referring to the Serious Incident Protocol, and monitor for updates.	The Authority will inform HWROB about serious incidents and provide relevant details, key messages and a response strategy, including by referring to the Serious Incident Protocol.
Other possible contentious issues (e.g. stakeholder grievances/ concerns, etc.)	HWROB will inform the Ministry's Communications Branch, providing relevant details, key messages and response strategy.	The Authority will, in accordance with the Serious Incident Protocol, inform HWROB and provide relevant details, key messages and response strategy.
Media Relations		
Requests made to the Ministry/Minister for interviews and background material on the Authority's operational issues	The Ministry's Communications Branch will notify HWROB, who will then, as appropriate, refer the request to the Authority or obtain the required information from the Authority.	The Authority will provide the required information or, if requested by the Ministry/Minister, respond directly to the media request and advise HWROB of the outcome from the media engagement.

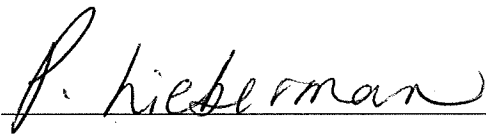
Description	Responsibility	
	Ministry	Authority
Media releases issued by the Authority	HWROB will share a copy of the Authority's media release with the Ministry's Communications Branch for information and review.	<p>The Authority will prepare and share a copy of its media release with HWROB and the Ministry's Communications Branch five to seven days in advance or at its earliest opportunity and before the release is issued to media.</p> <p>The Authority will request the Ministry's review if required under its agreed upon media protocol with the Ministry.</p>
Speeches/Speaking Notes		
All Minister speeches/speaking notes (any topic)	Ministry's Communications Branch will prepare, and HWROB will advise the Authority.	The Authority will supply HWROB with information.
Performance Measures and Quarterly Reports		
Metrics and performance measure results	The Ministry may request metrics and performance measure results from the Authority from time to time.	The Authority will supply the Ministry with metrics and performance measure results, as available, at the time of request or when the Authority determines there is a risk that it will not achieve its target performance measure.
Quarterly reports of Authority operating information (e.g. registration, investigations)	The Ministry and Authority will work collaboratively to identify the key operating information that is required and relevant at the start of each fiscal year.	Authority will provide the quarterly reports of key operating information within 30-45 days of the end of each quarter.

Description	Responsibility	
	Ministry	Authority
Marketing / Public Relations Events		
Collaboration on Marketing / Public Relations Events	<p>HWROB and the Ministry's Communications Branch will work collaboratively with the Authority to:</p> <ul style="list-style-type: none"> • plan and develop joint marketing and public relations events between the Minister/Ministry and the Authority; and • obtain information on the Authority specific events, industry events to be attended by the Authority, communications research and best practices. <p>HWROB will be the lead in contacting the Authority about joint / collaborative communications activities, respecting the one-window approach. However, the Ministry's Communications Branch may follow up directly with the Authority while keeping HWROB fully informed of discussions and planned activities.</p>	<p>The Authority will work collaboratively with HWROB and the Ministry's Communications Branch to:</p> <ul style="list-style-type: none"> • plan and develop joint marketing and public relations events between the Authority and the Minister/Ministry; and • provide information on the Authority specific events and, industry events to be attended by the Authority, communications research and best practices. <p>The Authority will initially contact HWROB about joint / collaborative communications activities, respecting the one-window approach. However, the Authority may subsequently follow up directly with the Ministry's Communications Branch, while keeping HWROB fully informed of discussions and planned activities.</p>
Other		
Information concerning Board member competencies	The Ministry will make requests to the Authority for information as and when required.	The Authority shall provide to the Ministry at least once annually, and as requested, the Authority's skills profile.

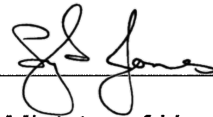
Description	Responsibility	
	Ministry	Authority
Information concerning communications campaigns/initiatives undertaken by the Authority	The Ministry will make requests to the Authority for information regarding planned communications campaigns/initiatives, including public education campaigns.	Authority will provide information on key planned and undertaken communications campaigns/initiatives to HWROB on a quarterly basis and upon request.

Health and Supportive Care Providers Oversight Authority

His Majesty the King in right of Ontario



Chair of the Board



Minister of Health

Date: July 9 2024

Date: July 31, 2024

SCHEDULE “C” – Board Competency Criteria

Board approved and published on the Authority website



Health and Supportive Care Providers
Oversight Authority

BOARD OF DIRECTORS – COMPETENCIES / SKILLS

Public Protection	Strategic Focus	Leadership	Communication	Specific Skills & Knowledge
<ul style="list-style-type: none"> Public Safety Regulatory Governance 	<ul style="list-style-type: none"> Strategy Change Management 	<ul style="list-style-type: none"> Board Experience Organizational Leadership 	<ul style="list-style-type: none"> Stakeholder Relations/Collaboration Marketing/Public Relations 	<ul style="list-style-type: none"> Financial Literacy Legal Government Knowledge Operations & Risk Management IT / Privacy Management Knowledge of Vulnerable Populations

MATRIX (V: May 18, 2023)

BOARD COMPETENCIES OVERVIEW

1. Public Safety	Understands consumer protection frameworks and is dedicated to promoting and protecting consumer interests, including client/patient safety and quality of care. Experience in promoting and taking on activities that enhance public safety such as training, registration, audit, quality assurance, investigations, enforcement, and other services.
2. Regulatory Governance	Experience in overseeing and/or directing a regulator, such as a health regulatory college or administrative authority. This includes making, communicating, monitoring, and enforcing rules; arbitration, sanctions and evaluation.
3. Strategy	Generates and applies strategic thinking to the business or regulatory environment and identifies relevant opportunities. Ability to understand how an organization must evolve considering internal and external trends and influences.
4. Change Management	Sound knowledge of change management principles and frameworks; has either led major change within a business or regulatory environment or has provided strategic insight to management to facilitate significant transition. This could include understanding of the impact of Authority decisions on the broader labour market.
5. Board Experience	Experience in Board governance and best practices, preferably at a large organization with public responsibilities and/or provincial in scope. This may include corporate or not-for-profit governance. It may also include serving on statutory committees, development of corporate bylaws.

6. Organizational Leadership	Experience in organizational development, design, and effectiveness, which includes exercising professional judgement and working effectively in an inclusive, team environment.
7. Stakeholder Relations/ Collaboration	Able to both listen effectively and articulate ideas, opinions, rationales, and comments clearly and concisely. This includes engaging in frank, open and honest discussions, valuing a variety of opinions and perspectives, with a view to making reasoned decisions and to communicate them in a timely manner; and seeking to achieve in-group consensus in the best interest of the organization.
8. Marketing/Public Relations	Experience in communications, public relations or interacting with the media.
9. Financial Literacy	Experience in a business environment with accounting or financial responsibilities. Ability to understand financial reports, including budget, balance sheet, variance analysis. May also include experience serving on an audit committee.
10. Legal	Experience in a regulated environment and understanding of and ability to interpret and apply applicable legislation, regulations, and compliance requirements.
11. Government Knowledge	Understands government structure, mechanics and decision-making processes, and various regulatory, public protection models.
12. Operations & Risk Management	Knowledge of sound management and operational business processes and practices. This should include knowledge of public policy development, including operational policy, conflict management and risk management. Experience with creating evaluation methodologies and assessment tools.
13. IT /Privacy Management	Knowledge of, and experience in complex or large-scale IT systems, including privacy considerations.
14. Knowledge of Vulnerable Populations	Lived experience with diverse groups, which may encompass individuals registered with the Authority as well as those receiving their services.

ADDITIONAL BOARD REQUIREMENTS

Note: the following is intended to serve as a guide. All Board Appointees must comply with current HSCPOA By- laws provisions.

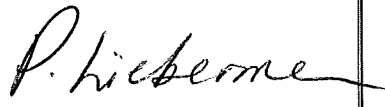
Essential Requirements of All Board Appointees:

- Be a resident of Ontario.
- Be proficient in English; multilingualism is considered an asset.
- Be able to attend virtual meetings (or in-person in Toronto, if required).
- Not be an employee of the Ontario Public Service.
- Not be a registrant of the Authority or a representative of an association within a sector that is within the jurisdiction of the Authority to ensure the Authority remains impartial and not unduly influenced by interests of specific professions or stakeholder groups (e.g., employers, unions, operators, managers).
- Fulfill their duties professionally and ethically. This includes declaring any real, potential, or perceived conflict of interest, such as a personal, professional, or financial interest. This could include representing a specific group of individuals (e.g., as a regulated health professional or an association with specific interests in the PSW profession, such as an employer or union).

Desired Requirements – Overall Board Membership:

- Diversity, including gender, cultural, socioeconomic and persons with disabilities.
- Francophone and Indigenous representation.
- Health and social service sector experience, including experience with vulnerable populations.
- Education sector experience.
- Regional/geographical representation, including rural/remote areas of the province.

SCHEDULE "D" -- Board Code of Conduct Policy

Policy Title: BOARD CODE OF CONDUCT POLICY		Policy Section: Governance Process	Policy Number: GP IV-100
Approved By: Board of Directors	Date Approved: February 23, 2023	Date Reviewed/ Revised: March 8, 2024	Chair's Signature: 

PURPOSE

The purpose of the Health and Supportive Care Providers Oversight Authority (the "Authority") "Board Code of Conduct Policy" is to set out the guiding principles, obligations, and expectations of Board Members regarding their conduct to ensure they maintain the highest standards of public trust and integrity in all aspects of carrying out their duties. The policy also applies to Advisory Committee Members, Discipline and Appeals Committee Members, and members of other ad hoc committees that may be established from time to time for the purpose of conducting the business of the Authority.

Failure to abide by this Code of Conduct may result in removal from the Board of Directors or a committee.

POLICY

The Board's Code of Conduct will be guided by principles of competence and diligence, integrity, respect and collaboration, and equity, diversity, inclusion, and justice.

Directors and members of Committees must, at all times, maintain high standards of integrity, honesty and loyalty to the Authority and its mandate when discharging their duties. They have a fiduciary and legal duty to act in the best interest of the Authority.

In order to exercise these duties, they shall:

1. Be familiar with and comply with the provisions of the *Health and Supportive Care Providers Oversight Authority Act, 2021*, S.O. 2021, c. 27, Sched. 2 (the "**Act**"), the regulations and by-laws made under it, and the policies of the Authority;

2. Act in good faith, responsibly, with due care and without allowing their independent judgement to be subordinated;
3. Treat everyone equally and with dignity and participate in all Board and Committee discussions in a respectful, courteous, inclusive, and constructive manner, including complying with the Authority's Diversity policies;
4. Support and respect diversity by welcoming and respecting alternative opinions, listen without judgement, recognize diverse backgrounds, experience and skills of the Board and Committee Members;
5. Act in a manner to enhance and maintain the reputation and image of the Authority;
6. Diligently prepare for Board or Committee meetings, which includes reading background materials and briefing documents in advance of meetings;
7. Attend all meetings on time, unless there is reasonable cause not to, and:
 - a. participate constructively in discussions;
 - b. listen without judgement;
 - c. offer opinions and express views on matters before the Board or Committee as the case may be;
 - d. participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of Board and Committee members;
8. Contribute to evidence-based, transparent, decision-making in the public interest;
9. Make available to and share with fellow Board Members information that may be appropriate to ensuring proper conduct and sound Board decisions; and not intentionally conceal material information necessary for the proper discharge of the duties of other Board Members or the Chief Executive Officer;
10. Uphold the decisions made by a majority of the Board of Directors or Committee, regardless of any prior individual disagreement;
11. Refrain from expressing any public comments on Authority business unless they are an official spokesperson or have been delegated the task of communicating publicly on a specific matter;
12. Avoid and, where that is not possible, declare any appearance of or actual conflicts of interest or bias and remove themselves from discussing or voting on any issue where there is a conflict of interest;

13. Not seek or accept a gift or benefit if a reasonable person would conclude that it would influence or appear to influence their judgment or duties, or if the acceptance would cause embarrassment to the Authority.
14. Not participate in a legal proceeding involving the Authority as a party or on behalf of a party other than through the Authority or its representatives;
15. Preserve confidentiality of all information before the Board of Directors or Committee unless disclosure has been authorized by the Board of Directors or is permitted under the Act;
16. Refrain from attempting to influence a statutory decision unless a member of a panel of the Committee or, where there is no panel, of the Committee dealing with the matter;
17. Only engage in political activity on their own time and at their own expense; not use Authority resources for political activity; and not link political activity to the Authority or a role or position with the Authority.

Reporting Wrongdoing or a Breach of the Code

Directors and members of committees must report wrongdoing at or by the Authority. Wrongdoing means:

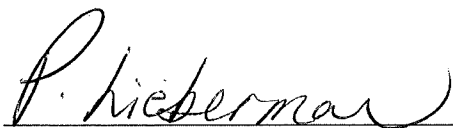
1. Breaching any law or regulation that governs the authority and its activities;
2. An act or failure to act that creates a grave danger to people or the environment;
3. Flagrant or serious misuse of money, assets or authority;
4. Breach of this Code; and
5. Directing or trying to influence a person to commit wrongdoing.

Directors and committee members should report to the Chair or the Chief Executive Officer.

Directors and committee members should speak to the Chair or the Chief Executive Officer if they are concerned that the Authority is not addressing wrongdoing in a timely manner.

Reports of wrongdoing must be made in good faith. Making a false, misleading or bad faith report would be considered to be a breach of this Code.

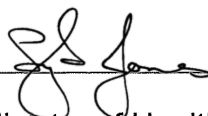
Health and Supportive Care Authority



Chair of the Board

Date: *July 9 2024*

**His Majesty the King in right of
Ontario**



Minister of Health

Date: July 31, 2024

SCHEDULE “E” – CORPORATE PLANNING AND REPORTING

HEALTH AND SUPPORTIVE CARE PROVIDERS OVERSIGHT AUTHORITY

The corporate planning and reporting documents of the Health and Supportive Care Providers Oversight Authority (Authority) are essential communications vehicles for demonstrating responsible stewardship of regulatory authority in the achievement of public protection. The Authority will strive to continuously improve and strengthen linkages between strategic planning, business planning and reporting.

Recognizing that corporate planning and reporting documents have a broad audience, the Authority will use plain language so that the objectives and performance are clear and easy for the average reader to understand. The corporate planning and reporting documents should easily allow for comparisons between them.

The Authority’s corporate planning and reporting documents will support the accountability framework as laid out in the MOU and the Act.

In addition to the requirements specified directly in the MOU and the Act, the Authority’s corporate planning and reporting documents shall include, at a minimum, the following:

1. STRATEGIC PLAN REQUIREMENTS

The Authority’s strategic plan is based on a minimum 3-year cycle that identifies its key objectives, which are linked to its statutory mandate, vision and mission, and the performance outcomes associated with those objectives to guide its resources and efforts.

1.1. Corporate Profile

A general overview of the Authority, including its statutory obligations and mandate, its mission, vision and values. It will also describe the nature and scope of the relationship between the Authority and the Government of Ontario and the Ministry of Health.

1.2. Strategic Planning Overview

An explanation of the connection/linkages between the strategic plan, business plan and annual report.

1.3. Strategic Planning Context

Highlight key economic, industry, and operational factors that present the Authority with challenges and/or opportunities in its strategic planning.

1.4. Objectives

The Authority will make clear its objectives, for the planning period, and will list the following as it pertains to the target performance outcome:

- Objectives / Priorities (key goals or outcomes proposed); and
- Strategies (that will be employed to achieve the objective).

In addition, quantifiable / measurable targets will be set for each year of the planning period. The plan will detail how these targets will be measured.

Measures should demonstrate the Authority's effectiveness (in terms of both public protection outcomes and organizational effectiveness), efficiency and level of public, registrant and stakeholder satisfaction/value. These measures will be based on a stable set of performance metrics that reflect the regulated sector and enable a year-to-year comparison. Where a year-to-year comparison is not possible, the Authority shall provide sufficient information to enable a comparison. The Authority shall also include a reference that information on performance reporting, including compliance and protection outcomes, is provided on the Authority's website.

1.5. Statement of Operations

The Statement of Operations will contain information on the Authority's financial state, including statements on revenue and expenses. The Statement of Operations establishes a picture of the Authority's current financial health and enables a comparison between the current state of the Authority's finances and planned revenue and expenses projections.

The Authority will enable the Minister to review and comment on the strategic plan prior to publication for approximately thirty (30) days from the receipt of the document under normal circumstances.

2. BUSINESS PLAN

The Authority will draft a business plan annually that identifies a coordinated set of activities to achieve the Authority's strategic objectives delineated in the strategic plan. The business plan will state the specific activities that will be undertaken in the fiscal year, as well as identify resources necessary to achieve the Authority's strategic objectives and successfully deliver its services. The business plan shall include, at a minimum, the following:

2.1 Corporate Overview

- A general overview of the Authority, including its mandate, mission, vision and values; and
- A description of the Authority's structure, services, regulated sector and the nature of the relationships between the Authority and the government and the Minister.

2.2 Business Planning Overview

- An explanation of the connections between strategic planning, the business plan and the annual report.

2.3 Objectives, Activities and Performance Measures

- Details on the performance measures that link the Authority's strategic objectives to the outcomes reported in the annual report, including, at a minimum, the following:
 - (a) **Strategic Objectives** (priority outcomes that the Authority proposes to achieve to successfully administer the Act, consistent with its statutory objects, including those aimed at enhancing protections for the public and the professionalism of registrants):
 - **Core strategic objectives:** relate to the Authority's Statutory Mandate, focus on public protection objectives and address high priority risks.
 - **Supporting strategic objectives:** relate to other aspects of operations such as governance, financial objectives, communication, risk management and/or stakeholder relations.
 - Should the Authority's objectives change at any point during a given year, the Authority will notify the Minister prior to the start of the next fiscal year.
 - (b) **Strategies:** (the initiatives and approaches that will be employed to undertake activities in order to achieve objectives);
 - (c) **Outcome measures** (details about how outcomes for the planning period will be measured or assessed) and **targets** (annual targets for the outcome measures):
 - Outcome measures and targets should enable year-to-year comparisons demonstrating the Authority's effectiveness (primarily related to core strategic objectives), efficiency (could

be related to supporting strategic objectives, including things like overhead costs, administration to program delivery ratios), and performance based on public, registrant and stakeholder satisfaction/value.

- Where a year-to-year comparison is not possible, the Authority shall provide a rationale and sufficient information to enable a comparison.

(d) **Activities:** (planned annual actions to support the achievement of strategic objectives):

- The activities in the business plan usually reflect core strategic objectives.
- The business plan may also include activities that reflect supporting strategic objectives.
- The business plan must include the Authority's means to:
 - manage and resolve complaints related to the Authority's administration of the Act;
 - provide French language services to the public; and
 - undertake activities to ensure that the goods, services and facilities are accessible in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005* and any other relevant activities to ensure the accessibility of goods, services and facilities.

(e) **Activity measures:** (details about how activities will be measured or assessed to evaluate performance):

- Measures can be quantitative or qualitative.

(f) **Activity targets:** (measurable activity targets set for the fiscal year).

2.4 Resources Needed to Meet Objectives

- Assess the adequacy of financial, human and other resources of the Authority and any additional resources that may be required to meet its objectives over the planning horizon.
- Forecast anticipated revenues and planned expenditures for the next three-year period.

3. ANNUAL REPORT

The Authority's annual report is the primary mechanism for reporting results for the previous year. The annual report shall include, at a minimum, the following:

3.1 Organizational Overview

This section of the annual report shall set out:

- Introduction
- Mandate, mission, vision and values
- Overview of the organization
- Message from the Chair

3.2 Report on Performance

The Authority shall report results for each performance measure as set out in the business plan. If a target has not been met, the Authority shall explain why achievement was not possible in that fiscal year.

Performance Statistics:

When possible, statistical reports should facilitate comparisons over time.

Performance statistics reported should, at a minimum, include:

- The activities completed over the prior year reflecting the activity measures in the business plan;
- The outcome results achieved in the previous year, reflecting performance against outcome measures and targets established in the business plan, in these areas:
 - Compliance and enforcement, such as registration, complaint resolution, investigations, appeals; and regarding complaints about the Authority;
 - Efficiency, such as turn-around times for registration, complaints, investigations; and
 - Education and awareness initiatives, and handling of complaints.

Review of Legislation, By-Law and Policy Changes:

Outline any changes made to the Act and regulations, the Authority by-laws or policies during the fiscal year.

French Language Services:

Report on the provision of French language services, including how those services were provided, the total number of inquiries that were received in French during the reporting period, and any other statistics that the Authority considers relevant.

Complaint Handling Process and Outcomes:

Summary of the complaint handling processes provided by the Authority including outcomes, and information to the public on how to register complaints against registrants and against the Authority.

Accessible Goods, Services, or Facilities:

Report on the provision of accessible goods, services or facilities pursuant to the *Accessibility for Ontarians with Disabilities Act, 2005*, including how they were provided, the total number of inquiries that were received for accessible goods, services or facilities during the reporting period, and any other statistics that the Authority considers relevant.

3.3 Corporate Governance

This section shall provide a summary of how the Authority is governed by providing, at a minimum, the following information, which may alternatively be posted on its web site:

- Role of the Board
- Election/appointment process of the Board
- Basic qualifications of the Board
- Committees of the Board
- Code of Ethics
- Board of Directors (including biographies)
- Directors' terms of election/appointment
- Officers (including biographies)
- Organization chart
- Authority contact information

3.4 Audited Financial Statements and Notes

The annual report shall include audited financial statements, including any notes.

3.5 Management Discussion and Analysis

This section shall provide a discussion and analysis intended to assist with an

understanding of the material financial changes in the Authority's operations over the past fiscal year, to be read along with the financial statements and accompanying notes. This discussion shall include a breakdown of regulatory business.

4. RISK MANAGEMENT FRAMEWORK AND RISK MANAGEMENT PLAN

Utilizing a risk-based approach to mandate fulfillment and service delivery, the Authority will conduct a risk assessment to identify, assess and mitigate risks and develop a risk management plan that will include:

- (a) The Authority's objectives;
- (b) Risks to the achievement of those objectives;
- (c) Risk mitigation strategies;
- (d) Maintenance of a system of internal controls to minimize risk; and
- (e) Documentation of policies and procedures to manage risk.

In order to facilitate informed and coordinated responses to any issues that emerge, the Authority will provide the Minister with reports on high and medium risks with corresponding mitigation strategies.

A summary of the risk management plan, including key information that conveys how the Authority will ensure continuous delivery of critical business services in the event of an emergency, shall be provided to the Minister annually for review at the same time as, or as a component of, the Authority's annual business plan. The occurrence of any risk(s) that required the use of any mitigations can be reported through the Annual Report.

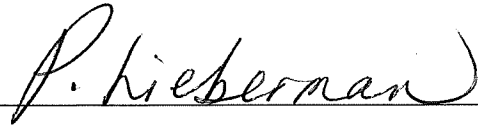
5. BURDEN REDUCTION PLAN

Upon request from the Minister (or Ministry), the Authority must provide an annual burden reduction plan that identifies opportunities to respond to the government's commitment to cut red tape and reduce regulatory burden in Ontario.

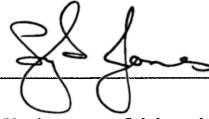
These opportunities could include legislative and regulatory proposals but should also consider how the Authority can operate more effectively and efficiently and provide improved or increased digital services to their regulated sectors and the public.

Health and Supportive Care Authority

His Majesty the King in right of
Ontario



Chair of the Board



Minister of Health

Date: *July 9 2024*

Date: July 31, 2024

SCHEDULE "F" – FEE SETTING PROCESS AND CRITERIA

HEALTH AND SUPPORTIVE CARE PROVIDERS OVERSIGHT AUTHORITY

Funding for the Health and Supportive Care Providers Oversight Authority

The Authority will undertake funding assessment report backs to the ministry by a date specified in Schedule H. The report back will include an update on the implementation of a fees schedule. Fees will either partially or fully fund the Authority's operations. The ministry will work with the Authority to determine if imposing registration or other fees would be an unreasonable burden on PSWs that could cause disruptions to the health workforce. As per section 50(1) of the Act, the Authority must have Minister approval on the process and criteria for which the fee is set[1].

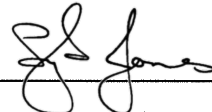
**Health and Supportive Care
Authority**



Chair of the Board

Date: *July 9 2024*


His Majesty the King in right of Ontario



Minister of Health

Date: July 31, 2024

Schedule G – Oversight Authority Privacy and Access Code

Policy Title: PRIVACY CODE		Policy Section: GOVERNANCE PROCESS	Policy Number: GP IV-10
Approved By: Board of Directors	Date Approved: October 10, 2023	Date Reviewed/ Revised: March 8, 2024	Chair's Signature: 

PURPOSE

The Health and Supportive Care Providers Oversight Authority (HSCPOA) is committed to protecting the privacy of the personal information collected and maintained on applicants, registrants, the public and stakeholders. HSCPOA is not subject to the federal *Personal Information Protection and Electronic Documents Act* or Ontario's *Freedom of Information and Protection of Privacy Act* ("FIPPA") a

This Privacy Code is based on the ten principles that form the basis for the CSA's Model Code for the Protection of Personal Information (Can/CSA-Q830-96). HSCPOA shall protect privacy and, to the extent permitted by the *Health and Supportive Care Providers Oversight Act, 2021* and any other legislation, provide access to information in possession of the Authority in accordance with the principles set out herein and, to the best of its ability, as set out in FIPPA

DEFINITIONS

"Act" means the *Health and Supportive Care Providers Oversight Authority Act, 2021* and the regulations made thereunder;

"Board" means the board of directors of the HSCPOA;

"Collection" means the act of gathering, acquiring, recording or obtaining personal information from any source, by any means;

"Committee" means a committee of the HSCPOA;

"consent" means voluntary agreement to the collection, use and disclosure of personal information for defined purposes. Consent can be express or implied and can be provided directly by the individual or by an authorized representative. Express consent can be given orally, electronically or in writing but is always unequivocal and does not require any inference on the part of the HSCPOA. Implied consent can be reasonably inferred from an individual's action or inaction;

"disclosure" means the release, transfer, provision of access to, or divulging in any manner of information outside of the HSCPOA;

“personal information” means any factual or subjective information, recorded or not, about an identifiable individual;

“Privacy Officer” means the person within the HSCPOA who is responsible for ensuring compliance with privacy obligations, including this Privacy Code, with respect to the collection, use, disclosure and handling of personal information by HSCPOA representatives (including staff, contractors and authorized agents).

“registrant” means a person or individual that is registered with the HSCPOA under the Act;

“retention” means the act of storing personal information as long as necessary to fulfill stated purposes, or as long as otherwise specified by law; and

“use” means the treatment, handling, and management of personal information by the HSCPOA.

POLICY

PRIVACY CODE

1. Accountability:

The HSCPOA is responsible for personal information under its control and has designated an individual who is accountable for compliance with the following principles.

The Privacy Officer for the HSCPOA is responsible for ensuring compliance with the provisions in this Privacy Code. The Privacy Officer may delegate responsibilities to one or more HSCPOA employees to act on their behalf, and to oversee the day-to-day management of personal information handling practices and procedures. The HSCPOA provides training to all employees, directors, and committee members regarding their obligations pursuant to this Privacy Code and the HSCPOA privacy practices. The HSCPOA has procedures to receive and respond to privacy inquiries or complaints.

2. Identifying Purposes:

The purposes for which personal information is collected shall be identified by the HSCPOA at or before the time the information is collected.

The HSCPOA may collect personal information from registrants, employers, colleagues of registrants and individuals receiving services from registrants and other persons, for the purposes set out below. Personal information regarding registrants is collected by the HSCPOA from time to time and at regular intervals.

The HSCPOA collects personal information under the general authority of the Act and the HSCPOA's by-laws. The HSCPOA collects personal information in order to fulfill its regulatory oversight mandate, and in particular, for the following purposes:

- assessing eligibility for registration, renewal or reinstatement;

- assessing whether a registrant continues to meet the requirements of registration;
- investigating complaints regarding the conduct or actions of a registrant;
- investigating whether a registrant has contravened the code of ethics that applies to the registrant;
- negotiating and implementing informal resolutions of complaints;
- responding to requests or inquiries from or providing information to prospects, applicants, registrants, employers and the public;
- to hold a hearing of allegations that a registrant has contravened the code of ethics that applies to the registrant;
- conducting continuous quality improvement activities for registrants, which may include requiring registrants to complete continuous quality improvement activities;
- administering the program established by the HSCPOA to provide funding for therapy and counselling for persons who, while receiving services from registrants, were or allege sexual abuse by registrants;
- providing statistical information for human resource planning and demographic and research studies for regulatory purposes including providing that information to the Ministry of Health and other appropriate agencies;
- providing information about registrants to the public for regulatory purposes on the public register which is located on the HSCPOA's website;
- to administer or enforce the Act;
- verifying identity in order to process requests for access to personal information;
- carrying out the HSCPOA's operations, including selecting individuals for appointment to the HSCPOA's committees and contacting potential volunteers and focus group participants;
- supporting all activities of the Board and Committee members regarding Board and committee related matters;
- maintaining records to ensure accurate remuneration and payment of expenses, and all documentation required by law and by the various levels of government in accordance with sound accounting practices;
- conducting research and compiling aggregate statistics for reporting purposes; and
- as required by law or regulation.

Upon request, HSCPOA staff will explain the purposes for which the personal information is collected or refer the individual to a designated representative of the HSCPOA who can explain the purposes.

The HSCPOA does not use or disclose personal information that has been collected for any new purpose that has not been identified in this Section 2 without first identifying and documenting the new purpose and obtaining consent.

3. Consent:

The knowledge and consent of the individual are required for the collection, use, or disclosure of personal information, except when inappropriate.

The HSCPOA ensures that the consent of the individual is obtained for the collection, use and/or disclosure of personal information, except where otherwise authorized or required by statute, regulation, or common law.

The HSCPOA collects personal information for purposes related to its objects including for the purpose of the proper administration and enforcement of the Act. In carrying out its objects, the HSCPOA has a duty to serve and protect the public interest. Obtaining consent of the individuals would, in some cases, defeat the purposes of the HSCPOA's collecting, using, and disclosing the personal information. Personal information will only be collected, used, and disclosed without the knowledge and consent of the individual for the purpose of the administration or enforcement of the Act and in accordance with the provisions of the Act.

When an individual provides personal information to the HSCPOA in the context of an investigation, inquiry or complaint, consent to the use of such information, strictly to address the issue, is implied.

In determining the appropriate form of consent, the HSCPOA takes into account the sensitivity of the personal information and the reasonable expectations of the individual.

4. Limiting Collection:

The HSCPOA limits the collection of personal information to that which is necessary for the purposes identified by the HSCPOA. Information shall be collected by fair and lawful means.

The HSCPOA collects only the personal information that is required for the purposes identified in Principle 2 of this Privacy Code. The HSCPOA collects personal information using procedures that are fair and lawful. Personal information regarding individuals receiving services from registrants must be collected as part of the HSCPOA's regulatory oversight function. This information is typically obtained by the HSCPOA as part of an investigation or quality improvement program for registrants.

Where permitted or required by law, the HSCPOA may collect the personal information of an individual indirectly through a third party. The HSCPOA requires any third party that collects personal information on behalf of the HSCPOA to do so in accordance with this Privacy Code.

When the HSCPOA is provided with more personal information than is required, or when personal information is provided but not required at all, the HSCPOA takes reasonable steps to inform the provider of the personal information that such information should not be provided to the HSCPOA. The HSCPOA also takes reasonable steps to securely destroy such personal information that is not needed.

5. Limiting Use, Disclosure and Retention:

The HSCPOA does not use or disclose personal information for purposes other than those for which it was collected, except with the consent of the individual or as required by law. The HSCPOA retains personal information only as long as necessary for the fulfilment of those purposes.

Only HSCPOA representatives with a business-related need to know are granted access to personal information about individuals.

The HSCPOA discloses personal information regarding its registrants only as permitted by Section 51 of the Act or as required by law. For example, the HSCPOA is required under the Act to maintain a public register containing information about its registrants. The Act requires the HSCPOA to post the contents of the public register on the HSCPOA's website.

The HSCPOA may disclose personal information to:

- an agent or third party retained by the HSCPOA in order to assist the HSCPOA to fulfill its regulatory oversight obligations, provided the third party commits to protecting personal information in accordance with this Privacy Code;
- an individual in the context of a complaint if disclosure of the identity of an individual is necessary in order for the HSCPOA to administer the Act;
- a third party who makes a reasonable request for personal information, if the individual who the information is about consents to such disclosure;
- the government or regulators upon request to facilitate their provision of important information to registrants that is related to the practice of any class of registrant; or
- comply with any legal obligation that requires or permits the disclosure of personal information (for example, in the context of an investigation of any contravention of a law).

In all contexts where the HSCPOA discloses personal information, the HSCPOA shall ensure that the disclosure is limited only to the information that is required to be shared.

The HSCPOA retains personal information only as long as it is deemed necessary, to fulfill the identified purposes for which the information was collected, or longer if required due to an on-going investigation or legal proceeding.

Personal information no longer necessary or relevant for the identified purposes, or no longer required to be retained by law, shall be securely destroyed, erased, or made anonymous.

6. Accuracy:

The HSCPOA uses its best efforts to ensure that personal information it collects, uses and discloses is as accurate, complete and up to date as is necessary for the purposes for which it is to be used.

The HSCPOA relies upon individuals to ensure accuracy and completeness of the personal information provided to it. The HSCPOA provides mechanisms to allow for updates and corrections to personal information.

The HSCPOA makes reasonable efforts to ensure that data is accurately entered into the HSCPOA's information systems.

An individual can request a correction of what, in their view, is erroneous or incomplete information. The HSCPOA will amend the information or refer the individual to the organization that created the record in order to challenge the accuracy or completeness of the information.

In the event of a dispute between the individual and the HSCPOA as to the accuracy or completeness of personal information, the HSCPOA will notify the individual of the rationale not to amend the information and update the individual's file with details of the disagreement. The HSCPOA will provide the individual with information on challenging the decision.

7. Safeguards:

The HSCPOA protects personal information by security safeguards appropriate to the sensitivity of the information.

The HSCPOA ensures that appropriate physical, organizational, and technical security measures are used to protect personal information against a variety of risks, such as loss, theft, unauthorized access, disclosure, copying, use and modification or unscheduled destruction of such information.

Personal information is stored in electronic and physical files that are secure. Security measures are in place to safeguard this information which include restricting access to personal information to authorized personnel, ensuring that physical files are under lock and key and ensuring that electronic files are password protected.

The HSCPOA uses commercially reasonable efforts to ensure the protection of personal information it discloses to third parties.

HSCPOA staff and agents with access to personal information are required to respect privacy and are regularly reminded of their obligations to protect the personal information they view or handle.

Safeguards are regularly reviewed to ensure that they remain appropriate and continue to mitigate threats and vulnerabilities.

8. Openness:

The HSCPOA makes specific information about its policies and practices relating to the management of personal information readily available to individuals.

Information on the HSCPOA's personal information handling practices are available via the HSCPOA's website at hscpoa.com or may be requested from the HSCPOA Privacy Officer by phone at [TBD]. This information includes:

- the name, title, and address of the Privacy Officer to whom inquiries or complaints can be forwarded;
- the means of gaining access to personal information held by the HSCPOA;
- a description of the type of personal information held by the HSCPOA, including a general account of its use and disclosure; and
- a copy of any HSCPOA policies or procedures that can be made available to the public, and that explain the HSCPOA's practices for handling personal information.

9. Individual Access:

Upon request, an individual shall be informed of the existence, use, and disclosure of his or her personal information and shall be given access to that information. An individual shall be able to challenge the accuracy and completeness of the information and have it amended as appropriate.

Where the HSCPOA holds personal information about an individual the HSCPOA shall allow, upon written request, access to the information to that individual, unless providing access could reasonably be expected to interfere with the administration or enforcement of the Act or it is impracticable or impossible for the HSCPOA to retrieve the information.

Examples of situations where access may be denied include:

- Information contains references to another individual(s) that cannot be severed;
- Disclosure may result in significant risk of harm to the requestor or a third party;
- Information was collected or created in the course of an investigation, assessment or similar procedure;
- Disclosure may defeat the purposes for which the information was collected;
- Information cannot be disclosed for legal, security or commercial proprietary reasons;
- Information is subject to solicitor-client or other privilege;
- The HSCPOA cannot verify the identity of the requestor and cannot ensure that the requestor is entitled to the information being sought;
- The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.

When the HSCPOA is able to provide access to personal information, access will be provided in an understandable form and within a reasonable time period.

The HSCPOA may charge fees for such access to cover any costs that will be incurred.

Individuals should send their request for access, with contact information and sufficient information about themselves to identify them, to the Privacy Officer, HSCPOA at info@hscpoa.com

In the event the HSCPOA refuses to provide access to all of the personal information it holds, the HSCPOA will provide reasons for denying access, except where prohibited by law. The HSCPOA shall also provide information on how a requestor can challenge the denial.

If the HSCPOA has granted an individual access to a record of their personal information, the individual has the right to request a correction of what, in their view, is erroneous information. Where an individual is able to successfully demonstrate that personal information of a factual nature is inaccurate or incomplete, the HSCPOA will amend the information (i.e., correct, or add information). When amending the information, the HSCPOA will not generally obliterate the original information. Where the record consists of an opinion or observation that had been made in good faith about the individual, the HSCPOA may refuse to amend the information.

Where appropriate, the HSCPOA will notify any third parties to whom the HSCPOA has disclosed the erroneous information.

Where there is a dispute between the individual and the HSCPOA as to the accuracy or completeness of the information, then the HSCPOA will document the details of the disagreement, and, where appropriate, will make reasonable efforts to advise any third party who received the contested information from the HSCPOA, of the unresolved disagreement.

Upon request, the HSCPOA will provide an account of the use and disclosure of the individual's personal information and, where reasonably possible, will state the source of the information.

10. Challenging Compliance:

An individual can address a challenge concerning compliance with the above principles to the HSCPOA's Privacy Officer.

The HSCPOA maintains procedures for addressing and responding to all inquiries and complaints regarding the HSCPOA's handling of personal information.

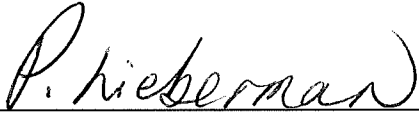
All complaints concerning compliance with this Privacy Code are taken seriously and investigated in a timely manner. If a complaint is found to be justified, the HSCPOA shall take appropriate measures to resolve the complaint and implement corrective actions, as well as amend existing policies and procedures as necessary.

Any questions or comments about this Privacy Code, should be directed to the Privacy Officer at:

Health and Supportive Care Providers Oversight Authority

E-mail: info@hscpoa.com

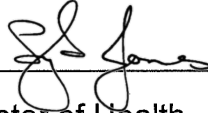
Health and Supportive Care Providers Oversight
Authority



Chair of the Board

Date: *July 9 2024*

His Majesty the King in right of Ontario



Minister of Health

Date: July 31, 2024

SCHEDULE “H” – EFFECTIVE DATES OF CERTAIN PROVISIONS OF AND SCHEDULES TO THE MEMORANDUM OF UNDERSTANDING

HEALTH AND SUPPORTIVE CARE AUTHORITY

The provisions of and updated or new Schedules to the MOU specified in column A of the table below take effect on the date specified in column B of the table. For any provision or updated or new Schedule listed below, the equivalent provision or Schedule of the memorandum of understanding between His Majesty the King in Right of Ontario as represented by the Minister Responsible for Health and the Health and Supportive Care Authority and dated upon signing of all parties continues in full force and effect until the date listed in column B.

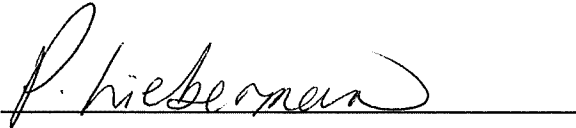
A. Provision/Schedule	B. Effective Date
5.2 10) The Authority is responsible for developing, maintaining and making publicly available on its website up-to-date written policies and procedures, including service standards , for responding to and assisting in the resolution of complaints about registrants and other complaints received by the Authority related to its administration of the Act.	December 1, 2024] (deadline for the purposes of the requirement to develop, maintain and make publicly available on its website policies, procedures and service standards related to complaints)
5.2 12) The Authority is responsible for developing, maintaining and making publicly available on its website up-to-date written policies and procedures, including service standards , for registration applications.	[December 1, 2024] (deadline for the purposes of the requirement to develop, maintain and make publicly available on its website policies, procedures and service standards related to applications)
6.2 1) The Board shall conduct a Board evaluation in accordance with best practices in alignment with its strategic planning timelines so that the findings can be considered for strategic planning purposes. The evaluation shall be facilitated by an independent third party. The results of the evaluation shall be summarized in a report and a copy of the report shall be provided to the Chair. The Chair shall provide a copy of the report to the Minister upon request.	[January 1, 2028] (deadline for the purposes of the requirement to complete the first Board evaluation and provide a summary to the Chair.)
8 1) (a) each year, provide the Minister with a business plan (as described in Schedule	[January 31, 2025] (deadline for the

<p>"E") for the forthcoming year, in a format acceptable to the Minister, no later than thirty (30) days before the end of the current fiscal year;</p> <p>5) a) shall make the business plan referred to in clause (1)(a) available to the public, including by posting on the Authority's website, no later than thirty (30) days after final approval of the Board; and</p>	<p>purposes of providing the Minister with a first draft of a business plan to reflect 2025-2026)</p>
<p>8 1) (b) each year, provide the Minister with an annual report for the preceding year (as described in Schedule "E") in a format acceptable to the Minister, no later than one hundred and twenty (120) days after the end of its previous fiscal year; and</p> <p>8.1 (c) enable the Minister to review and comment on <the annual report> within thirty (30) days from the receipt of the documents, under normal circumstances, and prior to final approval of the Board.</p> <p>8 5) (B) b) shall publish the annual report referred to in clause (1)(b) to the Authority's website and by any other method the Minister requires no later than ninety (90) days after the annual report receives final approval of the Board</p>	<p>[July 29, 2026] (deadline for the purposes of providing the Minister the first annual report to reflect fiscal year 2025-2026) and activities from start of registration on December 1, 2024 to March 31, 2026.</p>
<p>8 6) The Authority shall conduct a satisfaction/value survey of all or a sampling of its, registrants and stakeholders, at least once every three years. The satisfaction/value survey may be facilitated by an independent third party. The Authority shall share a summary of the survey results with the Minister. The Authority's annual report and website shall also include a synopsis of the results of the satisfaction/value survey, as conducted.</p>	<p>[March 31, 2028 (deadline for the purposes of the requirements for the first satisfaction/value survey of all or a sampling of its, registrants and stakeholders.</p>
<p>8 10) The Authority shall:</p> <p>a) have a strategic plan (as described in Schedule "E") based on a minimum 3-year cycle in a format</p>	<p>[January 31, 2025] (for the purposes of providing the Minister with a draft of the strategic plan to reflect fiscal years</p>

<p>acceptable to the Minister, no later than thirty (30) days before the end of the current fiscal year;</p> <p>b) permit the Minister to review and comment on the strategic plan within thirty (30) days from the receipt of the strategic plan and prior to final approval of the Board;</p> <p>c) make the strategic plan available to the public, including by posting the strategic plan on the Authority's website, no later than thirty (30) days after final approval of the Board; and</p> <p>d) follow the above process at the end of each strategic planning cycle to develop and post a new strategic plan on the Authority's website.</p>	<p>2025/2026 to 2026-2027 and 2027/2028)</p>
<p>Schedule E – Section 4: A summary of the risk management plan, including key information that conveys how the Authority will ensure continuous delivery of critical business services in the event of an emergency, shall be provided to the Minister annually for review at the same time as, or as a component of, the Authority's annual business plan. The occurrence of any risk(s) that required the use of any mitigations can be reported through the Annual Report.</p>	<p>[January 31, 2025] (for the purposes of providing for Minister review a summary of the risk management plan in alignment with the timing for the business plan reflecting 2025-2026)</p>
<p>8 8) The Authority shall establish performance measures regarding the administration of the Act, subject to the approval of the Minister.</p>	<p>[January 31, 2025] (for the purposes of providing for Minister approval the first set of performance measurements in alignment with the timing for the business plan reflecting 2025-2026)</p>
<p>SCHEDULE "C" – Board Competency Criteria</p>	<p>May 18, 2023</p>
<p>New Schedule "F" - FEE SETTING PROCESS AND CRITERIA</p> <p>Section 50(1) of the HSCPOA Act: The Authority may set and charge fees, costs or other charges in relation to</p>	<p>[December 1, 2024] Proposal provided to Minister related to fee setting process and criteria as per section 50(1) of the Act.</p>

anything that the Authority does in administering this Act or anything that the Chief Executive Officer does under this Act as long as the decisions to set and charge are made in accordance with processes and criteria that the Authority establishes and that the Minister approves.

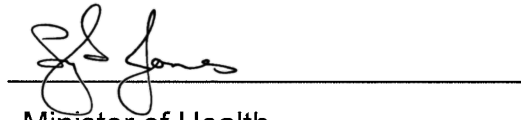
**Health and Supportive Care
Providers Oversight Authority**



Chair of the Board

Date: *July 9 2024*

His Majesty the King in right of Ontario



Minister of Health

Date: July 31, 2024