



**MEETING OF THE COUNCIL OF THE COLLEGE OF  
PHYSIOTHERAPISTS OF ONTARIO**

**AGENDA**

*September 28 & 29, 2017*

*At*

*The College Board Room*

*375 University Avenue, Suite 800, Toronto*

**9:00 AM**

**Welcome**

**1 Approval of the Agenda**

**Motion** For Decision

**2 Governance Training**

Facilitated by Cathi Mietkiewicz

**3 Approval of the Council Meeting Minutes of June 21 & 22, 2017**

**Motion** For Decision

**4 Registrar's Report**

For Information

- Dashboard

**5 Proposed Committee Slate**

**Motion** For Decision

Council is being asked to consider a proposed change to the existing committee slate as a result of the appointment of Kathleen Norman.

**6 Amended Operating and Capital Budgets for 2017-2018**

**Motion** For Decision

The budget has been amended based on recommendations from Hilborn LLP, Finance and Executive Committee, and is being brought forward to Council for approval.

**7 Q1 Financial Reports and Changes to Reporting Format**

For Information

**8 Councillor and non-Council Committee Member Preparation Time**

**Motion** For Decision

At its June meeting, Council approved Sharee Mandel's motion to review the rules for compensation for councillor and non-council committee member preparation time. Changes to the governance policy are being proposed for Council approval.



**9 Infection Control and Equipment Maintenance Standard**  
**Motion** For Decision

The expectations of the College's existing Infection Control Standard have been revised to reflect current best practice in infection prevention and control, and to incorporate new expectations to maintain equipment used in physiotherapy practice. Council is being asked to consider these revisions and approve the Infection Control and Equipment Maintenance Standard.

**10 Record Keeping Standard**  
**Motion** For Decision

Staff have re-drafted the Record Keeping Standard to provide greater clarity about the expectations. The Executive Committee recommends that Council approve the Standard effective November 1, 2017.

**11 Fee Credits: Financial Assessment and Next Steps**  
**Motion** For Decision

In December 2013 Council decided to offer fee credits to physiotherapists resigning from the College during the registration year. The credit would be applied to the application / registration fee if the PT returned within one year. Following a review of this initiative, Council is asked to continue to support fee credits with one additional criterion for eligibility as recommended by Executive Committee.

**September 29, 2017 (Day Two)**

9:00 AM

**12 President's Report**

- Review of Registrar's Performance Process
- Discussion: benefit of a corporate hotel
- Key learnings from INPTRA and WCPT
- Q1 Committee Activity Summary
- Executive Committee Report

**13 Round Table Discussion: Quality Assurance Program**

No materials are provided for this item.

Council will be provided with a report about the status of the project looking at revising the quality assurance program and will have an opportunity for discussion which will guide the working group's next steps.

**14 Patient Focus Group Report**

For Information

The College commissioned Goldfarb Intelligence Marketing to conduct patient research in support of our strategic goal to increase the value and awareness of the services the College provides to Ontarians. Lisa Pretty, Director of Communications, will provide an overview of the findings.



**15 Collaborative Care Standard**

**Motion** For Decision

In order to provide clear expectations to members about collaborating with others when providing patient care, staff consolidated content from two existing Standards to create a proposed Collaborative Care Standard. The Executive Committee suggested two minor changes to the proposed Standard, and recommends that Council approve it effective December 1, 2017.

**16 Governance Policies Update 2016-17**

**Motion** For Decision

Two of the changes that Council made to its by-laws in March 2017 require consequential amendments to the College's Governance Policies, which are proposed for Council approval.

**17 Member's Motions**

**Motion** For Decision

**Adjournment**

**Future Council Meeting Dates**

- December 14 – 15, 2017
- March 19 – 20, 2018
- June 25 – 26, 2018



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 1.0**

**Motion**

**Council Meeting  
September 28-29, 2017**

**Agenda #1: Approval of the agenda**

**It is moved by**

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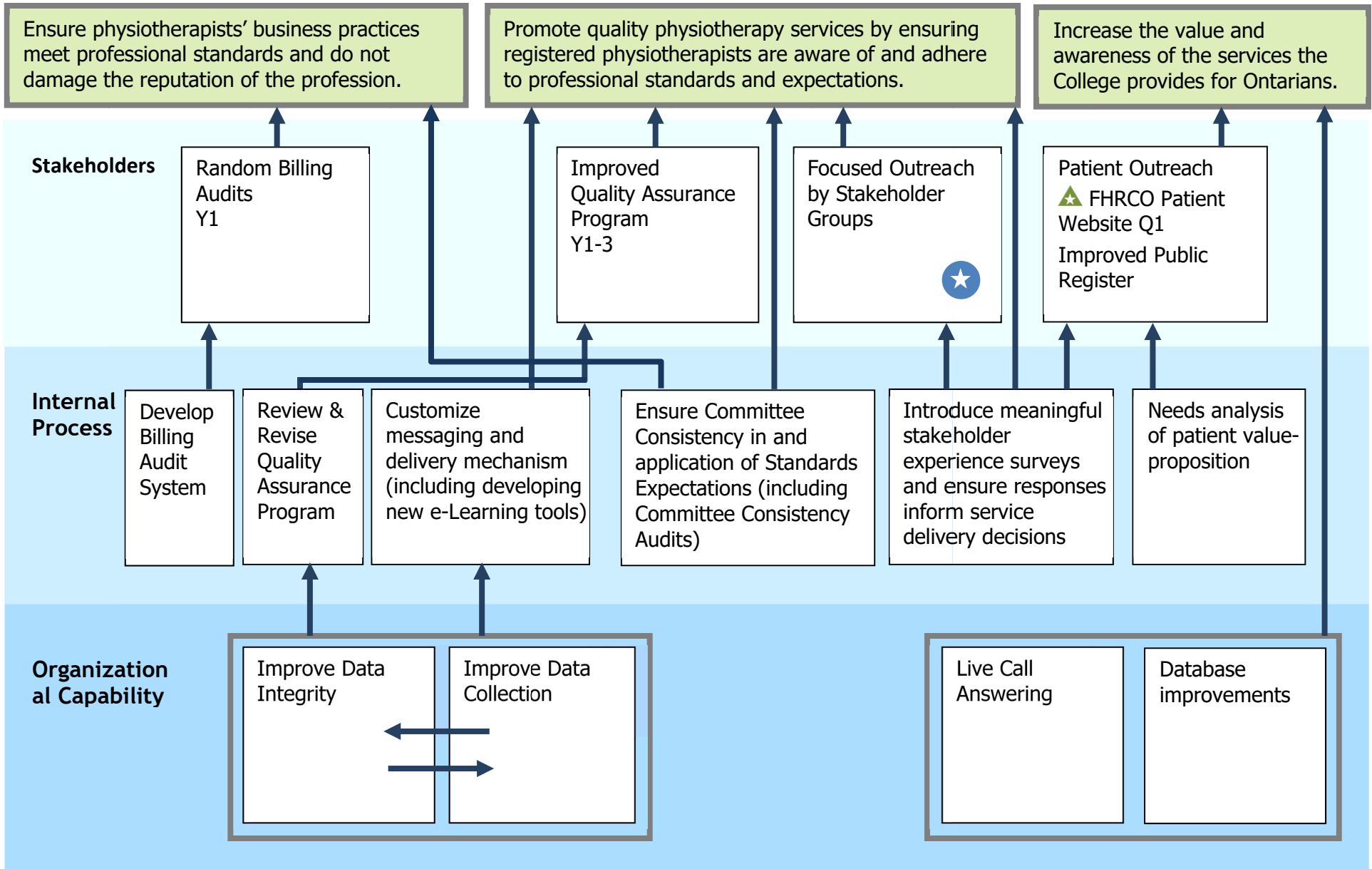
**and seconded by**

\_\_\_\_\_

**that:**

the agenda be accepted with the possibility for changes to the order of items to address time constraints.

# Strategy Map 2017–2020



Ongoing/External



Y1: Supervisors, Students, Educators

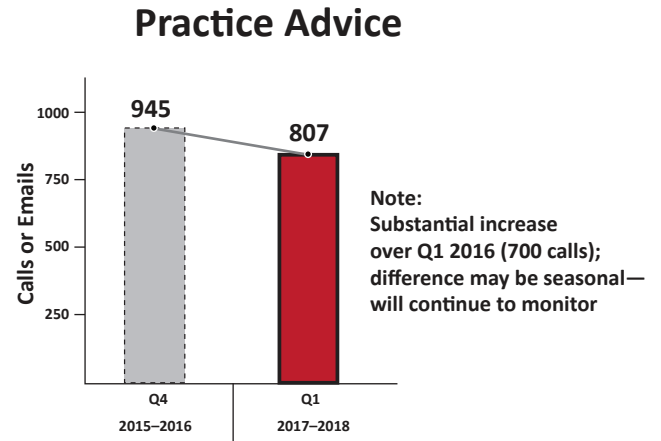
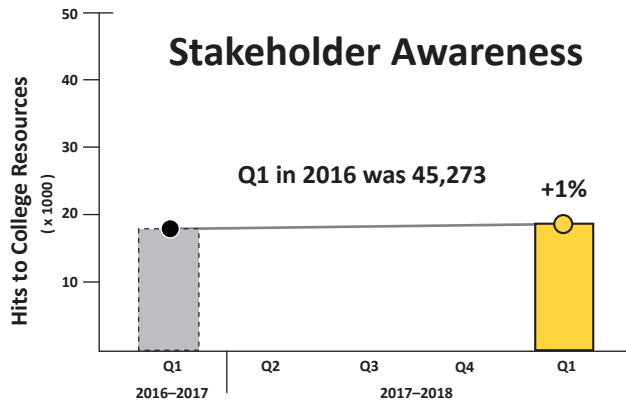
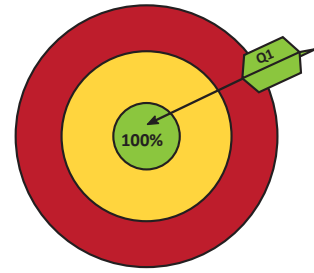
Y2-3: Internationally Educated PTs, Employers, Insurers and Registration Ceremony for new graduates

# College Dashboard

(Q1) APRIL-JUNE 2017

## Strategic

### Progress of Tactics



## Operational

### Financial Accountability



	Target	Q4
<b>Human Resource Excellence</b>		
Absenteeism	< 1.7 days per employee	▲
Turnover	Green ≤ 3 Amber > 3 ≤ 5	■

	Target	Q1
<b>Stat Program Performance</b>		
ICRC	Met all Statutory timelines	▲
Quality Assurance	Met all Statutory timelines	▲
Registration	Met all Statutory timelines	▲



## 2. Governance Training (Presentation)



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 3.0**

**Motion**

**Council Meeting  
September 28-29, 2017**

**Agenda #3: Approval of the Annual General Council Meeting Minutes of June 21-22, 2017**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the Annual General Council meeting minutes of June 21 and 22, 2017.





**ANNUAL GENERAL MEETING OF THE COUNCIL OF THE COLLEGE OF  
PHYSIOTHERAPISTS OF ONTARIO**

**MINUTES**

*June 21–22, 2017*

*At*

*The College Board Room  
375 University Avenue, Suite 800, Toronto*

**Attendees:**

Mr. Gary Rehan (President)	Ms. Janet Law
Ms. Catherine Hecimovich (Vice President)	Mr. James Lee
Mr. Ron Bourret	Ms. Nicole Graham
Ms. Jane Darville	Ms. Sharee Mandel
Ms. Zita Devan	Mr. Tyrone Skanes
Ms. Theresa Stevens	Ms. Lisa Tichband
Ms. Nadine Graham	Ms. Jennifer Dolling
Mr. Darryn Mandel	

**Recorder:** Ms. Elicia Ramdhin

**Guests:** Mr. Jatinder Bains (June 21, 2017)  
Ms. Marcia Dunn (June 21, 2017)  
Ms. Deborah Lucy (June 21, 2017)  
Ms. Michelle Addison (June 21, 2017)  
Ms. Sheila Cameron (June 21, 2017)  
Ms. Vinh Lu (June 21, 2017)  
Mr. Jim Wernham (June 21, 2017)  
Mr. Daniel Negro (June 21, 2017)  
Ms. Lori Neill (June 21, 2017 via teleconference)

**Observer:** Ms. Kate McLeod, Ontario Physiotherapy Association (June 21 and 22, 2017)

**9:00 AM Welcome and Introduction**

Mr. Gary Rehan, President, welcomed guests and members of Council. As part of the annual fire training, the emergency exits were identified and protocols were reviewed.

Council was informed all council and committee meeting packages will no longer be provided in paper format in support of reducing costs and conserving paper.



A copy of the confidentiality form and councillor declaration forms were distributed and asked to be completed by the end of the day.

**1.0 Approval of the Agenda**  
**Motion 1.0**

It is moved by Ms. Jane Darville and seconded by Ms. Zita Devan that:

The agenda be accepted with the possibility for changes to the order of items to address time constraints.

**CARRIED.**

**2.0 Fiduciary Duty/Conflict of Interest**

Mr. Rod Hamilton, Associate Registrar, Policy and Quality Assurance, reviewed Council's fiduciary responsibilities and options for managing conflicts of interest.

**3.0 Motion to go *in camera* pursuant to section 7(2) of the Health Professions Procedural Code**  
**Motion 3.0**

It is moved by Ms. Theresa Stevens and seconded by Mr. Tyrone Skanes that:

Council move *in camera* to discuss matters in keeping with Section 7(2) of the Health Professions Procedural Code.

**CARRIED.**

Council moved back to the public portion of its meeting at 10:30 a.m.

**4.0 Sexual Abuse Awareness Training**

Ms. Stephanie Swayne, MSW, facilitated sexual abuse awareness training with councillors, committee members and staff. Key concepts included continuous consent, unequal power distribution, cumulative trauma over time, and boundaries. Bill 87 and its impact on how colleges manage sexual abuse cases was also touched on.

**5.0 Council Members at Outreach**

As part of the College's strategic initiatives, the College engages in yearly outreach events across the province. This year's topic is the Quality Assurance Program. Councillors were invited to participate as co-presenters with Ms. Fiona Campbell, Senior Practice Advisor and provided with information about how to make the appropriate arrangements.



## **6.0 Advisory Group on Regulatory Excellence Governance Day Report**

Ms. Sharee Mandel, Councillor, provided an update on discussions from an Advisory Group on Regulatory Excellence governance day.

Council discussed the potential pros and cons of alternative governance structures including skills-based (rather than elected) Council, ineligibility of Council members for all statutory committees and equal pay for public members of Council.

Further discussions of these issues are anticipated in the coming year.

## **7.0 Risk-Based Regulation**

Ms. Shenda Tanchak, Registrar, reviewed the key principles and benefits of risk-based regulation, and explored how the College follows a combination of principles from risk-based and rules-based regulation.

## **8.0 Role of Essential Competencies**

Ms. Fiona Campbell, reviewed the seven key competencies required by physiotherapists and reviewed a case study to demonstrate how the “Essential Competency Skills Profile for Physiotherapists in Canada” works. It was noted that the Competency Profile is a useful tool for investigation, committee analysis, practice advice and setting learning goals.

## **9.0 What is Physio? A Tool for Understanding When a Treatment is Physiotherapy for Regulatory Purposes**

At its March Council meeting, Council was introduced to a decision making tool that was created by the Canadian Alliance of Physiotherapy Regulators (CAPR) Registrar’s Group to assist committees in determining if an emerging or alternative treatment is part of the regulated practice of physiotherapy.

Ms. Anita Ashton, Associate Registrar, Professional Conduct and Registration, reviewed how the tool works by working through a few scenarios with Council.

## **10.0 New Certificate of Registration to Facilitate Cross Border Care**

Ms. Tanchak reported on a Memorandum of Understanding (MOU) achieved through CAPR. The MOU which will make it easier and less expensive for physiotherapists to provide care in provinces in which they are not presently registered. The agreement applies to physiotherapists who provide care in-person or through telehealth and will yield a restricted certificate and reduced registration fees.



### **11.0 Canadian Alliance of Physiotherapy Regulators Update**

Mr. Darryn Mandel, Councillor and CAPR Board member, provided an overview of the historical framework that led to changes to the current process for the CAPR examination and credentialing system. Examination statistics and CAPR Financial statements were also reviewed.

### **12.0 Annual Committee Reports – 2016 to 2017**

Received with no comments.

- Executive Committee
- Registration Committee
- Quality Assurance Committee
- Patient Relations Committee
  - Funding for Therapy
- Inquiries, Reports and Complaints Committee
- Discipline and Fitness to Practise Committees
- Finance Committee
  - Q4 Financial Reports

### **13.0 Committee Slate Approval Motion 13.0**

It is moved by Mr. Tyrone Skanes and seconded by Ms. Zita Devan that:

Council approve the proposed 2017–18 committee slate (with Chairs):

Executive Committee:

Mr. Gary Rehan, Chair  
Ms. Catherine Hecimovich  
Mr. Darryn Mandel  
Ms. Theresa Stevens  
Mr. Tyrone Skanes

Inquiries, Complaints and  
Reports Committee (ICRC):

Ms. Michelle Addison, Chair  
Ms. Sharee Mandel  
Mr. Gary Rehan  
Mr. Tyrone Skanes  
Ms. Jane Darville  
Ms. Vinh Lu

Discipline and Fitness to  
Practise Committees:

Ms. Catherine Hecimovich, Chair  
Ms. Nadine Graham  
Ms. Lisa Tichband  
Mr. Darryn Mandel  
Ms. Zita Devan  
Mr. Ron Bourret



Mr. James Lee  
Ms. Sheila Cameron  
Ms. Lori Neill  
Mr. Jim Wernham  
Mr. Daniel Negro

Quality Assurance  
Committee:

Ms. Theresa Stevens, Chair  
Ms. Lisa Tichband  
Mr. Ron Bourret  
Mr. James Lee  
Ms. Deb Lucy  
Mr. Jatinder Bains

Registration Committee:

Ms. Jennifer Dolling, Chair  
Ms. Janet Law  
Ms. Nadine Graham  
Ms. Jane Darville  
Ms. Marcia Dunn

Patient Relations  
Committee:

Ms. Sharee Mandel, Chair  
Ms. Nicole Graham  
Ms. Zita Devan  
Mr. Jatinder Bains

Finance Committee:

Mr. James Lee, Chair  
Mr. Gary Rehan  
Ms. Catherine Hecimovich  
Ms. Nicole Graham  
Ms. Janet Law

**CARRIED.**

**14.0 Council Photos**

**June 22, 2017 (Day 2)**

**8:30 AM Welcome and President's Announcements**

Mr. Rehan called the meeting to order.

**15.0 Approval of the March 22-23, 2017 Council Minutes**  
**Motion 15.0**

It is moved by Mr. James Lee and seconded by Ms. Theresa Stevens that:

The Council meeting minutes of March 22 and 23, 2017 be approved.

**CARRIED.**



**16.0 Registrar's Report**

Strategic initiatives, dashboard reporting, and partnership activities.

**17.0 2016– 2017 Audited Financial Statements**

Mr. Blair MacKenzie, auditor, presented the audited financial statements for Council approval.

Mr. Blair referred a clean opinion on the College's audit and noted the College has no significant risk.

**Motion 17.0**

It is moved by Mr. Tyrone Skanes and seconded by Mr. Ron Bourret that:

Council approve the 2016-2017 Audited Financial Statements ending March 31, 2017.

**CARRIED.**

**18.0 Appointment of Academic Representative from Queen's University**

**Motion 18.0**

It is moved by Mr. Darryn Mandel and seconded by Mr. Tyrone Skanes that:

Council amend section 3.2 (2)(j) and (m) of the College By-Law as follows (underlined section reflect the changes):

j) the Member is not and has not been in the twelve months before the selection a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;

(m) the Member does not hold and has not held in the twelve months before the selection a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;

**DEFEATED.**

**Motion 18.1**

It is moved by Ms. Nadine Graham and seconded by Ms. Jennifer Dolling that:

The appointment of Kathleen Norman to Council be ratified.

**CARRIED.**

**18.1.1**

It was moved by Mr. Darryn Mandel and seconded Ms. Catherine Hecimovich that:

Mr. Mandel's vote on motion 18.1 be recorded.

**CARRIED.**



Mr. Mandel opposed motion 18.1.

**19.0 Request for Recorded Votes – Rules of Order**

There was a discussion on the risks versus the benefits of recording a dissenting vote. It was noted that the fiduciary duty owed to Council generally requires that Council members 'speak in one voice' once a final decision has been made about an item which mitigates against recording dissenting votes. However, it was also noted that in the event that a member of Council believes that the decision made is not in the best interests of the College, it would be appropriate to note dissension in the minutes.

**Motion 19.0**

It is moved by Ms. Catherine Hecimovich and seconded by Mr. Tyrone Skanes that:

The College change its rules of order to permit councillors to have their individual votes on decisions before Council be recorded upon request.

**CARRIED.**

**20.0 For Approval: Boundaries and Sexual Abuse Standard**  
**Motion 20.0**

It is moved by Ms. Catherine Hecimovich and seconded by Mr. Tyrone Skanes that:

Council approve the proposed Boundaries and Sexual Abuse Standard effective August 1, 2017.

**CARRIED.**

**Motion 20.1**

It is moved by Mr. Tyrone Skanes and seconded by Ms. Theresa Stevens that:

Council rescind the current Therapeutic Relationships and Professional Boundaries Standard effective August 1, 2017.

**CARRIED.**

**21.0 For Approval: Supervision Standard**  
**Motion 21.0**

It is moved by Ms. Theresa Stevens and seconded by Ms. Sharee Mandel that:

Council approve the proposed Supervision Standard (with any necessary amendments) effective September 1, 2017.

**CARRIED.**

**Motion 21.1**

It is moved by Ms. Catherine Hecimovich and seconded by Ms. Sharee Mandel that:



Council rescind the current Supervision of Student Learners Standard effective date September 1, 2017.

**CARRIED.**

**Motion 21.2**

It is moved by Ms. Sharee Mandel and seconded by Ms. Catherine Hecimovich that:

The Physiotherapist Assistants Standard be updated to include the prohibition against supervision of relatives.

**CARRIED.**

**22.0 Update on the Audit of Compliance with the Advertising Standard**

As of June 12, 2017, 3100 of 4500 clinic websites have been reviewed by the Advertising Audit team. The following update was provided:

- 42% of the reviews had some kind of breach i.e. Facebook reviews, claims of superiority, testimonials etc.
- The most common issue related to multidisciplinary clinics and meeting the expectations of the Advertising Standard.
- Round two of the audit begins on June 22 – the Audit Team will begin rechecking the non-compliant websites.
- Overall, they have received positive feedback from members.

**23.0 For Approval: Conflict of Interest Standard**

**Motion 23.0**

It is moved by Mr. Tyrone Skanes and seconded by Mr. James Lee that:

Council approve the proposed Conflict of Interest Standard effective August 1, 2017.

**CARRIED.**

**24.0 For Approval: Restricted Titles, Credentials and Specialty Designations Standard**

**Motion 24.0**

It is moved by Ms. Sharee Mandel and seconded by Ms. Catherine Hecimovich that:

Council approve the proposed Restricted Titles, Credentials and Specialty Designations Standard effective July 1, 2017.

**CARRIED.**

**Motion 24.1**

It is moved by Ms. Zita Devan and seconded by Ms. Jennifer Dolling that:

The College discontinues the publication of the following documents:

- Information Bulletin—Use of Title: Acupuncturist





- Information Bulletin—Non Physiotherapists Use of Restricted Titles and Holding Out
- Position Statement—Animal Rehabilitation
- Position Statement—Specialty Designations.

**CARRIED.**

## **25.0 President's Report**

The Q4 Committee Activity Summary and Executive Committee Report were received with no comments.

Mr. Rehan noted staff will be performing a review of the College's choice of corporate hotel and will provide Council with an update electronically upon its completion.

## **26.0 Members Motions**

### **Motion 26.0**

It was moved by Ms. Sharee Mandel and seconded by Mr. Tyrone Skanes that:

Council review the rules for compensation for preparation time for all committees.

**CARRIED.**

## **Adjournment**

It was moved by Mr. James Lee and seconded by Mr. Tyrone Skanes that:

The meeting be adjourned.

**CARRIED.**

Mr. Rehan adjourned the meeting at 4:00 p.m.

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Gary Rehan, President



COLLEGE OF  
**PHYSIOTHERAPISTS**  
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**Motion No.: 5.0**

**Motion**

**Council Meeting  
September 28-29, 2017**

**Agenda #5: Proposed Committee Slate Changes**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the amendments to the College's committee slate that remove Ms. Nadine Graham from the Registration Committee, and replace her with Ms. Kathleen Norman.



<b>Meeting Date:</b>	September 28, 29, 2017
<b>Agenda Item #:</b>	5
<b>Issue:</b>	Proposed Committee Slate Changes
<b>Submitted by:</b>	Rod Hamilton, Associate Registrar, Policy and Quality

**Issue:**

As a result of the appointment of Kathleen Norman to Council, a revision is required to the College's current committee slate to appoint Ms. Norman to a committee. Council is being asked to consider Executive Committee's recommendation for a proposed change to the existing committee slate.

**Background:**

As Council will recall, after some discussion at its June meeting, it decided to ratify Kathleen Norman's appointment to Council as an Academic representative.

Due to the timing of her appointment, Ms. Norman was not at the June Council meeting nor was she included in the committee slate that Council approved in June.

This means that Council should amend the existing committee slate in order to appoint Ms. Norman to a committee.

Staff are suggesting the following amendment to the slate:

That Kathleen Norman be appointed to the Registration Committee.

In order to accommodate this change, Nadine Graham, who is currently sitting on both the Registration Committee and the Discipline/Fitness to Practise Committee, would be removed from the Registration Committee.

A revised committee slate document is appended to indicate this change (Appendix 1)

There are a number of reasons to support this suggestion:

- Ms. Norman has previously served on the Registration Committee (during her prior Council service) and may find her experience beneficial.
- Ms. Norman has not participated in a recent discipline orientation although she did serve on the Discipline/Fitness to Practise Committee during her previous appointment to Council.
- Ms. Norman has indicated her willingness to serve on the Registration Committee.
- Ms. Graham has taken Discipline orientation and in addition to her current appointment, has previously served on the Discipline/Fitness to Practise Committee.



- Ms. Graham has indicated her support for this proposed change.
- Registration Committee is the only committee that requires its composition to include an academic member of Council, and thus subbing Ms. Norman in for Ms. Graham minimizes the disruption to other committee appointments.

The Executive Committee reviewed this proposal at its meeting held on September 7 and is recommending that Council approve the proposed change to the committee slate.

Council may recall that Councillors and non-Council committee members attended an education session on sexual abuse at the June Council meeting. This session was intended to ensure that everyone who serves on a College committee has some awareness of the College's responsibility to deal with and prevent the sexual abuse of patients.

Given the importance of this goal, Council will undoubtedly wish to ensure that Ms. Norman has received similar training prior to being appointed to a College committee.

With this in mind, Council may wish to note that Ms. Norman completed an education session on sexual abuse on August 29.

**Decision Sought:**

That Council approve amendments to the College's committee slate that remove Nadine Graham from the Registration Committee, and replace her with Kathleen Norman.

**Attachments:**

- Proposed College Committee Structure and Composition – September, 2017



PROPOSED COLLEGE COMMITTEE STRUCTURE & COMPOSITION – ~~September~~ June, 2017

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
EXECUTIVE	5 people: <ul style="list-style-type: none"> <li>At least 3 Professional Members of Council</li> <li>At least 1 but not more than 2 Public Appointees</li> <li>Must include President and Vice President</li> </ul>	Gary Rehan (Chair) Catherine Hecimovich VP  Theresa Stevens Darryn Mandel  Tyrone Skanes	The Committee provides leadership to Council, promotes governance excellence at all levels, facilitates effective functioning of the College, in certain circumstances, to act on behalf of Council between meetings and when required, to reconstitute itself as the College privacy committee to deal with appeals regarding the manner in which personal information is managed by the College. The Committee has all powers of the Council with respect to any matter that requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.	Shenda Tanchak Elicia Ramdhin
INQUIRIES, COMPLAINTS AND REPORTS (ICRC)	At least 6 people at least <ul style="list-style-type: none"> <li>2 are Professional Members of Council</li> <li>2 are Public Appointees</li> <li>1 is Non Council</li> </ul>	Michelle Addison (chair) Sharee Mandel Gary Rehan  Tyrone Skanes Jane Darville  Vinh Lu	ICRC investigates complaints and considers reports as per section 79 of the Code related to the conduct or action, competencies or capacity of registrants as it relates to their practicing the profession.	Sandi Keough Tess Currie

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
DISCIPLINE & FITNESS TO PRACTISE	At least 10 people: <ul style="list-style-type: none"> <li>• 2-7 Professional Members</li> <li>• 3 Public Appointees</li> <li>• Up to 5 Non-Council Members</li> </ul>	<a href="#">Cathy Hecimovich (chair)</a> <a href="#">Nadine Graham</a> <a href="#">Lisa Tichband</a> <a href="#">Darryn Mandel</a>  <a href="#">Zita Devan</a> <a href="#">Ron Bourret</a> <a href="#">James Lee</a>  <a href="#">Sheila Cameron</a> <a href="#">Lori Neill</a> <a href="#">Jim Wernham</a> <a href="#">Daniel Negro</a>	A panel of at least 3-5 persons convenes to hear allegations of conduct or incompetence as referred by the ICRC.  A panel of at least 3-5 persons convenes to hear allegations of incapacity as referred by the health inquiry panel of the ICRC.  Hearings are in a judicial setting and can last from one to several days.  Decisions and Reasons are documented in detail.	Anita Ashton Elicia Ramdhin
QUALITY ASSURANCE	2 Professional Members  2 Public Appointees  2 Non-Council Members	<a href="#">Theresa Stevens (chair)</a> <a href="#">Lisa Tichband</a>  <a href="#">Ron Bourret</a> <a href="#">James Lee</a>  <a href="#">Deb Lucy</a> <a href="#">Jatinder Bains</a>	The Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.	Shelley Martin Cici Czigler
REGISTRATION	1 Professional Member 1 Academic Member  2 Public Appointees	<a href="#">Janet Law</a> <a href="#">Nadine Graham</a> <a href="#">Kathleen Norman</a>  <a href="#">Jane Darville</a>	The Committee makes decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.	Mary Kennedy

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
	1 Non-Council Member	Jennifer Dolling (chair)  Marcia Dunn		
PATIENT RELATIONS	2 Professional Members  1 Public Appointee  1 Non-Council Member	Sharee Mandel (chair) Nicole Graham  Zita Devan  Jatinder Bains	The Committee is to advise Council with respect to the patient relations program and to administer the program to provide funding for therapy and counselling.	Anita Ashton
FINANCE  (non statutory)	President  Vice President  3 Councillors at least 1 or 2 Public Appointees	Gary Rehan  Cathy Hecimovich  James Lee (chair) Nicole Graham Janet Law	The Committee is to monitor significant financial planning, management and reporting matters of the College, to make recommendations and deliver reports to Council, and to serve as the College's audit committee.	Shenda Tanchak Robyn MacArthur
Provincial Alliance Representative		Darryn Mandel		

**Motion**

**Council Meeting  
September 28-29, 2017**

**Agenda #6: Amended Operating and Capital Budgets for 2017-2018**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the changes in the presentation of the Operating and Capital Budgets for 2017-2018.



<b>Meeting Date:</b>	September 28, 2017
<b>Agenda Item #:</b>	6
<b>Issue:</b>	Amended Operating and Capital Budgets for 2017-2018
<b>Submitted by:</b>	Robyn MacArthur

**Issue:**

As a result of the College's Auditors advice on best practices for accounting and budgeting, the Council is being asked to consider revisions to the 2017-2018 Operating and Capital Budgets.

**Background:**

In May of this year, the new operating and capital budgets were presented for review by the Finance Committee. During the August teleconference a motion was approved to bring forward to Executive Committee, who then approved it to come to Council on September 7, 2017.

As a result of the fiscal year audit by Hilborn LLP, it was brought to the attention of staff that while our operating procedures were generally acceptable, we still need to make some changes to comply with industry best practices.

As such, the College staff have incorporated these best practices into a revised operating and capital budget. Essentially this has involved moving expenses around within quarters or from Capital to Operating. The only new expense is for the Vacation Accrual, and a further explanation is below.

These topics were addressed in the presentation by Blair MacKenzie at the June Council Meeting.

- **IT Database** – In our original budget we Capitalized this purchase. Best practice indicates that we should be expensing. Accordingly, the new budget moves this cost from Capital to Operating.
- **Bank Charges** – Our original budget assumed we would amortize the Credit Card Charges from the renewal period over the course of year for which the memberships were purchased. On advice of Hilborn, we expensed all of those charges in the previous fiscal year, and now must plan for what our actual costs will be and expense them as they occur. You will see that the total overall cost does not change, but the timing reflects our expected actual costs.
- **Vacation Accrual** – this is a new cost to us, and we have assumed a small charge at year end when the final tally's are calculated.
- **Amortization** – Database amortization was included in our original budget, which had to be removed. The increase in the Move budget offset this, and we have updated the timing on this expense.

**The Budgetary Impact to the College:**

The total **increase** in the Operating Budget is \$727,090.58

- \$5,000 for the Vacation Accrual in Q4,
- \$722,090.58 from the move from the Capital Budget for the Database.

The Capital Budget **decreases** by the same Database amount of \$722,090.58.

**Net Change = \$5,000.00 increase in expenses.**

Please see attached spreadsheet for a complete analysis of the changes discussed above.

**Decision Sought:**

Council is asked to approve the changes in presentation of the Operating and Capital Budgets for 2017-2018.

**Attachment:**

- Amended Budget

**College of Physiotherapists of Ontario**  
**Operating Capital Budgets**  
 April 2017 through March 2018

	<b>Operations Budget</b>															Notes
	Approved Budget for 2017-2018					Amended Budget for 2017-2018					Change in Budget for 2017-2018					
	Q1	Q2	Q3	Q4	Full Year	Q1	Q2	Q3	Q4	Full Year	Q1	Q2	Q3	Q4	Full Year	
	Apr - Jun 17	Jul - Sep 17	Oct - Dec 17	Jan - Mar 18	Apr17 - Mar18	Apr - Jun 17	Jul - Sep 17	Oct - Dec 17	Jan - Mar 18	Apr17 - Mar18	Apr - Jun 17	Jul - Sep 17	Oct - Dec 17	Jan - Mar 18	Apr17 - Mar18	
Ordinary Income/Expense																
Income																
<b>Total Income</b>	1,292,331.56	1,348,915.01	1,349,015.06	1,386,548.85	5,376,810.48	1,292,331.56	1,348,915.01	1,349,015.06	1,386,548.85	5,376,810.48	0.00	0.00	0.00	0.00	0.00	
<b>Gross Profit</b>	1,292,331.56	1,348,915.01	1,349,015.06	1,386,548.85	5,376,810.48	1,292,331.56	1,348,915.01	1,349,015.06	1,386,548.85	5,376,810.48	0.00	0.00	0.00	0.00	0.00	
Expense																
5000 · Committee Per Diem																
<b>Total 5000 · Committee Per Diem</b>	35,851.63	25,205.07	34,575.93	47,396.88	143,029.51	35,851.63	25,205.07	34,575.93	47,396.88	143,029.51	0.00	0.00	0.00	0.00	0.00	
5050 · Committee Reimbursed Expenses																
<b>Total 5050 · Committee Reimbursed Expenses</b>	52,398.03	21,122.84	29,674.71	43,311.42	146,507.00	52,398.03	21,122.84	29,674.71	43,311.42	146,507.00	0.00	0.00	0.00	0.00	0.00	
5100 · Information Management																
5101 · IT Hardware	1,934.37	1,934.37	1,934.37	1,934.37	7,737.48	1,934.37	1,934.37	1,934.37	1,934.37	7,737.48	0.00	0.00	0.00	0.00	0.00	
5102 · Software	2,030.41	2,030.41	2,030.41	17,834.03	23,925.26	2,030.41	2,030.41	2,030.41	17,834.03	23,925.26	0.00	0.00	0.00	0.00	0.00	
5104 · IT Maintenance	18,972.00	18,972.00	18,972.00	18,972.00	75,888.00	18,972.00	18,972.00	18,972.00	18,972.00	75,888.00	0.00	0.00	0.00	0.00	0.00	
<b>5104 · IT Database</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>180,522.65</b>	<b>180,522.65</b>	<b>180,522.65</b>	<b>180,522.65</b>	<b>722,090.58</b>	<b>180,522.65</b>	<b>180,522.65</b>	<b>180,522.65</b>	<b>180,522.65</b>	<b>722,090.58</b>	<b>#1</b>
<b>Total 5100 · Information Management</b>	22,936.78	22,936.78	22,936.78	38,740.40	107,550.74	203,459.43	203,459.43	203,459.43	219,263.05	829,641.32	180,522.65	180,522.65	180,522.65	180,522.65	722,090.58	
5200 · Insurance	2,344.40	2,344.40	2,375.75	2,375.75	9,440.30	2,344.40	2,344.40	2,375.75	2,375.75	9,440.30	0.00	0.00	0.00	0.00	0.00	
5300 · Networking, Conf. & Travel	2,394.50	13,403.52	29,074.76	1,298.00	46,170.78	2,394.50	13,403.52	29,074.76	1,298.00	46,170.78	0.00	0.00	0.00	0.00	0.00	
5400 · Office and General																
<b>5402 · Bank &amp; service charges</b>	<b>41,367.98</b>	<b>43,227.25</b>	<b>42,929.49</b>	<b>43,300.42</b>	<b>170,825.14</b>	<b>6,000.00</b>	<b>20,000.00</b>	<b>6,000.00</b>	<b>138,825.14</b>	<b>170,825.14</b>	<b>-35,367.98</b>	<b>-23,227.25</b>	<b>-36,929.49</b>	<b>95,524.72</b>	<b>0.00</b>	<b>#2</b>
<b>Total 5400 · Office and General</b>	240,799.96	213,561.16	221,269.98	215,618.18	891,249.28	205,431.98	190,333.91	184,340.49	311,142.90	891,249.28	-35,367.98	-23,227.25	-36,929.49	95,524.72	0.00	
5500 · Regulatory Effectiveness																
<b>Total 5500 · Regulatory Effectiveness</b>	18,932.20	22,053.51	47,918.59	4,020.00	92,924.30	18,932.20	22,053.51	47,918.59	4,020.00	92,924.30	0.00	0.00	0.00	0.00	0.00	
5600 · Communications																
<b>Total 5600 · Communications</b>	23,590.00	37,490.00	60,540.00	41,990.00	163,610.00	23,590.00	37,490.00	60,540.00	41,990.00	163,610.00	0.00	0.00	0.00	0.00	0.00	
5700 · Professional fees																
<b>Total 5700 · Professional fees</b>	78,837.79	69,673.90	65,640.63	158,746.98	372,899.30	78,837.79	69,673.90	65,640.63	158,746.98	372,899.30	0.00	0.00	0.00	0.00	0.00	
5800 · Programs																
<b>Total 5800 · Programs</b>	125,193.65	101,738.15	74,460.65	71,665.65	373,058.10	125,193.65	101,738.15	74,460.65	71,665.65	373,058.10	0.00	0.00	0.00	0.00	0.00	
5900 · Staffing																
<b>5914 · Vacation Accrual</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,000.00</b>	<b>5,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,000.00</b>	<b>5,000.00</b>	<b>#3</b>
<b>Total 5900 · Staffing</b>	737,927.01	789,960.08	774,586.65	778,609.15	3,081,082.89	737,927.01	789,960.08	774,586.65	783,609.15	3,086,082.89	0.00	0.00	0.00	5,000.00	5,000.00	
<b>Total Expense</b>	<b>1,341,205.95</b>	<b>1,319,489.41</b>	<b>1,363,054.43</b>	<b>1,403,772.41</b>	<b>5,427,522.20</b>	<b>1,486,360.62</b>	<b>1,476,784.81</b>	<b>1,506,647.59</b>	<b>1,684,819.78</b>	<b>6,154,612.78</b>	<b>145,154.67</b>	<b>157,295.40</b>	<b>143,593.16</b>	<b>281,047.37</b>	<b>727,090.58</b>	

**College of Physiotherapists of Ontario**  
**Operating Capital Budgets**  
 April 2017 through March 2018

	Approved Budget for 2017-2018					Amended Budget for 2017-2018					Change in Budget for 2017-2018					Notes
	Q1	Q2	Q3	Q4	Full Year	Q1	Q2	Q3	Q4	Full Year	Q1	Q2	Q3	Q4	Full Year	
	Apr - Jun 17	Jul - Sep 17	Oct - Dec 17	Jan - Mar 18	Apr17 - Mar18	Apr - Jun 17	Jul - Sep 17	Oct - Dec 17	Jan - Mar 18	Apr17 - Mar18	Apr - Jun 17	Jul - Sep 17	Oct - Dec 17	Jan - Mar 18	Apr17 - Mar18	
Net Ordinary Income	-48,874.39	29,425.60	-14,039.37	-17,223.56	-50,711.72	-194,029.06	-127,869.80	-157,632.53	-298,270.93	-777,802.30	-145,154.67	-157,295.40	-143,593.16	-281,047.37	-727,090.58	
Other Income/Expense																
Other Income																
<b>6001 - Amortization</b>	<b>-20,724.96</b>	<b>-833.33</b>	<b>-16,861.13</b>	<b>-29,361.13</b>	<b>-67,780.55</b>	<b>-7,873.35</b>	<b>-17,640.01</b>	<b>-21,133.59</b>	<b>-21,133.59</b>	<b>-67,780.55</b>	<b>12,851.61</b>	<b>-16,806.68</b>	<b>-4,272.46</b>	<b>8,227.54</b>	<b>0.00</b>	<b>#4</b>
Total Other Income	-20,724.96	-833.33	-16,861.13	-29,361.13	-67,780.55	-7,873.35	-17,640.01	-21,133.59	-21,133.59	-67,780.55	12,851.61	-16,806.68	-4,272.46	8,227.54	0.00	
Net Other Income	-20,724.96	-833.33	-16,861.13	-29,361.13	-67,780.55	-7,873.35	-17,640.01	-21,133.59	-21,133.59	-67,780.55	12,851.61	-16,806.68	-4,272.46	8,227.54	0.00	
Net Income	<b>-69,599.35</b>	<b>28,592.27</b>	<b>-30,900.50</b>	<b>-46,584.69</b>	<b>-118,492.27</b>	<b>-201,902.41</b>	<b>-145,509.80</b>	<b>-178,766.12</b>	<b>-319,404.52</b>	<b>-845,582.85</b>	<b>-132,303.06</b>	<b>-174,102.07</b>	<b>-147,865.62</b>	<b>-272,819.83</b>	<b>-727,090.58</b>	
<b>Capital Budget</b>																
	Approved Budget for 2017-2018					Amended Budget for 2017-2018					Change in Budget for 2017-2018					
	Q1	Q2	Q3	Q4	Full Year	Q1	Q2	Q3	Q4	Full Year	Q1	Q2	Q3	Q4	Full Year	
	Apr - Jun 17	Jul - Sep 17	Oct - Dec 17	Jan - Mar 18	Apr '17 - Mar 18	Apr - Jun 17	Jul - Sep 17	Oct - Dec 17	Jan - Mar 18	Apr '17 - Mar 18	Apr - Jun 17	Jul - Sep 17	Oct - Dec 17	Jan - Mar 18	Apr '17 - Mar 18	
Move to the 8th Floor					812,010.38					812,010.38					0.00	
<b>CRM - Adoxio Database</b>					<b>722,090.58</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>					<b>-722,090.58</b>	<b>#5</b>
New Hardware					10,000.00					10,000.00					0.00	
Total Capital Budget 2017 - 2018	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1,544,100.96</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>822,010.38</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>-722,090.58</b>	
															<b>Net Increase in Budgeted Spending</b>	<b>5,000.00</b>

**NOTES**

- #1** This is the amount that was previously approved in the Capital Budget for the Database. Based on the Hilborn presentation@ June Council they recommended that we expense as it occurs, so brought into the Operating Budget
- #2** Based on the Hilborn recommendation of best practices, we have shifted the bank charges to the quarters in which they will occur rather than amortizing the costs from the previous year. No \$ change in total.
- #3** Based on the Hilborn recommendation of best practices, we have included a potential adjustment for vacation liability at year end once the usage has been tallied up.
- #4** Based on the Hilborn recommendation of best practices, we have adjusted the amortization of the new office space to begin in Q2. At the time of the budget preparation we did not anticipate amortizing the database until the next fiscal year. No \$ change in total.
- #5** This is the amount that was previously approved in the Capital Budget for the Database. Based on the Hilborn presentation@ June Council they recommended that we expense as it occurs, so moved into the Operating Budget

<b>Meeting Date:</b>	September 28, 2017
<b>Agenda Item #:</b>	7
<b>Issue:</b>	Q1 Financial Reports and Changes to Reporting Format
<b>Submitted by:</b>	Robyn MacArthur

**Issue:**

The Q1 Financial Reports are attached for your information and review. PLEASE NOTE – these reports are based on the revised budget.

Changes have been made to the Variance Reports and the Balance Sheet to reflect recommendations by some Council members and Hilborn LLP.

**Reporting Format Changes:**

At the March and June Council meetings of this year, some members of Council made a request for changes in the presentation of the Variance Reporting to remove the “Red” cells and to show the analysis on a YTD, rather than quarterly, basis.

The level of detail and transparency in the College’s variance reporting can cause unnecessary ‘noise’ by identifying small variances in timing of spending that register as outside of target on a quarterly basis but which resolve as the fiscal year progresses.

It is hoped that presenting the variance report with these format changes will retain the transparency but offer a more realistic picture of the College’s finances and still include sufficient information to enable early identification of potentially troublesome trends.

Changes in presentation as prepared by Hilborn LLP for the Financial Statements for 2016-2017 have been adopted and are seen here.

- Investments are broken into Long and Short Term
- Prepaid Rent has been amended to account for timing of rental payments
- The Fixed Asset for the accumulation of the Database costs has been fully expensed
- Vacation Accrual is maintained
- Deferred Credit Card Charges have been fully expensed and this account has been deactivated to ensure that we expense directly to the Income Statement as those charges occur
- Lease (Tenant) Inducements have not yet been received, but will be shown in Q2

## **Key Variances**

Q1 Variances tend to be quite volatile when compared with the Budgeted amounts. Timing plays a significant factor in the underspending here as move-related activities played a role in delaying some program spending.

Please see the analysis with individual line items for explanations.

Q2 reporting is expected to begin to smooth out some of these large variances.

## **Balance Sheet**

Because of the changes in presentation as prepared by Hilborn LLP for the Financial Statements for 2016-2017, we are presenting comparisons with both the Year End Balances at March 31, 2017 and prior year, June 30, 2016, since some accounts were been added as a result of the Year End Review.

**College of Physiotherapists of Ontario**  
**Statement of Operations - Budget vs. Actual**

April 2017 to June 2017

	Q1 YTD			Full Year		Notes for Council
	Apr - Jun 17	Budget	% of Budget	Budget	% of Budget	
<b>Ordinary Income/Expense</b>						
<b>Income</b>						
4007 · Registration fee credits	-11,495.68	-11,810.75	97.33%	-47,960.40	23.97%	
4004 · Cost recovery from cost orders	4,500.00	3,000.00	150.0%	46,000.00	9.78%	The College issued more invoices for recovery of cost orders, court orders and remediation programs than anticipated
4003 · Remediation Chargeback	5,768.79	8,198.25	70.37%	32,793.00	17.59%	14 of an anticipated 12.5 remediation sessions were conducted in Q1. 11 remediation's sessions with a coach, 3 with the Practice Advisor. The average remediation costs with a coach was 53% of the anticipated costs. Reduced costs a results of greater availability of coaches across province due to a training initiatives (2017).
4001 · Registration Fees	1,363,990.80	1,269,795.00	107.42%	5,253,381.64	25.96%	Budgeted 8,829 Members - Actualizing closer to 9,150
4002 · Interest Income	28,456.50	16,624.06	171.18%	66,496.24	42.79%	Better rates on investments than budgeted
4010 · Miscellaneous Income	975.00	6,525.00	14.94%	26,100.00	3.74%	Budgeted Service Fees that have not occurred - timing
<b>Total Income</b>	<b>1,392,195.41</b>	<b>1,292,331.56</b>	<b>107.73%</b>	<b>5,376,810.48</b>	<b>25.89%</b>	
<b>Gross Profit</b>	<b>1,392,195.41</b>	<b>1,292,331.56</b>	<b>107.73%</b>	<b>5,376,810.48</b>	<b>25.89%</b>	
<b>Expense</b>						
5000 · Committee Per Diem						
5002 · ICRC - per diem	7,521.00	7,487.10	100.45%	24,957.00	30.14%	
5003 · Council - per diem	11,025.50	11,341.50	97.21%	45,366.00	24.3%	
5005 · Discipline Committee - per diem	8,200.00	6,680.00	122.75%	35,780.00	22.92%	5 hearings days budgeted and held. 1 case (Boon) took much longer than expected and an unbudgeted number of deliberation days.
5006 · Executive - per diem	3,801.00	5,497.20	69.14%	16,372.80	23.22%	Lower than expected claims for Per Diems.
5010 · Patient Relations - per diem	90.00	331.00	27.19%	662.00	13.6%	The College was required to hold one PRC meeting in Q1 to consider a request for funding. One professional member was not in attendance
5011 · QM Committee - per diem	2,602.00	2,810.00	92.6%	11,240.00	23.15%	Lower than expected claims for Per Diems.
5012 · Registration Com. - per diem	394.00	1,226.70	32.12%	5,782.94	6.81%	Budget for teleconference meetings higher than actual useage based on new phone system savings and fewer issues raised leading to shorter calls.
5017 · Finance Committee - per diem	492.50	478.13	103.01%	2,868.77	17.17%	
<b>Total 5000 · Committee Per Diem</b>	<b>34,126.00</b>	<b>35,851.63</b>	<b>95.19%</b>	<b>143,029.51</b>	<b>23.86%</b>	
5050 · Committee Reimbursed Expenses						
5052 · ICRC - expenses	6,626.68	5,889.17	112.52%	19,630.58	33.76%	High volume and complex cases required more prep time than anticipated
5053 · Council - expenses	32,357.57	35,196.99	91.93%	70,812.87	45.69%	Guest expenses to President's Dinner were slightly higher than anticipated, but 1 Council Member was absent from the meeting.
5055 · Discipline Committee - expenses	8,190.87	7,371.90	111.11%	37,193.88	22.02%	Number of deliberation days exceeded what was anticipated
5056 · Executive Committee - expenses	3,859.42	2,149.51	179.55%	8,598.04	44.89%	Additional costs associated with President testifying at the Standing Committee hearings on Bill 87.
5062 · QM Committee - expenses	1,149.92	1,790.46	64.23%	7,161.84	16.06%	Final Committee slate results in lower travel costs than budgeted and is likely to continue throughout the year.
5063 · Registration Comm. - expenses	0.00	0.00	0.0%	1,384.79	0.0%	
5075 · Finance Committee - expenses	0.00	0.00	0.0%	1,725.00	0.0%	
<b>Total 5050 · Committee Reimbursed Expenses</b>	<b>52,184.46</b>	<b>52,398.03</b>	<b>99.59%</b>	<b>146,507.00</b>	<b>35.62%</b>	

**College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actual**

April 2017 to June 2017

	Q1 YTD			Full Year		Notes for Council
	Apr - Jun 17	Budget	% of Budget	Budget	% of Budget	
<b>5100 · Information Management</b>						
5101 · IT Hardware	2,922.55	1,934.37	151.09%	7,737.48	37.77%	A printer was purchased that was unbudgeted by needed in the new space.
5102 · Software	2,318.82	2,030.41	114.21%	23,925.26	9.69%	Upgraded Treasury Software after budget was created
5103 · IT Maintenance	18,880.94	18,972.00	99.52%	75,888.00	24.88%	
5104 · IT Database	165,248.38	180,522.65	91.54%	722,090.58	22.89%	Per Ammended Budget - Database being expensed as occurred rather than Capitalized, per Hilborn Best Practices Recommendation
<b>Total 5100 · Information Management</b>	<b>189,370.69</b>	<b>203,459.43</b>	<b>93.08%</b>	<b>829,641.32</b>	<b>22.83%</b>	
<b>5200 · Insurance</b>	2,355.47	2,344.40	100.47%	9,440.30	24.95%	
<b>5300 · Networking, Conf. &amp; Travel</b>	1,478.53	2,394.50	61.75%	46,170.78	3.2%	Less external meetings than anticipated in Q1. CAPR did not occur.
<b>5400 · Office and General</b>						
5402 · Bank & service charges	5,348.99	6,000.00	89.15%	170,825.14	3.13%	Hilborn recommendation is to expense Credit Card charges as they occur and not to accumulate on Balance Sheet and expense evenly throughout the year
5403 · Maintenance & repairs	454.89	488.79	93.07%	1,955.16	23.27%	
5405 · Memberships & publications	48,897.92	52,018.42	94.0%	196,385.06	24.9%	IABC membership renewed in Q2 rather than Q1 as budgeted.
5407 · Office & kitchen supplies	4,267.75	4,300.00	99.25%	17,200.00	24.81%	
5408 · Postage & courier	1,134.40	2,240.00	50.64%	8,960.00	12.66%	
5409 · Rent	139,175.63	129,697.16	107.31%	450,623.48	30.89%	Paid for both Suites 901 & 800 for the month of April
5411 · Printing, Filing & Stationery	2,667.18	2,875.00	92.77%	11,500.00	23.19%	
5412 · Telephone & Internet	8,556.60	6,972.74	122.72%	27,890.96	30.68%	Some start up costs related to new VOIP service provider
5413 · Bad Debt	839.87	839.87	100.0%	5,909.48	14.21%	
<b>Total 5400 · Office and General</b>	<b>211,343.23</b>	<b>205,431.98</b>	<b>102.88%</b>	<b>891,249.28</b>	<b>23.71%</b>	
<b>5500 · Regulatory Effectiveness</b>						
5503 · Council Education	11,137.84	4,932.20	225.82%	67,724.30	16.45%	Late expenses for OPA Conference from previous fiscal year received this quarter and one National Conference and Council In-service Education that was budgeted in a later quarter.
5504 · Elections	0.00	0.00	0.0%	3,200.00	0.0%	
5505 · Policy Development	8,808.26	14,000.00	62.92%	22,000.00	40.04%	Lower participation, thus compensation, of CAG in online survey than anticipated.
<b>Total 5500 · Regulatory Effectiveness</b>	<b>19,946.10</b>	<b>18,932.20</b>	<b>105.36%</b>	<b>92,924.30</b>	<b>21.47%</b>	
<b>5600 · Communications</b>						
5605 · French Language Services	822.92	2,000.00	41.15%	8,700.00	9.46%	Less demand for translation than anticipated by stakeholders.
5620 · Print Communication	3,489.33	3,200.00	109.04%	14,800.00	23.58%	Heavier use of plain language expert than planned for in Q1.
5621 · Online Communication	17,299.57	17,490.00	98.91%	112,510.00	15.38%	
5622 · In-Person Communication	1,823.08	900.00	202.56%	27,600.00	6.61%	Timing issue in regards to outreach event (Physio North). Had anticipated spending to take place in Q2.
<b>Total 5600 · Communications</b>	<b>23,434.90</b>	<b>23,590.00</b>	<b>99.34%</b>	<b>163,610.00</b>	<b>14.32%</b>	
<b>5700 · Professional fees</b>						
5701 · Audit	4,520.00	4,520.00	100.0%	18,080.00	25.0%	
5702 · Hearing Expenses	3,195.69	2,986.00	107.02%	16,418.80	19.46%	The College incurred additional costs (hotel/travel/meals) associated with witness support which were not anticipated and the ordering of transcripts.
5704 · Investigations	6,129.24	1,032.61	593.57%	8,116.52	75.52%	\$1K prior qtr exp. \$3K for legal opinion on privacy issue
5710 · Temporary staff	1,092.00	3,735.00	29.24%	3,735.00	29.24%	



**College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actual**

April 2017 to June 2017

	Q1 YTD			Full Year		Notes for Council
	Apr - Jun 17	Budget	% of Budget	Budget	% of Budget	
<b>5750 · Legal</b>						
<b>5753 · Legal - Professional Conduct</b>						
<b>5760 · General Counsel</b>	3,453.72	2,911.53	118.62%	30,021.53	11.5%	Partnered with Alliance on an investigation requiring an external investigator - not budgeted (\$500)
<b>5761 · Independent Legal Advice</b>	19,304.63	35,595.00	54.23%	159,940.20	12.07%	Fewer full days of ILC support required as 5 days of hearings were held over 2 days
<b>5762 · Hearing Counsel</b>	15,558.65	23,057.65	67.48%	106,587.25	14.6%	College counsel attendance was required for 2 days as opposed to 5 anticipated days for 5 matters
<b>5763 · Divisional Court appeals</b>	17,511.08	0.00	100.0%	10,000.00	175.11%	The College had anticipated that there would be two matters in divisional court. At this time there are five files before the court and in two matters more than one appearance has been required. Budgeted expense in Q2.
<b>Total 5753 · Legal - Professional Conduct</b>	<u>55,828.08</u>	<u>61,564.18</u>	<u>90.68%</u>	<u>306,548.98</u>	<u>18.21%</u>	
<b>5755 · General Legal</b>	3,372.49	5,000.00	67.45%	20,000.00	16.86%	
<b>Total 5750 · Legal</b>	<u>59,200.57</u>	<u>66,564.18</u>	<u>88.94%</u>	<u>326,548.98</u>	<u>18.13%</u>	
<b>Total 5700 · Professional fees</b>	<u>74,137.50</u>	<u>78,837.79</u>	<u>94.04%</u>	<u>372,899.30</u>	<u>19.88%</u>	
<b>5800 · Programs</b>						
<b>5810 · Quality Mgmt Program</b>						
<b>5811 · QM Program Development &amp; Eval.</b>	0.00	20,000.00	0.0%	40,102.00	0.0%	Budgeted to occur in Q1 & Q2, but delayed to Q2 & Q3
<b>5821 · Assessor Travel</b>	16,724.37	23,581.81	70.92%	94,327.24	17.73%	Northern Ontario assessments are now distributed throughout the year and this has affected travel costs
<b>5823 · Assessor Training</b>	2,275.00	1,007.50	225.81%	12,953.50	17.56%	Training occurred earlier than budgeted - budget in later Quarter
<b>5824 · Assessor Onsite Assessment Fee</b>	32,272.50	34,042.17	94.8%	136,168.68	23.7%	
<b>Total 5810 · Quality Mgmt Program</b>	<u>51,271.87</u>	<u>78,631.48</u>	<u>65.21%</u>	<u>283,551.42</u>	<u>18.08%</u>	
<b>5802 · Jurisprudence</b>	0.00	22,600.00	0.0%	22,600.00	0.0%	Budgeted to occur in Q1 but delayed to Q2
<b>5870 · Practice Enhancement - QM</b>	1,715.03	5,124.79	33.47%	20,499.16	8.37%	Fewer cases at committee in first quarter of this year so there are fewer enhancements and lower than predicted costs
<b>5880 · Remediation - PC</b>	5,976.92	16,837.38	35.5%	38,407.52	15.56%	Remediation costs were less than anticipated - see 4003 for explanation. # of SCERPS directed from ICRC down from budgeted.
<b>5890 · Sexual Abuse Therapy</b>	725.00	2,000.00	36.25%	8,000.00	9.06%	
<b>Total 5800 · Programs</b>	<u>59,688.82</u>	<u>125,193.65</u>	<u>47.68%</u>	<u>373,058.10</u>	<u>16.0%</u>	
<b>5900 · Staffing</b>						
<b>5901 · Salaries</b>	627,198.00	628,816.35	99.74%	2,608,755.97	24.04%	
<b>5902 · Employer Benefits</b>	21,836.99	23,412.45	93.27%	96,837.88	22.55%	
<b>5903 · Employer RRSP Contribution</b>	28,391.86	28,191.89	100.71%	118,540.46	23.95%	
<b>5904 · Consultant fees</b>	0.00	0.00	0.0%	0.00	0.0%	
<b>5905 · Staff Development</b>	7,837.93	8,117.45	96.56%	89,050.56	8.8%	
<b>5906 · Recruitment</b>	0.00	400.00	0.0%	1,600.00	0.0%	
<b>5907 · Staff Recognition</b>	1,716.93	2,230.00	76.99%	12,530.00	13.7%	Q1 activities delayed many of the recognition events to Q2
<b>5911 · CPP - Canadian Pension Plan</b>	23,587.21	23,658.57	99.7%	76,638.03	30.78%	
<b>5912 · EI - Employment Insurance</b>	10,478.34	10,838.39	96.68%	35,034.25	29.91%	
<b>5913 · EHT - Employer Health Tax</b>	13,060.79	12,261.91	106.52%	42,095.74	31.03%	
<b>5914 · Vacation Accrual</b>	0.00	0.00	0.0%	5,000.00	0.0%	
<b>Total 5900 · Staffing</b>	<u>734,108.05</u>	<u>737,927.01</u>	<u>99.48%</u>	<u>3,086,082.89</u>	<u>23.79%</u>	

**College of Physiotherapists of Ontario**  
**Statement of Operations - Budget vs. Actual**

April 2017 to June 2017

	Q1 YTD			Full Year		Notes for Council
	Apr - Jun 17	Budget	% of Budget	Budget	% of Budget	
<b>Total Expense</b>	1,402,173.75	1,486,360.62	94.34%	6,154,612.78	22.78%	
<b>Net Ordinary Income</b>	-9,978.34	-194,029.06	5.14%	-777,802.30	1.28%	
<b>Other Income/Expense</b>						
<b>Other Income</b>						
<b>6001 - Amortization</b>	-7,873.35	-7,873.35	100.0%	-67,780.55	11.62%	New office space not yet being amortized as not all costs have been accumulated and finalized.
<b>Total Other Income</b>	-7,873.35	-7,873.35	100.0%	-67,780.55	11.62%	
<b>Net Other Income</b>	-7,873.35	-7,873.35	100.0%	-67,780.55	11.62%	
<b>Net Income</b>	<b>-17,851.69</b>	<b>-201,902.41</b>	<b>8.84%</b>	<b>-845,582.85</b>	<b>2.11%</b>	

**College of Physiotherapists of Ontario**  
**Balance Sheet**  
As of 30 June 2017

	30 Jun 17	31 Mar 17	30 Jun 16
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Chequing/Savings</b>			
<b>1000 · Cash on Hand</b>			
1001 · Petty Cash	250.00	250.00	250.00
1002 · Petty Cash (USD)	200.00	200.00	200.00
1003 · CC Clearing - RBC - 100-999-2	70,274.64	226,536.49	1,040,044.08
1005 · Operating - RBC - 102-953-7	126,399.86	102,396.08	-7,137.73
1000 · Cash on Hand - Other	195.16	195.16	195.16
<b>Total 1000 · Cash on Hand</b>	<b>197,319.66</b>	<b>329,577.73</b>	<b>1,033,551.51</b>
<b>1100 · Investments</b>			
1104 · Investments - Long Term	3,547,068.40	3,547,068.40	0.00
1102 · Investments - Short Term	1,175,930.52	1,159,494.15	4,614,104.33
1103 · Savings - RBC - 100-663-4	5,391,714.97	7,104,759.84	4,782,887.98
<b>Total 1100 · Investments</b>	<b>10,114,713.89</b>	<b>11,811,322.39</b>	<b>9,396,992.31</b>
<b>Total Chequing/Savings</b>	<b>10,312,033.55</b>	<b>12,140,900.12</b>	<b>10,430,543.82</b>
<b>Accounts Receivable</b>			
1200 · Accounts Receivable	266,570.16	246,931.22	253,511.41
<b>Total Accounts Receivable</b>	<b>266,570.16</b>	<b>246,931.22</b>	<b>253,511.41</b>
<b>Other Current Assets</b>			
1201 · Allowance for Doubtful Accounts	-236,674.59	-235,834.72	-223,500.00
<b>1400 · Prepaid Expenses</b>			
1411 · Prepaid Rent	27,030.38	22,712.72	0.00
1401 · Prepaid Software	8,621.44	8,021.64	133,574.90
1403 · Prepaid IT services	5,040.08	13,916.47	7,439.47
1405 · Prepaid Insurance	6,579.09	4,697.72	4,943.97
1406 · Prepaid Membership	89,064.85	134,284.65	86,414.32
1408 · Prepaid staff development	2,656.43	11,311.13	19,886.76
1410 · Prepaid Conferences	27,664.43	19,744.57	7,235.82
<b>Total 1400 · Prepaid Expenses</b>	<b>166,656.70</b>	<b>214,688.90</b>	<b>259,495.24</b>
<b>Total Other Current Assets</b>	<b>-70,017.89</b>	<b>-21,145.82</b>	<b>35,995.24</b>
<b>Total Current Assets</b>	<b>10,508,585.82</b>	<b>12,366,685.52</b>	<b>10,720,050.47</b>
<b>Fixed Assets</b>			
1301 · Computer equipment	295,527.04	287,095.82	274,977.12
1302 · Computer Software	7,940.84	7,940.84	87,991.01
1305 · Computer equipment - Acc dep	-295,527.04	-267,757.35	-227,053.90
1306 · Computer Software - Acc Dep	-7,940.84	-6,126.36	-40,078.66
1310 · Furniture and Equipment	464,531.23	464,531.23	464,531.23
1312 · Furniture and Equipment - Dep	-464,531.23	-460,354.65	-435,537.15
1320 · Leasehold Improvements	402,013.85	402,013.85	402,013.85
1322 · Leasehold Improvements -Acc dep	-402,013.85	-402,013.85	-402,013.85
1325 · Construction Work In Progress	779,076.18	154,742.89	0.00
<b>Total Fixed Assets</b>	<b>779,076.18</b>	<b>180,072.42</b>	<b>124,829.65</b>
<b>TOTAL ASSETS</b>	<b>11,287,662.00</b>	<b>12,546,757.94</b>	<b>10,844,880.12</b>

# College of Physiotherapists of Ontario

## Balance Sheet

As of 30 June 2017

	30 Jun 17	31 Mar 17	30 Jun 16
<b>LIABILITIES &amp; EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>			
2000 · Accounts Payable	58,453.57	113,619.29	95,447.68
<b>Total Accounts Payable</b>	58,453.57	113,619.29	95,447.68
<b>Other Current Liabilities</b>			
2011 · Vacation Accrual	87,729.01	87,729.01	0.00
2010 · Accrued Liabilities	345,107.92	261,686.62	29,500.09
2100 · Deferred Revenue			
2101 · Deferred Registration Fees	3,857,385.01	5,143,180.00	3,762,123.17
2105 · Deferred credit card charges	0.00	0.00	-94,718.68
2110 · Banked refunds	35,297.69	35,125.48	25,957.77
<b>Total 2100 · Deferred Revenue</b>	3,892,682.70	5,178,305.48	3,693,362.26
2150 · Other Payables			
2154 · Citizen's Advisory Group	16,000.00	0.00	0.00
2151 · Due to Great-West Life	0.00	0.00	1,204.10
2152 · Due to London Life (RRSP)	14,941.49	14,817.66	39,467.14
<b>Total 2150 · Other Payables</b>	30,941.49	14,817.66	40,671.24
<b>Total Other Current Liabilities</b>	4,356,461.12	5,542,538.77	3,763,533.59
<b>Total Current Liabilities</b>	4,414,914.69	5,656,158.06	3,858,981.27
<b>Total Liabilities</b>	4,414,914.69	5,656,158.06	3,858,981.27
2190 · Lease Inducements	0.00	0.00	11,477.97
<b>Total Long Term Liabilities</b>	0.00	0.00	11,477.97
<b>Total Liabilities</b>	4,414,914.69	5,656,158.06	3,870,459.24
<b>Equity</b>			
3000 · Unrestricted Reserve	303,936.00	303,936.00	258,058.34
3001 · Invested in Capital Assets	180,073.00	180,073.00	153,330.65
3010 · Restricted Reserves			
3011 · Contingency Reserve	6,078,725.00	6,078,725.00	5,171,999.81
3012 · Fee Stabilization Reserve	327,865.00	327,865.00	1,328,000.19
<b>Total 3010 · Restricted Reserves</b>	6,406,590.00	6,406,590.00	6,500,000.00
3900 · Retained Earnings	0.00	0.00	0.00
Net Income	-17,851.69	0.88	63,031.89
<b>Total Equity</b>	6,872,747.31	6,890,599.88	6,974,420.88
<b>TOTAL LIABILITIES &amp; EQUITY</b>	11,287,662.00	12,546,757.94	10,844,880.12



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 8.0**

**Motion**

**Council Meeting  
September 28-29, 2017**

**Agenda #8: Councillor and non-Council Committee Member Preparation Time**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

Council approve the proposed change to Governance Policy 5.1 that will permit committee members and chairs to request additional compensation for preparation time when required.

<b>Meeting Date:</b>	September 28-29, 2017
<b>Agenda Item #:</b>	8
<b>Issue:</b>	Councillor and non-Council Committee Member Preparation Time
<b>Submitted by:</b>	Sharee Mandel, Councillor Rod Hamilton, Associate Registrar, Policy and Quality

**Issue:**

At the June meeting of Council, Council approved Sharee Mandel's motion requesting a review of the rules for compensation for Councillor and non-Council committee member preparation time. Changes to the governance policy based on this review are being proposed for Council approval.

**Background:**

As Council is aware, Councillors can make notices of motion to raise issues they would like to be considered on the next Council meeting agenda.

In keeping with this policy, at the end of the June meeting of Council, Sharee Mandel moved that Council review the rules for compensation for preparation time for Councillors and non-Council committee members. This motion was approved by Council.

On the basis of this approved motion, staff investigated the current rules and determined that the current Governance Policy 5.1, Honoraria and Expenses indicates that the maximum that may be claimed for preparation time is the time allocated for the meeting. Councillors may wish to note that due to the differences in the way that publicly appointed members receive compensation (i.e. directly from government, based on government rules), changes to this policy will not affect their compensation.

Based on this policy, if someone needs more time to prepare for the meeting than the actual time that has been allotted for the meeting, he or she may think that compensation for this extra time is not available. While the extent of the problem is not clear, it is possible that this may discourage members from preparing for meetings as completely as they would if all preparation time was billable.

Council should note that despite the concern, the current policy has been interpreted quite liberally based on the understanding that sometimes additional preparation time is needed. While the actual claim form does indicate that the maximum prep time is equal to the maximum meeting time, there is also a footnote that says "If you believe that your circumstances require additional preparation time, speak to the committee chair and staff director".

While claims for additional preparation time are not very common, they do sometimes occur.



However it would also be helpful to ensure that the claim form and the policy are consistent so that it will be clear to Councillors and non-Council committee members what the rules actually are.

It seemed that issue could be resolved relatively simply.

Since committee members do sometimes require additional prep time, the College could incorporate the ability to request additional preparation time into the actual policy.

This would address the possibility that some committee members are not preparing fully for meetings out of concerns about preparation time limits.

It would also have the effect of making the policy and the claim form consistent.

Staff asked that the Executive Committee consider some proposed provisions to the existing policy that would make it clear that if a committee member required additional time to prepare for a meeting, it could be authorized by the committee chair.

When the Executive Committee reviewed the proposed content for the change, they also noted the possibility that the committee chair may also sometimes require additional preparation time. In this circumstance, they suggested that appropriate approval could be managed by the senior staff program manager.

The changes to permit both committee member and chairs to request additional time for preparation are included in the proposed change to Governance Policy 5.1:

## 6. Preparation Time

a. The time billed for preparation should be less than or equal to the time billed for the meeting.  
(e.g.:

- i. For meetings of up to three hours duration, the maximum preparation time is three hours.
- ii. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours).

b. When a committee member requires more time for preparation than is permitted under a., a request for additional preparation time may be approved by the committee chair.

c. When a committee chair requires more time for preparation than is permitted under a., a request for additional preparation time may be approved by the program manager.

d. There are no restrictions on the number of requests for additional preparation time that a committee member or chair may make.

e. Preparation time is paid in accordance with the rate section of this policy.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
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ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

# Council

**Decision Sought:**

Council is asked to approve the proposed changes to Governance Policy 5.1, Honoraria and Expenses

**Attachments:**

Governance Policy 5.1, Honoraria and Expenses, with proposed revisions



**Section:****Finance**

Policy #5.1

**Title:****Honoraria and Expenses****Applicable to:****Councillors who are members of the profession<sup>1</sup>, committee members, members of task forces and working groups, where applicable, staff****Date approved:****March, 2015****Date revised:****Legislative References**

None

**Policy**

Honoraria are paid to Councillors who are members of the profession, committee members and members of task forces and working groups for participating in activities that are relevant to College business. This includes attending scheduled meetings (including teleconferences) or participating in other assigned activities (e.g. decision writing or attending College-mandated education sessions). Honoraria are also paid for the time spent travelling to and from College business and the time spent preparing for meetings. Payments are made on the basis of the rules and the rates in this policy.

Eligible expenses are reimbursed to Councillors who are members of the profession, committee members, members of task forces and working groups, and, where applicable, staff, when they are incurred while conducting College business. Reimbursement is made on the basis of the rules and the rates in this policy. In order to maintain currency the Policy on Honoraria and Expenses is to be reviewed biennially by the College's Executive Committee.

**Procedure**

1. Claims for honoraria or expenses are to be submitted to the College within 30 calendar days of the activity that resulted in the claims.
2. Claims should be submitted to the College through Corporate Services.
3. Corporate Services will seek approval of the claim from the director with oversight for the activity that resulted in the claims.
4. Once approved, all claims are to be submitted to the Director, Corporate services.
5. The College will endeavor to pay claims within one month of receiving them.
6. Any discrepancies between what this policy permits and claims will be addressed with the claimant by the Director, Corporate Services.

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<sup>1</sup> Councillors who are appointed to Council by the Lieutenant Governor (public appointees) are paid by the government and as such the rules for their compensation and expenses are established and monitored by the Ministry of Health and Long-Term Care.

NOTE: Claims for time are considered to be taxable income by the Canada Revenue Agency and as such are processed through the College's payroll office. In keeping with Canada Revenue Agency Rules, the College will annually prepare and provide T4As to those who claim time-based honoraria from the College.

### Definitions

1. *Honoraria/Honorarium*: An honorarium is a payment for time spent on College-related business. Honoraria are composed of per diems, travel time and preparation time.
2. *Per Diem*: A per diem is a payment to someone for time spent working or attending meetings for the College. Per diems are paid on a daily or hourly basis, consistent with the rules and the rates in this policy. They are based on a full day being seven hours of work.
3. *Travel Time*: Travel time is a payment to someone for time spent getting to and from College-related business. Travel time is paid on an hourly basis, consistent with the rules and the rates in this policy.
4. *Preparation Time*: Preparation time is a payment to someone for time spent getting prepared for College-related business. Preparation time is paid on an hourly basis, consistent with the rule and the rates in this policy.

### Rules for Honoraria

1. General
  - a. A daily claim for honoraria may include any or all of per diems, travel time and/or preparation time in keeping with the rules and rates in this policy.
  - b. Teleconferences are meetings and are therefore considered to be time that may be claimed.
  - c. Honoraria will be paid to people who are requested by the College to attend a function for representation or education purposes.
2. Per Diem - General
  - a. For meetings that are three hours or less in duration, the actual number of full or partial hours up to a maximum of three hours may be claimed.
  - b. For meetings that are more than three hours in duration, the full day per diem may be claimed. This is the maximum per diem time that may be billed in any one day although other types of honoraria (travel or preparation time) may be claimed for the same day or meeting.
  - c. If a meeting or function is cancelled without at least 48 hours notice, those who were scheduled to attend may claim up to three hours per diem.
3. Per Diems - Councillor/Committee/Task Force Member
  - a. Meetings involving deliberation of a panel will be considered to be scheduled meetings and are eligible for per diems.



- b. Time spent writing decisions will be paid the hourly per diem rate. The amount of time people can bill for decision writing will be determined by the chair of the panel.
  - c. Per diems for Councillor/committee/task force members are paid in accordance with the rate section of this policy.
4. Per Diem - Chairs
- a. Committee chairs are paid a higher per diem rate when they are acting in the capacity of the chair at a scheduled meeting.
  - b. A chair's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
  - c. Per diems for chairs are paid in accordance with the rate section of this policy.
5. Per Diem - President
- a. The President may claim for the time he or she spends performing the duties of the President at the rate a committee chair receives.
  - b. A President's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
  - c. Per diems for chairs are paid in accordance with the rate section of this policy.
6. Preparation Time
- a. The time billed for preparation should be less than or equal to the time billed for the meeting.  
(e.g.:
    - i. For meetings of up to three hours duration, the maximum preparation time is three hours.
    - ii. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours).
  - b. When a committee member requires more time for preparation than is permitted under a., a request for additional preparation time may be approved by the committee chair.
  - c. When a committee chair requires more time for preparation than is permitted under a., a request for additional preparation time may be approved by the program manager.
  - d. There are no restrictions on the number of requests for additional preparation that a committee member or chair may make.
  - ~~b-e.~~ Preparation time is paid in accordance with the rate section of this policy.

7. Travel Time



- a. The first hour of travel each way is not subject to reimbursement.
- b. Travel time should be billed in increments of one half hour.
- c. A maximum of six hours travel time may be billed in any day.
- d. Time spent travelling is calculated from the time at which the trip begins/ends (i.e. home or place of employment) and the first/last point of business.
- e. Travel time is paid in accordance with the rate section of this policy.

## Rules for Expenses

### 8. Expenses General

- a. Detailed itemized invoices or receipts are required for all expense claims<sup>2</sup>.
- b. Invoices and or receipts must include a description of the goods purchased or services rendered, the cost, taxes and if applicable, HST Registration Number<sup>3</sup>.

### 9. Travel Expense

- a. Travel includes:
  - i. Economy airfare for flights of six hours duration or less;
  - ii. Business class airfare for flights of six hours duration or more;
  - iii. Economy class train fare for trips of three hours or less;
  - iv. First class train fare for trips of greater than three hours;
  - v. Local public transportation;
  - vi. Taxi; or
  - vii. Use of a personal automobile.
- b. The cost of the most economical or practical mode of travel may be claimed unless other means are more practical and this is evident from the explanation on the claim form<sup>4</sup>.
- c. Local taxis may be used when warranted by expedience and practicality.
- d. Travel expenses incurred in traveling to/from home or place of employment, or to/from the point of business and public transportation terminal may be claimed when they are part of a larger journey.

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<sup>2</sup> Credit card receipts or statements do not provide sufficient detail to process expense claims.

<sup>3</sup> For internet purchases, a copy of the payment confirmation should also be included.

<sup>4</sup> Such reasons may include: urgency, inconvenient train or bus schedules, more than one person travelling together by car, multiple locations, taxi because of baggage, automobile and parking instead of public transportation, reduction of time factor if a fee is also involved, etc.



- e. An allowance per kilometer will be paid for the use of a personal automobile in accordance with the rate section of this policy.

## 10. Accommodation

- a. Where overnight stays are required, the cost of the standard room rate at a conveniently located hotel will be reimbursed. Additional costs for upgrades to premium or larger rooms are not covered.
- b. For single day meetings, hotel accommodation will be provided to individuals who reside beyond a 50 kilometer radius of the meeting site.
- c. For multi-day meetings, hotel accommodation will be provided to individuals who reside beyond a 25 kilometer radius of the meeting site.
- d. Where overnight stays are required for meetings held at the College, people may choose to stay at the hotel at which the College has negotiated a corporate rate, or another hotel, in which case the maximum reimbursement will be the lesser of the actual price paid at the other hotel or the corporate rate at the College hotel.
- e. Hotel accommodation at conventions, congresses etc. should take advantage of any special group or convention rates at the conference hotel or be taken at another hotel where the rate does not exceed the conference hotel rate.
- f. When private accommodations (e.g. friends or family) are used in lieu of hotel accommodation, claims for reimbursement may be submitted in accordance with the rate section of this policy.

## 11. Meals

- a. Meal expenses incurred while travelling on College business may be claimed when the travel time exceeds two hours.
- b. Meal expenses incurred when attending external meetings or business may be claimed when the external meetings or business exceeds four hours.
- c. For single day meetings at the College, meal expenses may be claimed when the individual resides beyond a 50 kilometer radius of the meeting site.
- d. For multi-day meetings at the College, meal expenses may be claimed when the individual resides beyond a 25 kilometer radius of the meeting site.
- e. Meal expenses claimed when the College provides a meal during its meetings are not eligible for reimbursement (except in circumstances where the supplied meal is unacceptable for religious or similar reasons).
- f. Actual meal expenses may be claimed in accordance with the rate section of this policy.



## 12. Gratuities

- a. Gratuities for meals may be claimed over and above the maximum allowable for the meal. (i.e. for a meal of \$35.00, the expense claim may include the \$35.00 meal and a gratuity for a total of \$35.00 + gratuity = claim).
- b. Gratuities for accommodation and taxis should be included in the cost claimed along with the accompanying receipt.
- c. A reasonable amount may be claimed for gratuities paid for other services (such as porters, delivery, etc.).

## 13. Other Allowable Expenses (when incurred during the performance of College business or when traveling on behalf of the College)

- a. Parking. Multiple parking claims may be submitted in a given day however the maximum reimbursement is for 24 hours of parking in each calendar day (i.e. no overlapping claims for parking).
- b. Telephone. One personal long distance telephone call of reasonable duration for each day away from home.
- c. Postage and delivery.
- d. Tolls.
- e. Purchased services such as typing, copying etc., when they cannot conveniently be provided through the College office.
- f. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.

## 14. Expenses which are not Allowed

- a. Costs for entertainment (e.g. videos and pay movies).
- b. Costs for personal services (laundry, dry cleaning) unless away from home for more than five days.

## 15. Additional Interpretation

- a. For additional interpretation in circumstances not explicitly covered in these interpretive rules, please refer to the Ministry of Health and Long-Term Care's Per Diem and Expense Guidelines.



## Proposed Rates for Honoraria and Expenses

1. Allowance for use of personal automobile
  - a. \$.52 per kilometer
2. Meal Expense (receipts required)
  - a. Breakfast - \$25.00
  - b. Lunch - \$35.00
  - c. Dinner - \$60.00
3. Private Accommodations
  - a. \$40 per night may be claimed for the use of private accommodation in lieu of hotel accommodation.
4. Per Diem Rate - Councillors/committee/task force members
  - a. Council/Committee/task force member – meeting time
    - i. Full day per diem (for meetings over 3 hours duration) - \$320.00
    - ii. Hourly rate - \$45.00
5. Chairs' (and President's) Per Diem Rate
  - a. Chair – meeting time (or President's duties)
    - i. Full day per diem (for meetings over 3 hours duration) - \$435.00
    - ii. Hourly rate - \$62.00
6. Preparation time rate
  - a. \$45.00 per hour
7. Travel time
  - a. \$27.00 per hour



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 9.0**

**Motion**

**Council Meeting  
September 28-29, 2017**

**Agenda #9: Infection Control and Equipment Maintenance Standard**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

Council approve the Infection Control and Equipment Maintenance Standard and rescind the current Infection Control Standard and Guide effective November 1, 2017.



<b>Meeting Date:</b>	September 28-29, 2017
<b>Agenda Item #:</b>	9
<b>Issue:</b>	Infection Control and Equipment Maintenance Standard
<b>Submitted by:</b>	Téjia Bain, Junior Policy Analyst

## Issue:

Council is being asked to approve the Infection Control and Equipment Maintenance Standard and rescind the current Infection Control Standard and Guide with an effective date of November 1, 2017.

## Background

With advancements in technology and improvements in the way we use the internet, health professionals now have easy access to new evidence-based information and tools on how to manage infection risks within the health care setting. Since the last revision of the College's Infection Control Standard in June of 2012, there have been significant changes in infection control best practice. The 2017 review of the Infection Control Standard revealed that our Standard needs to be modernized to reflect the changes in terminology, resources, and needs of physiotherapists in today's practice environment.

During the development process for the draft Standard, staff discovered that a closely-associated concern when managing the risks of infections in practice is the use of equipment. The proper use and maintenance of equipment is also important for patient safety. Currently, equipment maintenance is only addressed in the Record Keeping Standard, which requires physiotherapists to create records of inspection, maintenance and servicing of equipment. The intent of this expectation appears to have been to create an indirect obligation on members to ensure that the equipment they use is regularly maintained. In the draft Standard, we directly addressed this issue by requiring members to ensure that the equipment they use is safe and to document routine reviews of the maintenance and safety of the equipment. Staff is proposing the same effective date for the Record Keeping Standard and the new Infection Control and Equipment Maintenance Standard to ensure continuity in our rules.

## Research and consultation

As with other Standard reviews, staff conducted an environmental scan of relevant literature, case law, regulatory policies, and legislation on infection control and equipment maintenance. The environmental scan data helped to build the rationale for each expectation in the draft Standard.

An important part of this Standard review was the information gathered during consultation. Internal staff provided program data and insight on both past and present issues in infection control and equipment maintenance, and the Citizens' Advisory Group confirmed patients' expectations of professionals to practice good hand hygiene and sanitation of equipment. Particularly helpful was feedback from an IPAC specialist at the onset and during the development of the draft Standard. She provided an expert opinion on what changes

should be made to the current Standard and what information or tools on infection prevention and control could be helpful to members.

The Ontario Physiotherapy Association (OPA) also provided recommendations for the draft Standard. In general the OPA felt that the draft Standard succeeded in making the expectations clearer and thought it reasonable to incorporate specific expectations about equipment maintenance and safety in this Standard considering that none currently exist. Staff has incorporated several of their suggestions into the final draft Standard.

Lastly, a few minor changes were made to the draft Standard by the Executive Committee, who generally agreed with the recommendations made by staff for this Standard revision.

For detailed information on the research and consultation for this Standard, please refer to the Summary Research and Analysis Report in Appendix 2.

### Issues identified

Research and consultation for this Standard review revealed several issues which staff have sought to address in the draft Standard. These issues are as follows:

- **New terminology** – Several terms in the current Infection Control Standard are no longer used by infection control experts. For example, the term “handwashing” has been replaced by “hand hygiene” to encompass the use of not just soap and water washing but also alcohol-based hand rubs. Also, experts use the term “infection prevention and control” rather than just “infection control” to encompass all aspects of practice related to prevention and control of infections. Lastly, “personal protective equipment” or PPE now replaces “protective barriers”.
- **Changes in needs of members for information** – The feedback staff received consistently from all groups consulted was that physiotherapists today want quick and easy access to the information they need to know to uphold the Standard. Plain-language expectations with complementary links to additional resources are preferred by our members who now access the College’s communications mostly by mobile phone.
- **Mechanism for keeping the Resources links up-to-date** – As best practice information changes and evolves, we know that the resources we provide in the Standard will also change and eventually become outdated. Therefore, staff will ensure that the links provided under the Resources section are reviewed annually. Staff is also a part of a working group coordinated by the Ministry of Health and Long-term Care where provincial bodies and regulatory colleges can have a forum to discuss infection prevention and control issues and share resources. Through this working group, staff will continue to monitor the changes in resources and tools made available by Public Health Ontario, IPAC Canada and other regulators, and update the Resources section of the Standard accordingly. Changes to the Resources section will not require consideration and approval by Council.

### Additional Considerations

- **Incorporating the equipment maintenance expectations** – The current Infection Control Standard only addresses equipment in the context of cleaning and sterilizing equipment as a minimum infection control measure. In the current Record Keeping Standard, the requirement to create records of equipment inspection, maintenance and servicing is an indirect way of requiring physiotherapists to actually inspect and maintain the equipment they use on a regular basis. The Infection Control and Equipment Maintenance Standard instead requires physiotherapists to ensure the equipment they use is properly maintained and safe, and to document routine reviews of equipment maintenance. These expectations will replace the requirement in the Record Keeping Standard to keep equipment maintenance records.
- **Additional information about duties under the OHSA** – The *Occupational Health and Safety Act* (OHSA) specifies duties for health professionals who are employers, supervisors and workers as it relates to infection control and equipment maintenance. Originally, the draft Standard presented to the Executive Committee highlighted the responsibilities under the OHSA for physiotherapists who own clinics. However, after taking into consideration that the intent of incorporating this information was to be helpful, and that the OHSA defines obligations not just for employers but also for supervisors and workers, staff has since changed the language and moved this additional information to the Resources section of the draft Standard. These changes are highlighted in the draft Standard.

### Decision Sought:

Council is being asked to approve the Infection Control and Equipment Maintenance Standard and rescind the current Infection Control Standard and Guide with an effective date of November 1, 2017.

### Attachments:

- Appendix 1: Infection Control and Equipment Maintenance Standard draft
- Appendix 2: Summary Research and Analysis Report
- Appendix 3: Infection Control Standard
- Appendix 4: Implementing Infection Prevention and Control Practices Guide



## **Appendix 1: Infection Control and Equipment Maintenance Standard**

### **1. Authority and responsibility**

Physiotherapists must identify and minimize any risks caused by infections or the use of equipment in their practice.

### **2. Infection prevention and control**

Physiotherapists must use current and generally-accepted infection prevention and control measures that are relevant to their practice setting. This requires physiotherapists to:

- maintain current knowledge of infection prevention and control measures,
- conduct a risk assessment before each patient interaction to determine the risks of infection and transmission among patients, self, other health professionals and staff,
- incorporate the appropriate infection prevention and control measures based on the risk assessment,
- ensure that written infection prevention and control protocols are established in their practice setting and monitored for use and effectiveness.

Current and generally-accepted infection prevention and control measures include:

- hand hygiene
- use of personal protective equipment (eg. gloves, gowns, masks, respirators)
- cleaning, disinfecting and/or sterilizing equipment appropriately
- safe management and disposal of waste and sharps
- any other additional measures that may be necessary, such as single room treatment areas or safe handling of soiled linen

### **3. Equipment maintenance**

Physiotherapists must ensure that the equipment they use to provide patient care is properly maintained and safe. This means ensuring that the equipment is inspected, maintained, and serviced according to the health facility's policies, manufacturers' guidelines, and legislative requirements.



Physiotherapists must have a written process for routinely reviewing the maintenance and safety of the equipment they use, and be able to demonstrate that they did the review.

### **Responsibilities for physiotherapists who own clinics**

Physiotherapists who own clinics have an additional responsibility to uphold the statutory obligations in the Occupational Health and Safety Act and associated regulations to protect the health and safety of workers. This includes, but is not limited to:

- ~~creating workplace health and safety protocols~~
- ~~ensuring that staff know and follow the workplace health and safety protocols~~
- ~~regularly educating staff about best practices for infection prevention and control~~
- ~~ensuring that equipment, materials and protective equipment used by staff are maintained in good condition.~~

### **Resources**

The following list of resources will assist physiotherapists in meeting the expectations in this Standard. While this list is in no way complete, physiotherapists can use these resources as a starting point for learning more about best practices in infection prevention and control.

1. Infection Prevention and Control (IPAC) Canada Evidence-based Guidelines: <https://ipac-canada.org/evidence-based-guidelines.php>
2. Provincial Infectious Diseases Advisory Committee (PIDAC) documents:
  - Routine Practices and Additional Precautions in all Health Care Settings (November 2012)
  - Infection Prevention and Control for Clinical Office Practice (June 2013)
  - Best Practices for Hand Hygiene, 4<sup>th</sup> Edition (April 2014)
  - Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings (May 2012)
3. Public Health Ontario (PHO) documents:
  - Performing a risk assessment related to routine practices and additional precautions: [http://www.publichealthontario.ca/en/eRepository/RPAP\\_Performing\\_Risk\\_Assessment\\_2012.pdf](http://www.publichealthontario.ca/en/eRepository/RPAP_Performing_Risk_Assessment_2012.pdf)



- Routine Practices Fact Sheet for all Healthcare Settings:  
[http://www.publichealthontario.ca/en/eRepository/RPAP\\_Information\\_Sheet\\_All\\_Health\\_Care\\_Settings\\_2012.pdf](http://www.publichealthontario.ca/en/eRepository/RPAP_Information_Sheet_All_Health_Care_Settings_2012.pdf)

4. Public Health Ontario IPAC Core Competencies online course:  
<http://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/InfectiousDiseases/IPACCore/Pages/default.aspx>

5. Duties under the Occupational Health and Safety Act

Physiotherapists have additional responsibilities to uphold as employers, supervisors or workers under the Occupational Health and Safety Act and its associated regulations. Please refer to the Government of Ontario's Guide to the Occupational Health and Safety Act for more information.

DRAFT

## Appendix 2: Infection Control and Equipment Maintenance Standard – Summary Research and Analysis Report

This document supports the expectations of the Infection Control and Equipment Maintenance Standard. It provides a summary of the research that staff conducted on infection control and equipment maintenance, as well as the feedback gathered from relevant consultation groups. It separates the research done for infection prevention and control and for equipment maintenance, and then concludes with a table describing the intent and rationale for each expectation of the draft Standard. While the College is by no means an expert on these subjects, staff have relied on the credible research of other external organizations and the expert opinions received to ground the expectations for the draft Standard.

### Infection Prevention and Control

*This review does not represent all of the information available from the following sources on infection prevention and control. Rather, it provides a summation of the related knowledge gathered from each source that contributed to the development of the draft Standard.*

#### Literature review

##### Public Health Ontario (PHO) and PIDAC

Staff's initial literature search for evidence-based information on current infection control measures lead directly to Public Health Ontario and the Provincial Infectious Diseases Advisory Committee (PIDAC). Both of these organizations employ professionals that monitor new research and evolving trends in infection prevention and control information. They also create documents and tools to assist professionals and the public in ensuring that infection risks are minimized in the health care setting. PHO and PIDAC work with IPAC Canada, the Public Health Agency of Canada, and other international organizations to ensure that the information they make available to the public remains current.

PHO and PIDAC endorse the use of *Routine Practices* in all health care settings. The elements of routine practices are the risk assessment, hand hygiene, use of personal protective equipment, control of the environment, and administrative controls. These practices are based on scientific evidence that implementing these practices in an IPAC program will reduce the risk of infection transmission between patients and staff.

Before each interaction with a patient, PHO and PIDAC recommend that a risk assessment must be conducted. A risk assessment should take into consideration any risk factors that will affect the risk of transmission, including symptoms of infection, contamination of skin or clothing, and exposure to contaminated surfaces or body fluids. If there is a risk of transmission, intervention strategies such as hand hygiene and use of personal protective equipment should be implemented. Environmental controls include measures such as single room treatment areas, cleaning of equipment, and engineering changes for the health facility. Administrative controls capture the policies and procedures that educate staff on how to comply with the requirements for a successful IPAC program. Additional precautions such as strategic bed placement for infected patients or infrastructural changes to accommodate a specific group of patients are also

recommended when necessary. These routine practices are described in more detail in PIDAC's *Routine Practices and Additional Precautions in all Health Care Settings*.

### Infection Prevention and Control (IPAC) Canada

Infection Prevention and Control (IPAC) Canada provides a number of evidence-based guidelines, policies, and standards on their website that infection control professionals can use to support their IPAC programmes. It is recognized as a national leader in promotion and dissemination of best practice information on infection prevention and control. The College currently participates in a working group coordinated by IPAC Canada that aims to encourage sharing of IPAC knowledge between health regulators and other key stakeholders. Sources for IPAC Canada's guidelines include the Centers for Disease Control and Prevention (CDC) in the United States, the Public Health Agency of Canada, the Association for Professionals in Infection Control (APIC), and regulators across the country. IPAC Canada is a good one-stop source for the latest news, events and trends in best practice infection prevention and control.

### World Health Organization (WHO)

The WHO IPAC initiative assists its Member States with assessment, planning, implementation, and evaluation of national infection control policies. A major focus of the WHO is pandemic emergency preparedness as evidenced by their International Health Regulations and the Global Outbreak Alert and Response Network. With the emergence of life-threatening diseases such as SARS, Ebola, and Zika virus, health care settings need to maintain a culture of safe IPAC practices that can prevent the spread of infectious agents, especially when coping with outbreak situations. WHO has several resources on their website that provide guidance on hand hygiene, prevention and control of specific diseases such as influenza and tuberculosis, and the core components of IPAC programmes.

### **Case Law review**

After reviewing case law on infection control, staff discovered that there does not seem to be any decisions of the courts that would be relevant for the Executive Committee to consider in the context of the Infection Control and Equipment Maintenance Standard. The courts and the Health Professionals Appeals and Review Board have tended to confirm the decisions of regulatory Committees in determining the infection control requirements for their members.

### **Regulatory environment**

In recent years, the College of Physicians and Surgeons of Ontario (CPSO) has collaborated with Public Health Ontario and PIDAC to create a best practice document for infection prevention and control for clinical offices. This document prescribes the generally-accepted measures of routine practices, such as the risk assessment and use of personal protective equipment, and provides explicit legislative obligations for physicians under Ontario regulations.



The Royal College of Dental Surgeons of Ontario (RCDSO) has a similar document describing these same principles of routine practices as well as oral health care workers' responsibilities. The recommendations for an effective IPAC program in this document reflect that of Public Health Ontario and IPAC Canada. Most standards and policies of other regulators on infection control align with that of the CPSO and the RCDSO.

Earlier this year, the Population and Public Health Division (PPHD) of the Ministry of Health and Long-Term Care coordinated a meeting with several health regulators to establish a Knowledge Translation and Exchange Working Group where provincial bodies and regulatory colleges can have a forum to discuss IPAC issues. Since its inception in March, the College has participated in this working group and will continue to attend meetings to obtain insight on IPAC issues among health professionals and promote the sharing of IPAC information between regulators and the provincial government.

### Occupational Health and Safety Act

The Occupational Health and Safety Act (OHSA) establishes the rights and duties of all parties in the workplace and provides enforcement for the law when workers do not comply. The OHSA provides the roles and responsibilities for the employer, supervisor, and workers. It also gives workers three important rights, namely (1) the right to know about health hazards in their workplace and get information about how to protect their health, (2) the right to participate in identifying and solving workplace health and safety problems, and (3) the right to refuse work that they believe is hazardous to their health and safety. Preventing the transmission of microorganisms to staff is an occupational health and safety issue. Under the OHSA, employers are required to inform workers about hazards in the workplace and provide training on how to use, store and dispose of any equipment, substances and tools. Other health and safety measures include establishing a waste management and sharps disposal program, emphasizing proper hand hygiene and use of PPE, and appropriate reprocessing of equipment. Associated regulations under the OHSA include the *Needle Safety Regulation* and the Workplace Hazardous Materials Information System (WHMIS).

### **IPAC Specialist**

Staff conducted a phone interview with a physiotherapist who is a member of PIDAC and provides expertise on infection prevention and control. During the interview, the IPAC expert identified concerns about the current Standard, specifically the outdated resources and terminology. She recommended that IPAC routine practices (hand hygiene, use of PPE, cleaning and disinfecting of equipment, and additional precautions) be incorporated into the revised Standard using the relevant terminology that is now commonly used among professionals. She also commented that providing resources for physiotherapists to access best practice information on IPAC would be very helpful considering that infection control is not a topic specifically addressed in university PT programs. Lastly, she recommended that the College continue to participate in the IPAC working group to stay current on changes happening among IPAC experts, and to review the resources of the Standard yearly.

## Citizens' Advisory Group

Members of the Citizens' Advisory Group (CAG) were asked to complete a survey about topics of concern to the College. When asked what areas related to hygiene and infection control were of most concern to them, the survey participants said that handwashing and sanitation of equipment used by physiotherapists is most important to them. Cleaning beds in between patients and providing new linens for each treatment session were also mentioned as practices that made patients feel protected from possible infection transmission while receiving care. In general, the survey participants thought that the words "infection control" in the title were clear and descriptive enough for the expectations.

## Program Data

### Professional Conduct

Professional conduct data indicates that the College does not receive a large number of complaints about the infection control practices of members. There have been 7 related complaints received over the last five years and none of these cases warranted disciplinary action. The actions taken by the College ranged from education letters to no action by the Inquiries, Complaints and Reports Committee (ICRC). Despite the low number of complaints, it should not be ruled out that some members may not be meeting best practice infection control requirements in their practices. Public health units (PHUs) are typically the recipients of infection control complaints in health care facilities, and depending on the nature of the complaint, the College may not need to be involved in the PHU's investigation of a health care facility. Unless it is discovered during the PHU investigation that an individual health professional has concerning infection control practices, the regulatory College may not need to be involved in the investigation.

### Quality Assurance

During practice assessments, infection control issues are typically identified during the "Practice Issues" section of an assessor's evaluation. Question 2 of the assessment form asks the physiotherapist to describe the infection control measures in place and also how he or she maintains current information about evidence-based infection control. According to the Quality Assurance Manager, the biggest current issue identified is the incorrect use of single-use electrodes where some physiotherapists have been discovered using single-use gel pads on multiple patients. While these pads can be used by one patient during multiple treatments, hygienic use requires that gel pads not be shared between patients. The Quality Assurance Manager also suggests that members are in need of guidance around how to find current evidence-based information on infection control that is applicable to their practice setting.

### Practice Advice

According to the College's tracked practice advice questions last fiscal year, the practice advisors received a handful of infection control inquiries and most of the callers were referred to external organizations such as Public Health Ontario and the Ministry of Health and Long-term Care for more information. Some calls were from members asking for advice on providing care to patients with infectious diseases, while others were from patients who witnessed poor infection

control practices by a physiotherapist. The Practice Advisors commented that the Standard should be used to guide members to the resources that are applicable to their practice settings. Members want easy access to the information that is relevant to them and is practical for their working environment.

### Communications

The Communications department reports that although “infection control” is not a common search term amongst visitors of the College website, there is a relatively high click rate on infection control materials sent out in *Perspectives*. It was concluded that the membership finds infection prevention and control materials to be educational and interesting, especially when in the form of videos or interactive tools.

### Equipment Maintenance

#### **Environmental Scan**

Equipment used in physiotherapy practice is generally considered low-risk to patient safety. Common physiotherapy equipment includes TENS machines, ultrasound machines, exercise equipment, and hot packs. Typically, health facilities have a protocol in place to ensure that the equipment used is performing effectively, and this protocol can involve a number of people including the professional, a manager, maintenance officer, and/or the employer. The most appropriate and practical way to use and maintain equipment is in accordance with the manufacturers’ guidelines. Some manufacturers and companies that sell rehabilitation equipment may offer a repair service for their equipment and also provide instructions on how to use the equipment properly. Considering that documentation is a beneficial tool in practice used to prompt and verify action, having a written process for reviewing equipment maintenance and safety is particularly important for health professionals to ensure that the equipment is safe and effective.

The *Essential Competency Profile for Physiotherapists in Canada* requires physiotherapists as managers to anticipate, recognize, and prevent hazards in the physical environment, which includes infection prevention and control and equipment maintenance. Several regulators across the country have developed practice Standards to provide guidance on maintaining specific machinery and modalities used in practice. Some examples include the College of Physical Therapists of Nova Scotia’s Advisory Statement on Equipment Calibration and the College of Medical Radiation Technologists of Ontario’s Equipment and Materials Practice Standard.

#### **Program data**

During practice assessments, equipment maintenance issues are typically identified during the “Practice Issues” section of an assessor’s evaluation. Question 1 of the assessment form asks the physiotherapist to describe the process for the preventative maintenance and repair of equipment. According to the Quality Assurance Manager, the biggest current issue identified is the incorrect use of single-use electrodes. Members have also questioned how often they should

check the equipment used on patients to ensure that it is in good condition. The answer to this will vary based on the type of equipment and the manufacturers' guidelines, and therefore, the draft Standard requires members to routinely check the maintenance and safety of their equipment and to have a written process to verify that the equipment was checked.

### **Equipment maintenance expectation from the Record Keeping Standard**

Currently, equipment maintenance is only addressed in the Record Keeping Standard, which requires physiotherapists to create records of inspection, maintenance and servicing of equipment. The intent of this expectation was to oblige members to ensure that the equipment they use is regularly maintained. In the Infection Control and Equipment Maintenance Standard, we directly addressed this issue by requiring members to ensure that the equipment they use is safe and to document routine checks of the maintenance and safety of the equipment.

### **Feedback from the OPA on the draft Standard**

Staff sent the Ontario Physiotherapy Association (OPA) a later draft of the Infection Control and Equipment Maintenance Standard and asked the OPA to provide feedback on the reasonableness and clarity of the expectations. Several of the OPA's recommendations were incorporated into the draft Standard:

#### *Section 2 Infection prevention and control*

- Removed "at a minimum" from the second sentence to prevent ambiguity around performance expectations
- Added "self" to the list of persons in the second bullet that would be at risk of infection and transmission
- Changed language in the third bullet from "monitor their use and effectiveness" to "monitored for use and effectiveness" to allow for circumstances where monitoring the effectiveness of IPAC protocols is the responsibility of someone other than the physiotherapist

#### *Current and generally-accepted infection prevention and control measures*

- Changed the third bullet to "cleaning, disinfecting and/or sterilizing equipment appropriately" to capture sterilizing techniques used in wound care
- Changed the words "single-room bed placement" in the fifth bullet to "single room treatment areas" to reflect the language used in private practice environments

However, some of the changes that the OPA suggested to the draft Standard were reflective of the College's former practices regarding the content of standards, or appeared to take the form of advice rather than expectations. Staff will monitor the questions received from members and the public about the Standard once it comes into effect to see if the additional suggestions of the OPA should be considered further. These suggestions included:

- Adding the word *prevention* in the title of the Standard
- Including additional infection prevention and control measures to the list in the draft Standard
- Defining the word “equipment” to ensure clarity about the term
- Adding specific expectations for how equipment should be maintained

If staff receives a threshold amount of questions about these aspects of the Standard, the College can respond to them through practice advice or other communication channels.

In general, the OPA thought it reasonable to incorporate expectations about equipment maintenance and safety into the draft Standard considering that there is no existing standard specific to equipment maintenance and safety. They commented that the related expectations in the Record Keeping Standard should be cross referenced to minimize confusion. However, these expectations have not been incorporated into the revised Record Keeping Standard for the same reason.

Lastly, the OPA suggested that the College update the guide to the Infection Control Standard and make it available to members with the release of the Standard. As with other Standards that have previously been revised and approved by Council, staff is recommending that the guide to the Infection Control Standard be rescinded if the Infection Control and Equipment Maintenance Standard is approved by Council. While the information in the guide is helpful, members will have many ways to access this information through the resources linked in the Standard. If additional information is needed in the future, the College can communicate this to members via *Perspectives*, FAQs or practice advice.

## Intent and Rationale for Standard Content

### Proposed Content

#### **1. Authority and responsibility**

Physiotherapists must identify and minimize any risks caused by infections or the use of equipment in their practice.

### **Intent and rationale**

As with most of our revised Standards, the authority and responsibility expectation in the draft Standard captures the overarching obligation for physiotherapists to meet this Standard. All other expectations that follow stem from this core expectation and describe how physiotherapists are expected to uphold it. The authority and responsibility expectation focuses on risks caused by infections and the use of equipment because it is the risk to patient health and safety that is the common factor between the two themes. The concept of risk management is one that Councillors have considered in the past as an approach to achieving the College's goals. The idea of the risk focus in this expectation is that by minimizing the risk of infection transmission and using faulty equipment, the probability of harm to patients by infections and poor equipment is reduced.

### Proposed content

#### **2. Infection prevention and control**

Physiotherapists must use current and generally-accepted infection prevention and control measures that are relevant to their practice setting. This requires physiotherapists to:

- maintain current knowledge of infection prevention and control measures,
- conduct a risk assessment before each patient interaction to determine the risks of infection and transmission among patients, self, other health professionals and staff,
- incorporate the appropriate infection prevention and control measures based on the risk assessment,
- ensure that written infection prevention and control protocols are established in their practice setting and monitored for use and effectiveness.

Current and generally-accepted prevention and control measures include:

- hand hygiene
- use of personal protective equipment (eg. gloves, gowns, masks, respirators)
- cleaning, disinfecting and/or sterilizing equipment appropriately
- safe management and disposal of waste and sharps

- any other additional measures that may be necessary, such as single room treatment areas or safe handling of soiled linen

### Intent and Rationale

The infection prevention and control section of the draft Standard requires members to use IPAC measures that are generally accepted as best practice for their particular practice setting. The list of requirements that follow describes the baseline measures that all practitioners should implement routinely. These requirements are based on best practice, evidence-based IPAC protocols as recommended by PHO, PIDAC, and IPAC Canada. The list of IPAC measures that follow describe the routine practices that are accepted as general best practice in infection prevention and control across all health care settings.

To assist physiotherapists in meeting this expectation, routine practices are explained in more detail in a few of the PIDAC documents under the Resources section of the draft Standard. PHO's Routine Practices Fact Sheet and Risk Assessment Tool are also referenced under the Resources section. The expectation to ensure that IPAC protocols are established and monitored in the practice setting is based on the obligations of the physiotherapist as described in the *Essential Competency Profile*.

During consultation for the Standard review, staff discovered that infection control is not a topic of focus in Ontario university programs and therefore, most practitioners would have learned about IPAC practices during their clinical placements and employment experiences. Considering that clinical experience in IPAC practices can vary based on the practice setting, there are consequently different degrees of awareness about IPAC best practices. This expectation will ensure that at a minimum, all physiotherapists, regardless of their background and experience, will be aware of current IPAC measures and have the tools to be able to implement them in their practice.

### Related Expectation(s) from the current Infection Control Standard

- Standard Statement: When providing professional services, registrants will ensure that they incorporate current, appropriate, and generally accepted infection control measures, policies and procedures.

A physiotherapist demonstrates the Standard by:

- #1. Maintaining current knowledge of evidence-based infection control protocols relevant to his or her professional practice.
- #2. Adopting appropriate infection control measures in his or her professional practice and monitoring their use and effectiveness to identify problems, outcomes and trends.
- #3. Ensuring that the infection control measures in his or her professional practices include, as a minimum, requirements for handwashing, use of protective barriers where appropriate, cleaning and/or sterilization of equipment facilities, and managing wastes, including sharps.
- #4. Ensuring that appropriate infection control prevention policies to promote the use of infection control measures in his or her practice are developed

and implemented

- **#5.** Ensuring that processes to update his or her infection control measures and policies are established based on considerations including: relevant changing environmental risk factors for infection and transmission, evolving knowledge, and trends in practice
- **#6.** Applying his or her knowledge, skills and judgement to conduct ongoing assessments of the degree of current risks of infection and transmission to patients, staff, colleagues and other health professionals based on considerations (list of consideration is provided)
- **#7.** Incorporating contact management protocols into his or her infection control measures when his or her risk assessment process supports it. This may include managing the interactions between patients, staff, colleagues and other health professionals

#### Proposed content

### **3. Equipment maintenance**

Physiotherapists must ensure that the equipment they use to provide patient care is properly maintained and safe. This means ensuring that the equipment is inspected, maintained, and serviced according to the health facility's policies, manufacturers' guidelines, and legislative requirements.

Physiotherapists must have a written process for routinely reviewing the maintenance and safety of the equipment they use, and be able to demonstrate that they did the review.

#### **Intent and Rationale**

The College currently lacks a Standard or policy that specifically addresses the need for physiotherapists to ensure that the equipment they use on patients is safe and effective. This Standard creates an opportunity to address that gap. Poorly maintained equipment can present a great risk of harm to patients, and this section emphasizes the physiotherapist's responsibility in reducing or eliminating that risk of harm.

In the current Record Keeping Standard, members are required to create records of inspection, maintenance and servicing of equipment to ensure that that the risk to patient harm is minimized. There is also a requirement to maintain these records for five years. These requirements have not been incorporated into the Infection Control and Equipment Maintenance Standard because often times in the health care setting, the maintenance of equipment records is outside of the physiotherapist's control. Staff resolved that requiring physiotherapists to ensure that the equipment they use is safe and to have a written process for reviewing the maintenance of equipment are reasonable expectations that members will have the ability to uphold in their practices.

#### **Related Expectation(s) from the current Record Keeping Standard**



- (Section 3 Comprehensive/Complete) Records of inspection, maintenance and servicing of equipment are created (where there is a risk of harm if the equipment is not properly maintained)
- (Section 5 Secure) Equipment records should be maintained for five years

### **Additional Information**

Expectations in the current Infection Control Standard not incorporated in the draft Standard	Reason for not incorporating the expectation
8. Ensuring that adequate resources are available to support appropriate infection control measures.	This expectation was viewed as more of an obligation of an employer rather than the professional.
9. Educating patients, staff, colleagues and other health professionals about the need for infection control and the minimum requirements for it.	This expectation requires physiotherapists to go over and above their obligations as professionals. It was not considered to be a minimum requirement to ensure the safety of patients.
10. Advocating for best practice in infection control to owners and operators of physiotherapy practices and to administrative staff in positions of decision-making authority	This expectation was not considered to be a minimum requirement to ensure the safety of patients. It requires members to go over and above their obligations as professionals.
11. Fostering awareness of immunization recommendations for common and/or easily preventable illness for patients, staff, colleagues and other health professionals, where appropriate.	This expectation was not considered to be a minimum requirement to ensure the safety of patients. It requires members to go over and above their obligations as professionals.

### **References:**

1. Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. 3rd edition. Toronto, ON: Queen's Printer for Ontario; November 2012.
2. Guide to the Occupational Health and Safety Act. Available from: <https://www.ontario.ca/document/guide-occupational-health-and-safety-act>
3. *The Essential Competency Profile for Physiotherapists in Canada, 2009*

# Infection Control

*College publications contain practice parameters and standards which should be considered by all Ontario physiotherapists in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.*

## Introduction

Appropriate infection control is an essential element of clinical practice management based on its critical importance to the health and safety of patients, practitioners and the broader community.

Knowledge of clinical infection control measures is continually growing and specific clinical advice continues to evolve. However, the basic principles underlying appropriate infection control practice embedded in professional expectations in this area remain constant.

This standard describes the College's expectations of registrants as they relate to the incorporation of appropriate infection control measures into their professional practices.

## Standard Statement

In the event of any inconsistency between this standard and any legislation that governs the practice of physiotherapists, the legislation governs.

When providing professional services, registrants will ensure that they incorporate current, appropriate, and generally accepted infection control measures, policies and procedures.

## Performance Expectations

A physiotherapist demonstrates the standard by:

1. Maintaining current knowledge of evidence-based infection control protocols relevant to his or her professional practice.
2. Adopting appropriate infection control measures in his or her professional practice and monitoring their use and effectiveness to identify problems, outcomes and trends.
3. Ensuring that the infection control measures in his or her professional practices include, as a minimum, requirements for:
  - handwashing
  - use of protective barriers, where appropriate
  - cleaning and/or sterilization of equipment and facilities
  - managing wastes, including sharps

4. Ensuring that appropriate infection control prevention policies to promote the use of the infection control measures in his or her practice are developed and implemented.
5. Ensuring that processes to update his or her infection control measures and policies are established based on considerations including:
  - relevant changing environmental risk factors for infection and transmission
  - evolving knowledge
  - trends in practice
6. Applying his or her knowledge, skills and judgment to conduct ongoing assessments of the degree of current risks of infection and transmission to patients, staff, colleagues and other health professionals based on considerations including:
  - the assessments or treatment interventions planned or conducted
  - the health conditions of patients being assessed or treated
  - the degree of infection risk currently present in the internal practice environment
  - the degree of infection risk currently present in the external practice environment
  - current best practice in infection control protocols relevant to his or her professional practice
  - the health and immunization status of people in the practice environment including him/herself, colleagues and patients
7. Incorporating contact management protocols into his or her infection control measures when his or her risk assessment process supports it. This may include managing the interactions between patients, staff, colleagues and other health professionals.
8. Ensuring that adequate resources are available to support appropriate infection control measures.
9. Educating patients, staff, colleagues and other health professionals about the need for infection control and the minimum requirements for it.
10. Advocating for best practice in infection control to owners and operators of physiotherapy practices and to administrative staff in positions of decision-making authority.
11. Fostering awareness of immunization recommendations for common and/or easily preventable illnesses for patients, staff, colleagues and other health professionals, where appropriate.

## Definitions

**Infection control:** Measures practiced by healthcare personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between patients, from healthcare workers to patients, and from patients to healthcare workers in the healthcare setting. As a minimum, these measures include proper hand hygiene, appropriate work practices, and use of personal protective equipment where required. Infection control measures instituted are based on how an infectious agent is transmitted and include standard, contact, droplet, and airborne precautions.

**Internal practice environment:** The physical location(s) where physiotherapy services are provided to patients. These physical locations can include hospitals, private practice premises, long-term care facilities and patients' homes in which physiotherapy services are provided.

**External practice environment:** The community in which the physiotherapist's internal practice environment exists. The external practice environment is any locale beyond the internal practice environment and may extend to municipal, provincial, national, or international borders depending on the nature of the infection risk being considered.

## Annotated List of Resources on Infection Control

As noted above, the literature on what is considered to be appropriate practice related to infection control measures continually evolves. As such rather than provide registrants with practice information that will be outdated as soon as it is published in a College standard, the College is offering the following annotated list of infection control resources. While this list is in no way complete, the use of resources such as these will ensure that registrants' infection control practice reflects the current evolving environment.

Please note that the website addresses are to the organizations rather than individual documents.

1. Community and Hospital Infection Control Association (CHICA). CHICA is Canada's association of infection control professionals. It's goal is to prevent infections and improve patient care and staff health in hospitals, other health care facilities, and the community. It undertakes this by:
  - initiating and coordinating effective communication and cooperation among all disciplines united by infection control activities
  - supporting and/or developing effective and rational infection control practices
  - standardizing infection control practices
  - promoting research in areas related to infection control
  - promoting and facilitating infection control education for both infection control practitioners and other personnel working in hospitals, nursing homes and related institutions

CHICA's website provides an extremely useful set of links and resources on infection control matters. In particular, its resources on antibiotic-resistant organisms, hand hygiene and medical gels will be useful to many physiotherapists. Its links to an extensive list of evidence based guidelines on infection control issues will also be very useful to physiotherapists who wish to establish appropriate infection control practices. See <http://www.chica.org> for more information.

2. The Association for Professionals in Infection Control and Epidemiology (APIC) is CHICA's counterpart in the U.S. It has a similar mandate and it is also heavily involved in promoting knowledge of appropriate infection control practices through education, research, collaboration, public policy, practice guidance and credentialing.

APIC's website, which contains a wide variety in infection control related materials such as position statements, standards, and guidelines is another valuable resource for physiotherapists wishing to incorporate appropriate infection control practices into their activities.

See <http://www.apic.org> for more information.

3. Public Health Agency of Canada. The Government of Canada's Public Health Agency is an important resource on infection control and other public health matters for all health professionals. The Agency's focus is increasing the effectiveness of efforts to prevent chronic diseases, like cancer and heart disease, prevent injuries and respond to public health emergencies and infectious disease outbreaks.

The Agency's website collects a number of important infection control resources into one easily accessible place. Among the useful tools available are the following:

- The Infectious Diseases section which provides current information on a wide variety of infectious diseases in both Canada and elsewhere in the world.
- The Advisories/Warning section which provides current updates on the status of a number of diseases.
- The Canada Communicable Disease Report (CCDR). Visitors can sign up to receive e-mail updates on the CCDR or review past issues of the CCDR online. The posted issues include important publications such as:

Supplement: Hand Washing, Cleaning, Disinfection and Sterilization in Health Care, December 1998;

Supplement—Infection Control Guidelines. July 1999

See [http://www.phac-aspc.gc.ca/new\\_e.html](http://www.phac-aspc.gc.ca/new_e.html) for more information

4. Ontario Ministry of Health and Long Term-Care. The MOHLTC is the branch of Ontario's government that is responsible for health in the province. The MOHLTC website is another useful resource for health professionals who need to keep abreast of infection control matters. The sections of the website that are most relevant in this context are the Patient Safety resources and Health Bulletins area.

These sections contain information in areas such as:

- Diseases that are currently a matter of concern (e.g. Clostridium difficile, SARS)
- Hand hygiene
- Reports of the Provincial Infectious Diseases Advisory Committee (PIDAC) including Best Practice Manuals, Fact Sheets and important health notices (now available on Public Health Ontario website [www.oahpp.ca](http://www.oahpp.ca)).
- Important health updates

See <http://www.health.gov.on.ca/index.html> for more information.

5. The Centres for Disease Control and Prevention in the United States is another very valuable resource for health professionals interested in infection control matters. The CDC website contains two sections that are particularly relevant in this context:
  - The first is the section for Healthcare Providers.
  - The second is the section for Public Health Professionals

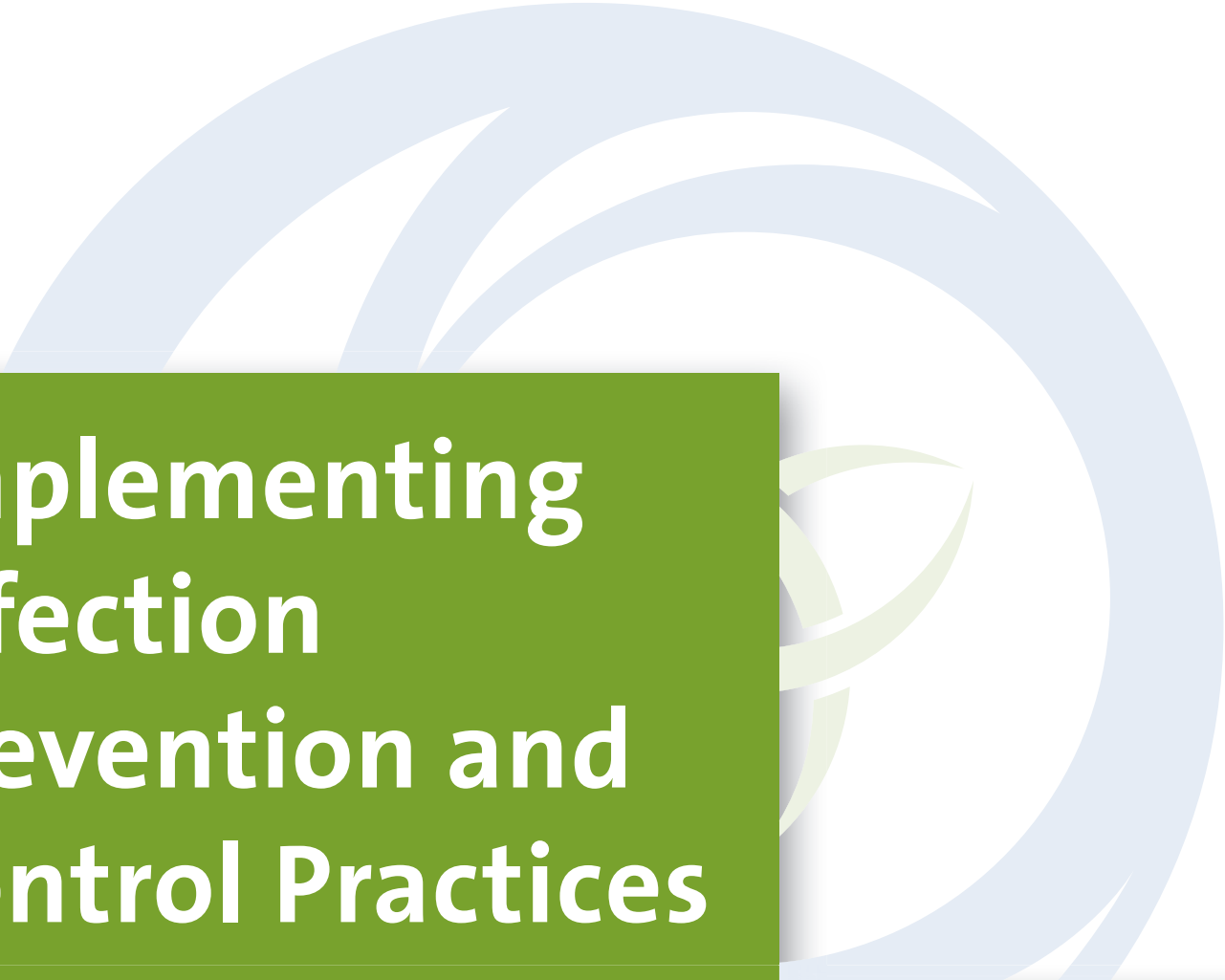
Both of these sections reference a wide variety of different guidelines and fact sheets pertinent to infection control matters. One that is very useful for practitioners wishing to incorporate appropriate infection controls into their practices is Guidelines for Environmental Infection Control in Health-Care Facilities. See <http://www.cdc.gov/about> for more information.

## References

Essential Competency Profile for Physiotherapists in Canada, October 2009

**Date Approved:** November 2005

**Updated:** January 2007, January 2009, June 2012



# Implementing Infection Prevention and Control Practices

*Guide to the Standard  
for Professional Practice*

# Implementing Infection Prevention and Control Practices

## Introduction

As health professionals registered to practice in Ontario, physiotherapists have a responsibility to provide safe, quality care. This includes implementing appropriate infection prevention and control practices. The College's expectations for registrants with respect to infection, prevention and control are defined in the Standard for Professional Practice: Infection Control.

To assist physiotherapists in meeting the performance expectations outlined in the Standard, some key elements have been highlighted in the form of a checklist. This list is not exhaustive but rather is intended to provide physiotherapists with an optional tool that can be used to facilitate the application of the Standard into clinical practice. The checklist should not be used in isolation as the Standard provides additional information and there may also be legislative or employer requirements that are not covered in the checklist.

Although the checklist is based on the basic principles underlying appropriate infection control measures, best practice information in this area is continually evolving. For the most up-to-date and accurate information, registrants are encouraged to contact the experts in this area. The Standard for Professional Practice: Infection Control offers an annotated list of resources on infection control. While this list is in no way complete, using resources such as these will ensure that registrants' infection control practices reflect the current evolving environment.

The information in the checklist was adapted from a document titled "Routine Practices and Additional Precautions in all Health Care Settings" available on the Ontario Agency for Health Protection and Promotion (OAHPP) website at [www.oahpp.ca](http://www.oahpp.ca). This document provides details on how to implement the steps outlined in the checklist for all health care settings and includes information on how to:

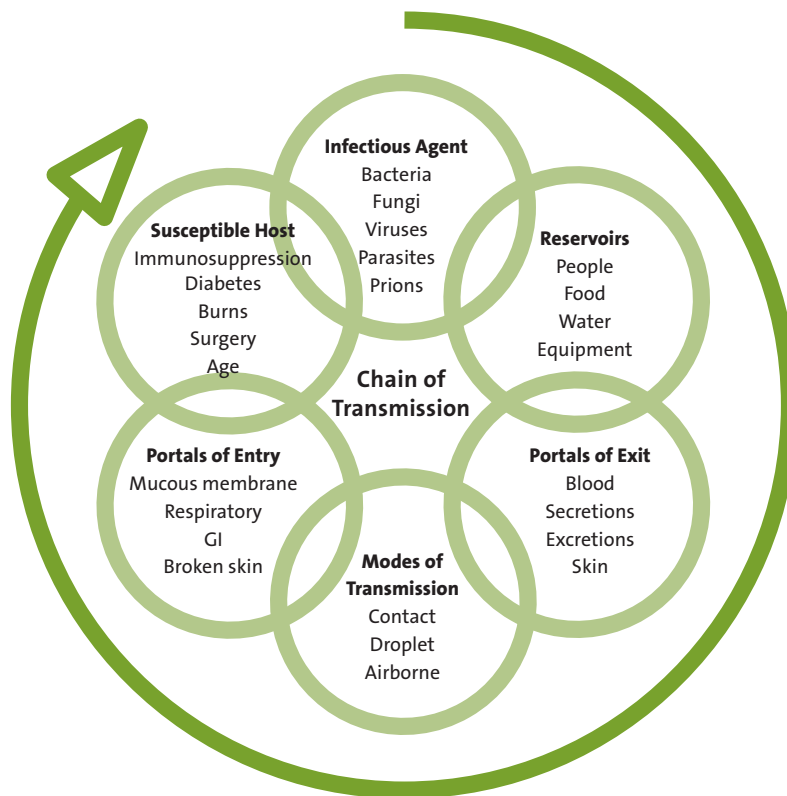
- determine and use appropriate barrier equipment
- clean, disinfect and sterilize equipment and the environment
- manage waste
- understand the concepts and applications of routine practices
- determine why and when to use additional precautions
- understand the elements for contact precautions, droplet precautions and airborne precautions

The "Routine Practices and Additional Precautions in all Health Care Settings" document also provides decision-making algorithms, sample signage and other valuable tools. We urge you to visit their website for more information at [www.oahpp.ca](http://www.oahpp.ca).



## How Infections Are Spread<sup>1</sup>

Infections are caused by microorganisms like bacteria and viruses and can be spread or transmitted from one person to another. An understanding of how infections are spread is essential to improving infection control practices. In one simple model, the transmission of microorganisms and infections within a health care setting is likened to a chain. Each link of the chain represents a factor related to the spread of microorganisms. There are six factors or links in the chain and transmission cannot take place unless all six links are present (see Figure 1).



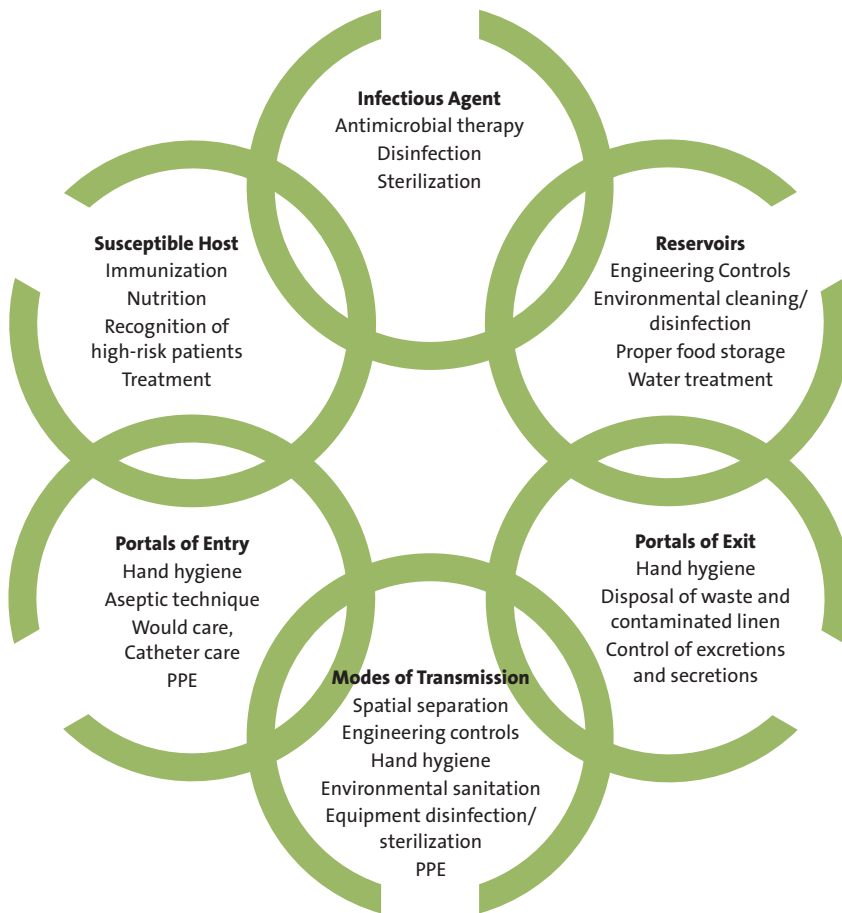
**Figure 1: Chain of Transmission**

Transmission occurs when an **infectious agent** in a **reservoir** exits the **reservoir** through a **portal of exit** and travels via a **mode of transmission** to a **susceptible host** to gain entry through a **portal of entry**.

<sup>1</sup> Adapted from the Ontario Ministry of Health and Long-Term Care/Public Health Division/Provincial Infectious Diseases Advisory Committee, Toronto, Canada, January 2009

## Preventing the Spread of Infection

Disrupting the chain of transmission will prevent the spread of infection. In other words, if any one of the links is eliminated, the chain is broken and transmission does not occur (see Figure 2).



**Figure 2: Breaking the Chain of Transmission**

Transmission may be interrupted when:

- the infectious agent is eliminated, inactivated or cannot exit the reservoir
- portals of exit are eliminated through safe practices
- transmission between objects or people does not occur due to barriers and/or safe practices
- portals of entry are protected
- hosts are not susceptible

One of the most effective means of preventing the transmission of infection is through the use of Routine Practices. Routine Practices means that all patients/clients/residents are treated as potentially infectious and the same safe standards of practice are used routinely with all patients/clients/residents. Health care providers are expected to adopt Routine Practices to prevent the spread or transmission of infections.

For more information on the chain of transmission and Routine Practices, visit the Ontario Agency for Health Protection and Promotion (OAHPP) website at [www.oahpp.ca](http://www.oahpp.ca).

## Steps to Follow to Incorporate Appropriate Infection Prevention and Control Strategies into Daily Practice

**Develop an understanding of how infectious agents are transmitted—see the “Chain of Transmission”—and consider the application to your practice setting.**

- Do you know the infectious agents and modes of transmission likely to be encountered in your practice setting?
- Can you identify portals of entry/exit and susceptible hosts common to your patient population?
- Which reservoirs need special attention in your practice setting?

**Assess the risk of exposure before every patient encounter and identify strategies to reduce exposure and prevent transmission**

- Do you know how to assess risk and what to screen patients for?
- If a potential exposure or transmission risk is identified, do you know what steps to take?
- Do you understand the difference between contact precautions, droplet precautions and airborne precautions? Do you know the protective equipment required for each precaution type?
- Have you considered alternate booking or triaging arrangements to reduce risk for vulnerable patients?

**Institute routine precautions with every patient**

- Do you understand what routine precautions are? Is the appropriate barrier equipment available? Do you know how to use and dispose of equipment?

**Implement additional precautions as needed based on the risk assessment**

- Do you understand what additional precautions means in your practice? Is the appropriate barrier equipment available? Do you know how to use and dispose of equipment?
- Can information on additional precautions be accessed and implemented quickly and easily when the need arises?

**Devote appropriate resources to infection prevention and control**

- Has housekeeping staff received appropriate information and training on how equipment and environmental surfaces are to be cleaned / disinfected / sterilized?
- Have you considered all equipment (i.e. not only in the clinical practice environment but also in waiting areas, restroom facilities etc)?
- Is there an understanding of how soiled linens, sharps and other wastes should be handled?
- Are special storage facilities or private rooms needed?
- Are the relevant policies and procedures updated regularly and readily available?
- Is there a mechanism in place to receive updated information, best practice advice and guidance from organizations such as the MOHLTC and Public Health Agency Canada (PHAC)?
- Do you measure compliance with infection prevention and control strategies?

**Ensure appropriate access, supply and use of personal protective equipment (PPE)**

- Do you know how to select, put on, remove and dispose of PPE?

**Ensure good hand hygiene for all**

- Are the appropriate products, techniques, education and signage available for patients as well as staff?
- Have patients and staff received appropriate information and instruction?

**Consider your own health**

- Are you at risk for spreading an illness? Are your immunizations up to date?  
Do you stay home when you are unwell and infectious?

July 2012



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 10.0**

**Council Meeting  
September 28-29, 2017**

**Agenda #10: Record Keeping Standard**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the proposed Record Keeping Standard and rescind the Record Keeping Guide and Checklist effective November 1, 2017.

<b>Meeting Date:</b>	September 28-29, 2017
<b>Agenda Item #:</b>	10
<b>Issue:</b>	Record Keeping Standard
<b>Submitted by:</b>	Joyce Huang, Policy Analyst

**Issue:**

Staff have reviewed and updated the Record Keeping Standard, and are putting forward a proposed updated Standard for Council's consideration and approval.

The Executive Committee considered the proposed Record Keeping Standard, and recommends that Council:

1. Approve the proposed Record Keeping Standard with an effective date of November 1, 2017, and
2. Rescind the Record Keeping Guide and Record Keeping Checklist as of November 1, 2017.

**Background:**

One of the College's ongoing projects is to review and update the Standards of Practice to ensure they are relevant in today's practice environment, and helpful to members and other stakeholders. As part of that process, it is also intended that as the Standards are reviewed, the accompanying Guides would be phased out. The goal is for all of the expectations to be contained in the Standard itself. Any additional information will be provided as practice advice in response to real demand for the information.

For the Record Keeping Standard specifically, the goal of the review was to ensure that the Standard offers the appropriate guidance to physiotherapists and all other stakeholders. Other considerations included the appropriate balance between high-level requirements and a list of specific required content, and the degree of consistency with record keeping rules of other health professions.

In order to assess the appropriateness of the existing content, and what changes might be needed, staff considered information from a variety of sources, including:

- Using College program data to identify common issues and questions regarding record keeping
- A scan of standards of other health professions in Ontario to identify similarities and differences in the requirements
- A scan of the literature and case law for any insight about best practices for record keeping in health care
- Input from stakeholder groups including College staff, members, the Citizens Advisory Group, and the Ontario Physiotherapy Association about the clarity and utility of the Standard, and impacts on practice.

**Highlight of Research Findings:**

Detailed information about the research findings can be found in Appendix 2. Here is a highlight of key findings from the research:

- College program data showed that the most common issue in record keeping is the inadequate documentation of relevant clinical information to allow the physiotherapist to monitor the patient's progress and determine the need for future care. Related to that, in many cases the physiotherapist's records are not able to demonstrate clinical reasoning. Inadequate records about discharge planning and consent have also come up.
- Staff compared the College's record keeping requirements with requirements of 14 other regulated health professions in Ontario (the professions that members reported working with on their renewal questionnaire). There is a high degree of consistency across the professions in terms of the intent and the high level expectations for record keeping. Where the standards of the different professions differ tend to be in the amount of detail or degree of specificity in the requirements for content and methods for record keeping. In most cases, the requirements in the College's standard tended to be more detailed and specific compared to the others.
- The academic and professional literature about record keeping in healthcare reaffirms the principles that underlie our Record Keeping Standard. The literature highlights that the primary purpose of health records is to record information about patients and their care to allow the delivery of optimal care. There is also empirical evidence which show that the quality of health records may be related to the quality of the care. The best practices summarized in the literature are consistent with the requirements in the College's standard.
- Staff reviewed cases from the Health Professionals Appeals and Review Board (HPARB) and from divisional court. The courts have reaffirmed the important relationship between good record keeping and good practice in healthcare. The courts and the Board have tended to defer to the expertise of Committees to determine the specific record keeping requirements for their members.
- Feedback from the different stakeholder groups suggest that overall, they find the proposed Standard to be clear, specific, and complete, and will help members comply with the requirements. There were a number of suggestions for simplifying and streamlining the content, and making certain expectations more clear, which staff incorporated into the proposed Standard. Other comments raised questions about the application of the requirements in specific practice scenarios, or the potential need for additional guidance. Staff believe that those questions can be addressed through practice advice.

**Highlight of Changes in the Standard:**

After the initial research, staff determined that the existing expectations in the current Standard seem to be appropriate and relevant. The existing content appears to address the issues and questions that come up in the College's different program areas, is generally consistent with requirements of other health professions, and is supported by the literature and case law. As such, much of the content in the proposed Standard is a re-packaging of expectations in the current Standard, with some content incorporated from the Guide and Checklist to provide greater clarity.

There are a few notable changes in the proposed Standard:

- The proposed Standard includes a brief introductory section that highlights why good record keeping is important for the delivery of safe and effective patient care. In many decisions from the ICR and Discipline Committees, the panel has felt the need to emphasize the importance of keeping good records in order to provide the ability to track the patient's progress, determine future care needs, and give evidence of and rationale for the care provided. The content in this section mirrors that messaging.
- In the section about requirements for clinical records, statements that articulate high level principles and intended outcomes of having clinical records were added to complement the specific content requirements. This is in response to common themes in record keeping deficiencies, including the lack of sufficient detail in information relevant for patient care, and that records do not contain information that support the physiotherapist's rationale for the care.
- A few specific requirements were added, some are incorporated from the Guide and Checklist, and some are in response to issues identified in the program data. Those requirements include:
  - more details about how to document consent: the fact that consent should be ongoing and should involve a discussion with the patient, and the different elements of consent that should be documented
  - more details about what should be documented in the discharge summary
  - that records should clearly indicate who made the entries in the record
  - more detailed content requirements for financial records.
- The requirement that physiotherapists periodically review their records was removed from the Standard. Feedback from College staff noted that there is limited value in requiring physiotherapists to review records that they created. There is value in requiring physiotherapists to ensure records created by those who provide care under their supervision meet the requirements in the Standard, however that requirement is now captured in the new Supervision Standard. Therefore they suggested that the requirement can be removed from the Record Keeping Standard.
- The requirement that physiotherapists maintain records about equipment maintenance was removed from the Record Keeping Standard. Data from the College program areas indicate that members often lack understanding about the need to have equipment maintenance records, because there was no corresponding requirement to actually do the equipment maintenance. Staff believe that the intention is for physiotherapists to ensure that the equipment they use in their practice is properly maintained to minimize the risk of harm to patients. Staff suggest that it would be more helpful to address that issue directly with a requirement to maintain equipment, rather than to do it indirectly through a requirement to keep equipment maintenance records. The requirement to maintain equipment is now captured in the proposed Infection Control and Equipment Maintenance Standard. Staff proposed the same effective date for the Record Keeping Standard and the new Infection Control and Equipment Maintenance Standard, to ensure continuity in our rules.



**Executive Committee Recommendation:**

The Executive Committee reviewed the proposed updated Record Keeping Standard, and the supporting research and rationale, and recommends that Council approve the proposed updated Standard.

**Decision Sought:**

That Council:

1. Approve the proposed Record Keeping Standard with an effective date of November 1, 2017, and
2. Rescind the Record Keeping Guide and Record Keeping Checklist as of November 1, 2017.

**Attachments:**

- Appendix 1: Proposed Record Keeping Standard
- Appendix 2: Record Keeping Standard – Summary of Research Findings
- Appendix 3: Standard for Professional Practice: Record Keeping (2007)
- Appendix 4: Record Keeping Guide (2013)
- Appendix 5: Record Keeping Checklist (2013)

## **Appendix 1: Proposed Record Keeping Standard**

*Note: The suggested hyper-links in this document are not live links, they are for illustration purposes only.*

### **Record Keeping Standard**

#### **The purpose of record keeping**

Clinical records are important communication tools that allow the physiotherapist and others to track the patient's past and current status, determine future care needs, give evidence of the care provided, collaborate when providing care, and transfer a patient's care smoothly. Good record keeping enhances outcomes and safety for patients.

Physiotherapists also keep records for other purposes, such as to demonstrate that they are accountable to patients, payers, the College, and other health care providers, and to meet any reporting requirements required by law or by organizations.

The requirements in this Standard apply to records in any medium, such as paper, electronic, audio, video, and photographs.

#### **1. Responsibility and accountability**

Physiotherapists must maintain clinical records about their patients, and other records that are required by [the College<sup>1</sup>](#), by law, or by other organizations.

#### **2. General requirements for all records**

Records must be well organized, understandable, and accurate.

##### **Well organized:**

- Entries must be dated.
- Late entries must include both the date of the item being recorded and the date the entry was made.
- The person who made the entry must be identified by name and job title, or by a unique identifier.

##### **Understandable:**

- Entries must be legible.
- Specialized terms, short forms, and diagrams must be understandable to anyone who may be involved in the care. This can be done by defining the terms, short forms, and diagrams in the record, or having a list of definitions available.
- Records must be in either English or French.
- Records must use appropriate, respectful, and non-judgmental language.

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<sup>1</sup> Hyper-link to a list of other College Standards that also have record keeping requirements.

**Accurate:**

- Information must be entered within a reasonable time period.
- Entries must be permanent. That means there must be a way to ensure that content is not lost or deleted.
- If there are additions or corrections, the original content must remain readable. Indicate who made the addition or correction, the date, and the reason for the addition or correction.
- If there are significant changes in the patient's condition or relevant new information is received, this must be entered as updated information.

**3. Requirements for clinical records**

Information in clinical records must support physiotherapists' rationale for the care that they provide.

Clinical records must contain objective data, evidence, and outcome measures whenever possible and appropriate. They should also include information to help anyone who may be involved in the care interpret the data or measure where necessary.

Clinical records must contain relevant information about a patient's care in enough detail to allow another health provider to assume care of the patient or to follow the plan of care.

Information that is relevant to a patient's care includes, but is not limited to:

- unique identifiers for the patient and for all providers involved in that patient's care
- information about the patient: demographic information, health, family, and social history, and patient-reported subjective data
- discussions with the patient to obtain ongoing consent to assessment, treatment, and involvement of other care providers
- care refusals
- the date of every patient encounter, including missed appointments
- results of tests, investigations, assessments, measures, and any reports received regarding the patient's care
- details about analysis, diagnosis, patient goals, treatment plan, and treatments performed
- progress notes, outcomes, reassessments, and resulting changes to the treatment plan
- details about any care that has been assigned to another person, or care provided collaboratively with other health providers, including consultations and correspondence
- discussions and communications with the patient including instructions, recommendations and advice
- referrals and transfers of care to another health care provider, and any reports sent regarding the patient's care
- discharge summaries including reassessment findings, reason for discharge and other recommendations.

**4. Requirements for financial records**

Physiotherapists who charge [fees<sup>2</sup>](#) for the care, service, or product provided must ensure there are financial records that contain:

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<sup>2</sup> Hyper-link to the Fees, Billing and Accounts Standard.

- the name of the patient
- the name of the physiotherapist, [physiotherapist assistant](#)<sup>3</sup>, and others who provided care under the physiotherapist's [supervision](#)<sup>4</sup>
- date of service
- a description of the care, service, or product provided
- amount of the fee for the care, service or product
- any payment received.

## 5. Record retention

Clinical and financial records must be retained for at least 10 years from the **later** of the following two dates:

- the date of the last patient encounter, or
- the date that the patient reached, or would have reached 18 years of age.

It must be possible to retrieve and reproduce a complete clinical and financial record for each patient throughout the retention period.

## 6. Privacy requirements

Physiotherapists must comply with all legislation that protects the confidentiality of personal information and personal health information. The [Personal Health Information Protection Act](#)<sup>5</sup> (PHIPA) sets out the duties physiotherapists have as either Health Information Custodians (HIC) or agents of a Health Information Custodian.

Here are some of the requirements in the *Personal Health Information Protection Act*:

- Physiotherapists must maintain patient confidentiality in the course of collecting, storing, using, transmitting and disposing of personal health information. Examples of secure storage and access include physical controls such as locks, and electronic controls such as passwords and encryption.
- Patients must know who has custody and control of their personal health information (the Health Information Custodian) and how their personal health information will be managed.
- Physiotherapists must obtain and record patient consent before disclosing a patient's personal health information to someone who is not a health provider involved in the patient's care.
- Physiotherapists must ensure that those who have the authority or patient consent can access a patient record in a timely way. A [reasonable fee](#)<sup>6</sup> may be charged for providing the record.

The College's [privacy resources](#)<sup>7</sup> provide more detailed information about privacy requirements.

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<sup>3</sup> Hyper-link to the Physiotherapist Assistants Standard.

<sup>4</sup> Hyper-link to the Supervision Standard.

<sup>5</sup> Hyper-link to "PHIPA: Guide for Regulated Health Professionals".

<sup>6</sup> Hyper-link to information on the Information and Privacy Commissioner's website: "Is there a fee associated with an access request?"

<sup>7</sup> Hyper-link to the College's privacy resources.

## **Appendix 2: Record Keeping Standard – Summary of Research Findings**

### **1. College Program Data**

#### *Professional Misconduct data*

The professional misconduct team shared their observations about record keeping issues and their experience using the current Standard. They noted that record keeping comes up in many professional misconduct cases. Even though the main concern in many of those cases are not about record keeping, because the investigators often rely on a member's records when investigating the concern, record keeping deficiencies are discovered as a result. The professional misconduct team also noted that the current Standard is specific, clear and comprehensive, which is particularly helpful when they are writing case decisions.

They also offered some observations about the common record keeping issues they have encountered:

- Often physiotherapists do not include enough detail about consent, and ongoing consent is often not documented. The team observed that based on previous discussions and decisions, Committees seem to believe that there is a need to document the details about consent. They also suggested that it may be helpful for the Standard to be more specific about the required elements when documenting consent. This suggestion was incorporated into the content of the proposed Standard.
- Another common issue is that physiotherapists' records do not clearly document the connection between objective and subject data, clinical reasoning, and treatment plans. Staff in the Quality Assurance program have also made the same observation. The professional misconduct team suggested that it would be helpful to clearly articulate this requirement in the Standard. In response, staff added an expectation in the proposed Standard about the need for information in clinical records to support a physiotherapist's rationale for the care provided.
- In many cases the records lack sufficient detail about the discharge planning, particularly the reason for discharge. The current Standard does not specify that discharge summaries should include the reason for discharge. In response, staff added this specific requirement to the proposed Standard.
- Some records lack evidence of a reassessment, even though there is evidence that the treatment plan had changed.
- Some records lack progress notes, or have very few progress notes despite a long period of treatment.
- In some cases the accuracy of notes is called into question because they were not entered in a timely manner.

The data from recent ICRC and Discipline Committee cases show similar trends. By far the most common issue in those recent cases is the inadequate documentation of relevant clinical information to allow the physiotherapist to monitor the patient's progress and determine the need for future care. Inadequate records about discharge planning and consent are also common.

In many of the decisions, the Committee has felt the need to emphasize the importance of keeping good records which is to provide the ability to track the patient's progress, determine future care needs, and

give evidence of and rationale for the care provided. As such, staff included an introductory section in the proposed Standard that contains similar messaging to highlight the importance and purpose of good record keeping.

#### Quality Assurance Peer Assessment data

Based on data from the Quality Assurance program, record keeping has consistently been the most common practice issue identified in peer assessments since the inception of the Quality Assurance program.

The majority of the record keeping issues identified in peer assessments are already addressed in the current Record Keeping standard, including:

- The need to document that consent was obtained for assessment, treatment and the involvement of assistants
- The need to identify who delivered the care
- The need to document patient goals
- The need to document analysis and diagnosis
- The need to include sufficient details about the treatment provided
- The need to document the results of a reassessment
- The need to document a discharge summary
- Records should be legible
- Abbreviations should be defined
- The Health Information Custodian (HIC) should be identified
- Records should contain unique identifiers for the patient
- The requirement to keep equipment maintenance records

The only issue found in the QA data that does not seem to be explicitly addressed in the current Standard is the need for records to clearly identify who made the entries. In response, staff added this requirement to the proposed Standard.

#### Practice Advice data

Based on an analysis of recent practice advice questions, the majority of the record keeping questions seem to be addressed by the current Standard, or are additional guidance and advice about expectations in the Standard. Because all practice advice questions are tracked, the College has the ability to identify potential gaps in the Standard or the need to provide additional guidance based on the volume of questions we receive in the future.

## **2. Comparison with Record Keeping Standards of Other Ontario Colleges**

One of the goals in reviewing the content of the Record Keeping Standard is to aim for consistency with standards for other health professionals. This is based on the recognition that differences in record keeping standards could be a barrier to interprofessional collaboration in the workplace. The College had done some work previously to address this concern, through the collaboration with other rehab

professional colleges to create the Interprofessional Record Keeping Resource (<https://healthregcollaborativepractice.com/>).

For the review of the Record Keeping Standard, staff looked at the record keeping standards for 14 other regulated health professions in Ontario. Staff used the Interprofessional Record Keeping Resource as the basis, and also looked at record keeping standards of other health professionals that members reported working with.

In terms of the intent and the high level expectations for record keeping, there is a high degree of consistency across the professions that we looked at. Namely, all of the standards that we looked at required that:

- Records are accurate, legible and comprehensive
- Clinical records contain all relevant information about the patient's care, including consent; initial intake, information gathering and assessment; analysis, diagnosis and clinical impressions; care, treatment and interventions; reassessment and progress; and discharge and discontinuation of care
- Every contact or professional encounter with each patient is recorded
- Professionals comply with the requirements in the *Personal Health Information Protection Act* (PHIPA) when they collect, use, disclose, correct or destroy patient records, and they must maintain the confidentiality of records throughout the retention period
- Professionals keep financial records
- Clinical and financial records be kept for a minimum of 10 years after the last patient encounter, or after the patient turns 18, whichever is later

Where the standards of the different professions differ tend to be in the amount of detail or degree of specificity in the requirements for content and methods for record keeping. In most cases, the requirements in our College's standard tended to be more detailed and specific compared to the others, with some exceptions.

### **3. Literature Research**

The academic and professional literature about record keeping in healthcare reaffirms the principles that underlie our Record Keeping Standard.

Many of the articles highlight that the primary purpose of health records is to record information about patients and their care, which provide clinical staff caring for patients with the information needed to deliver optimal care in the present or future.

The research also found evidence that the quality of health records may be related to the quality of the care. In one study, analysis of empirical evidence showed that the timely documentation of discharge summaries was positively correlated with patients' perception about the quality of care, suggesting that the information transfer at discharge can affect continuity and safety. Another study found that inadequate patient information in the medical record was positively correlated with the occurrence of adverse events, leading the authors to suggest that the quality of the recorded information in patient records may be a predictor of the quality of care.

There was also research done in Canada on the public's perceptions about personal health information. That research found that Canadians increasingly see the importance for healthcare providers to have easy access to patient information for the delivery of health care, and at the same time, they place enormous premium on the necessity for safeguards to be in place to protect their health information.

Some professional literature also summarize the best practices for record keeping based on the experience in their profession. Those best practices are consistent with the requirements in our Record Keeping Standard.

#### **4. Case Law Research**

Staff looked at a number of record keeping cases reviewed by the Health Professionals Appeals and Review Board (HPARB). The cases reaffirmed several high level principles about health record keeping which are consistent with our College's record keeping requirements. Those principles include:

- It is important for health records to include sufficient information to demonstrate clinical reasoning that would support the treatment plan.
- It is important that health records include complete and detailed information about the care that was provided to the patient.
- Health records should include details about informed consent discussions and discussions with the patient about their care.
- Health professionals must protect the confidentiality of their patient records.
- Health records should be legible and well-organized.

Staff also reviewed two Divisional Court cases about record keeping issues of health professionals. In both cases the Courts reaffirmed the important relationship between good record keeping and good medical practice, because record keeping is part of patient management, and poor record keeping may put patients at risk. The Courts tended to defer to the expertise of the Committees in determining specific record keeping requirements for their members.

#### **5. Stakeholder Feedback**

Staff sought input and feedback from different stakeholder groups to ensure that the proposed Standard is relevant, clear, and complete. Below is a summary of the feedback from the different stakeholders, and any resulting changes to the Standard content based on the feedback.

##### **Patient Comments**

The College reached out to members of the Citizens Advisory Group to find out what patients would expect to see in their health records, and if they have any concerns when it comes to their health records.

The respondents indicated what information they would expect to be included in their health record. All of the information they expect to find in their health records correspond to required content in the proposed Standard.



Most of the respondents reported that they do not have any concerns about their health records. A few respondents did express concerns about the confidentiality of their health information, their ability to access their records, and ensuring that the information in the record is accurate and current. All of those concerns are addressed by expectations in the proposed Standard.

### Feedback from College Staff

The policy staff shared an earlier draft of the proposed Standard with College staff from the different program areas, and asked them to test the draft Standard against real cases or questions that they have encountered. The goal was to ensure that the draft Standard can address the cases and questions that the College receives.

The staff feedback resulted in the following changes, which are reflected in the proposed Standard:

- Staff noted that the existing requirement for physiotherapists to periodically review their records may not be necessary. They noted that there is limited value in requiring physiotherapists to review records that they created, since they have direct control over that information, and the records themselves will show whether it does or does not meet the requirements in the Standard. They do believe that it is necessary for the physiotherapist to review information entered by someone who is providing care under their supervision to ensure it meets the Standard, however this requirement is now included in the new Supervision Standard, which came into effect recently. Therefore they believe that the requirement can be removed from the Record Keeping Standard.
- Staff noted that the draft Standard was quite long, and they suggested a number of ways to streamline the content so that it is shorter and easier to read, while still capturing the same intent.
- Staff also noted specific words or phrases in the draft Standard that may be misunderstood by members and other users of the Standard. They suggested alternatives that would improve clarity and comprehension.

### Comments from the Ontario Physiotherapy Association

Staff shared an earlier draft of the proposed Standard with the OPA and sought their feedback. Our goal was to determine whether the requirements in the draft Standard are relevant and reasonable in the current practice environment, and if there are any potential unintended consequences that may result from those requirements.

The OPA indicated that overall they find the draft Standard sets out expectations regarding record keeping with the clarity and specificity that will help physiotherapists comply with the requirements. They noted that how individual physiotherapists will meet the requirements is context-specific, so they support using words such as “reasonable” and “necessary” which will allow physiotherapists flexibility in applying their professional judgment on how they will meet the requirements in their specific practice context.

Below are specific suggested changes that staff incorporated into the proposed Standard:

- The expectation regarding access to patient records should link to information about the amount of fee that physiotherapists may charge for providing the record.

- The requirement to define the terms, short forms, and diagrams in the record should be to ensure that that information is understandable to anyone who may assume the care, as opposed to anyone who may access the record generally.
- The requirement to include in the financial record the names of the physiotherapist assistant and anyone who provided care under the physiotherapist's supervision should also refer to the Standards from which these requirements originate (the PTA Standard and the Supervision Standard respectively), so that members are aware of when these expectations came into effect.
- The requirements regarding patient consent for the disclosure of personal health information should be written more clearly to ensure that it allows for sharing of information within the patient's circle of care.

The OPA's response also noted questions about the application of the requirements to specific practice scenarios, and the potential need for additional guidance to members. Staff believe that the questions can be addressed through practice advice.

*Feedback from members in the Physiotherapist Partners Network (PPN)*

Staff shared an earlier draft of the proposed standard with the Physiotherapist Partners Network, which is a group of physiotherapist volunteers. The goal is to determine whether members can understand and apply the requirements in the Standard in their practice.

The feedback we received suggests that the members find the draft Standard to be clear and complete, and that they will be able to meet these requirements in their practice.

Some of the comments raised questions about the application of the requirements in specific practice scenarios, or the potential need for additional guidance to members. Staff believe that the questions can be addressed through practice advice.

*Additional issues identified in the stakeholder feedback*

The stakeholder feedback raised a number of other issues, which cannot be addressed directly in the Standard itself. Staff have noted these issues, and will be considering how the College should respond to them:

- Members lack clear understanding of the privacy requirements contained in the privacy legislation
- Members lack clear understanding of the consent requirements contained in the *Health Care Consent Act*
- Members may need more guidance to help ensure that the electronic medical records software they use allows them to meet the requirements in the Record Keeping Standard.

# Standard for Professional Practice: Record Keeping

## Introduction

Record keeping is an essential part of physiotherapists' practice regardless of the practice setting. Records provide the ability to track the patient's course, determine future care needs and give evidence of and rationale for the care provided. Records also serve as an important communication tool to allow others to understand the patient's past and current status. All this is done to facilitate safe, quality care and to improve efficiency, consistency and coordination.

Records are not just a memory aid for the documenting clinician. Records tell the patient's story by providing a record of each encounter including: what was done, by whom, when, where, why, the outcome and any recommendations for additional care or follow up.

Appropriate records demonstrate professional accountability by documenting assessments and analyses, discussions related to proposed interventions and consent, decisions and plans to implement care and compliance with the standards of practice of the profession, other laws and ethical obligations.

While the media (e.g., paper, computer hard drives or networks) and the tools (e.g., pen, keyboard or voice recorder) used to maintain records may vary from practice to practice, the essential principles of record keeping remain constant. This Standard describes the essential elements and desired outcomes to be achieved by maintaining appropriate records. The details of how the elements can be achieved will vary according to practice setting, provider choice and patient need.

This Standard reflects the expectations of the College and the standard of practice of the profession when registrants act as Health Information Custodians (HIC) as defined in the Personal Health Information Protection Act (PHIPA) or as agents of HICs .

## Standard Statement

Physiotherapists will maintain clinical records and other records that document the management of their practices in order to:

- facilitate reasonable and effective care of their patients
- enhance outcomes and safety for their patients
- provide information to enable collaboration, continuity and smooth transfer of care for their patients
- ensure their accountability to patients, payors, the College, the profession and other health care providers
- demonstrate their judgment, reasoning and adherence to the standards of practice of the profession
- meet any other requirements mandated by the organizations they are associated with or where required by law

Physiotherapists will comply with relevant legislation intended to protect the privacy and confidentiality of personal information and personal health information.

## Performance Expectations

A physiotherapist demonstrates the Standard by taking reasonable steps to periodically audit records and ensuring that the following elements are achieved.

### 1. Accurate, Objective and Relevant

- Entries are dated and late entries are marked as such (i.e., entries should be dated the day they are made)
- Evidence and measurement tools are used wherever possible/appropriate
- Information can be linked to individuals (i.e., the patient and all providers are identifiable)
- Appropriate, respectful and non-judgmental language is used

### 2. Understandable

- Entries are legible (readable), chronological, systematic and organized
- Terms, abbreviations, acronyms and diagrams are defined or described to promote understanding for others who may access a record
- Records are maintained in either English or French

### 3. Comprehensive/Complete

- There is a method to record the dates of every patient encounter
- All relevant information is included in sufficient detail to allow another health care provider involved in or assuming care of the patient to follow the plan of care. For example,
  - patient demographic information, history, concerns and consent
  - results of tests/investigations, assessments and measures
  - a record of analyses, diagnoses, goals, plans and interventions (including authorized activities and care provided collaboratively with other health care providers)
  - progress notes, reassessments and resulting changes to the intervention plan
  - instructions, recommendations, referrals, transfers of care and discharge summaries
  - discussions, communications and advice provided to patients
  - consultations and correspondence with other health care providers
  - care refusals and missed appointments
- Records of inspection, maintenance and servicing of equipment are created (where there is a risk of harm if the equipment is not properly maintained)
- Details of financial transactions are recorded

### 4. Timely

- Information is entered within a reasonable time period to ensure accuracy
- Updated information is entered at appropriate intervals (frequency) whenever there are significant changes or relevant new information is received

## 5. Secure

- Entries are permanent (i.e., systems are in place to ensure that content is not lost, changed or deleted)
- Records are retained for the appropriate period of time
  - Clinical and financial records should be maintained for a minimum of 10 years from the date of the last entry in the record or 10 years from the date that the patient reached, or would have reached, 18 years of age (except when any other Act or regulation sets out a different retention period that would take priority )
  - Equipment records should be maintained for five years
- Additions or corrections to content ensure that the original content remains readable and audit trails of persons entering information can be created
- Collection, storage, use, transmission and disposal of personal health information maintains patient privacy and confidentiality (e.g., through the use of physical controls, passwords and/or encryption)

## 6. Retrievable/Accessible

- Clinical and financial records are retrievable and reproducible for each individual patient throughout the designated retention period
- Reasonable steps are taken to ensure that records meet the obligations outlined under privacy legislation when acting as either the Health Information Custodian (HIC) or as an agent of the HIC
- Patients are made aware of who the HIC is and how information will be managed on their behalf
- Individuals with appropriate authority/consent are able to access a record from the HIC in a timely way (a reasonable fee may be charged)

## Definitions

### Agent:

In relation to a Health Information Custodian, a person who is authorized by the custodian to act for or on behalf of the custodian in respect of personal health information. This action is for the purposes of the custodian, and not the agent's own purposes:

- whether or not the agent has the authority to bind the custodian
- whether or not the agent is employed by the custodian
- whether or not the agent is being remunerated

(See the Personal Health Information Protection Act for a complete definition.)

### Clinical Record:

Anything that contains information (in any media) created or gathered as a result of any professional encounter, aspect of care or treatment by a physiotherapist or a person working under the supervision of a physiotherapist. It may also include information created or gathered by other health care providers. (Adapted from the Chartered Society of Physiotherapists.)

**Health Information Custodian (HIC or custodian):**

A HIC is a person or organization that has custody or control of personal health information as a result of, or in connection with performing the person's or organization's powers or duties.

It includes:

- health care practitioners or people who operate a group practice of health care practitioners
- community care access corporations, as well as many other kinds of organizations such as hospitals, independent health facilities and nursing homes

(See the Personal Health Information Protection Act for a complete definition.)

**Record:**

An account that contains information intended to document actions, events or facts. Clinical records are a subcomponent of the broader category of records.

## References and Resources

**College Resources**

- Briefing Note for Physiotherapists' Privacy Requirements in Ontario
- Briefing Note to the Health Care Consent Act
- Essential Competency Profile for Physiotherapists in Canada, National Physiotherapy Advisory Group, October 2009
- Standard for Professional Practice: Performance of Authorized Activities
- Standard for Professional Practice: Physiotherapists Working with Physiotherapist Support Personnel
- Standard for Professional Practice: Conflict of Interest

**Legislation**

- Health Care Consent Act (HCCA)
- Personal Health Information Protection Act (PHIPA)
- Personal Information Protection and Electronic Documents Act (PIPEDA)
- Regulated Health Professions Act (RHPA)

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# Record Keeping

## *Guide to the Standard for Professional Practice*

# Record Keeping

Records tell a patient's story. The record should document for the patient:

- what was assessed
- an analysis of the assessment findings
- the recommendations and goals for the proposed intervention
- the details of the care provided and by whom
- the outcomes of care, including any reassessments, changes to the plan or changes in the patient's condition
- a summary of the episode of care when care has been completed

Patients have the right to access the information contained in their health records and the right to expect that accurate, complete, timely and confidential records will be created and securely maintained for their benefit.

Physiotherapists are the keepers of the information. A physiotherapist may be the designated Health Information Custodian (HIC) or may be an agent acting on behalf of a Health Information Custodian. These and other responsibilities regarding the collection, use and disclosure of patients' health information are found in the **Personal Health Information Protection Act (PHIPA)**.

The goal of record keeping is to include enough detail for another provider involved in the care or assuming the care of a patient to follow the care plan and provide ongoing treatment.

## Tips for Use

Review the Standard Statement and understand the scope of the Performance Expectations outlined in the **Standard for Professional Practice: Record Keeping**. Consider the context in which care is being provided, things such as practice setting, patient acuity and employer expectations for example. Apply professional judgment to determine the optimal way to manage personal health information in the best interests of patients. The following Frequently Asked Questions provide additional guidance.



## 1. General

- a. What is a Health Information Custodian (HIC)?
- b. Why is it important to identify the Health Information Custodian (HIC) in the patient record?
- c. I work in an interprofessional team. What should we consider if we keep joint or combined records?
- d. What should I consider when creating, storing and transmitting electronic information?
- e. Why am I expected to audit my records? How often should I audit?
- f. What should I consider when using abbreviations, care maps, exercise flow sheets, charting by exception or other time-saving documentation tools?
- g. What does it mean to be able to uniquely identify individuals?
- h. Do I need to sign my full name and title every time I make an entry?
- i. What should I consider when using an electronic signature or signature stamp?
- j. What information should be documented about the care assigned to support personnel or assistants?
- k. What information should support personnel or assistants document? Do I need to co-sign entries?
- l. How should I correct errors or make changes to an entry?
- m. I am retiring or changing jobs; what should I do with the patient records?

## 2. Clinical Records

- a. Can I include information collected by another health professional (for example, assessment findings)?
- b. Why do I need to include advice or information provided by telephone or email?
- c. What other reports or communication should be included?
- d. What if a patient asks me to not include something?
- e. Is an analysis statement, clinical impression or diagnosis required?
- f. Do patient goals and outcomes need to be documented in the chart?
- g. How much detail should be included when documenting treatment?
- h. What information should be included in a discharge summary or end of care note?
- i. How often should an entry be made in the clinical record?
- j. Why do I have to document missed or cancelled appointments?
- k. Why do I have to document that informed consent was obtained?

## 3. Financial Records

- a. What information should be included in a financial record?
- b. Does the financial record need to be kept with the clinical record?
- c. Someone else completes and submits all the invoices, what should I be careful of?

#### 4. Equipment Service Records

- a. Why are equipment maintenance records needed?

#### 5. Confidentiality and Access

- a. What should I do if a patient or someone else wants access to a record?
- b. Who should have access to the records?
- c. Can the patient ask to have his or her record changed?
- d. What steps should I take to ensure confidentiality?

#### 6. Storage, Retention and Disposal of Records

- a. Can the clinical record be a combination of paper and electronic data?
- b. If a record is converted from paper to an electronic format does the original paper copy need to be kept?
- c. What should I consider when storing the record in a patient's home or other facility?
- d. Can portions of the record be kept separately?
- e. How should records be stored when they are no longer active?
- f. How long should records be kept?
- g. How should I dispose of records?

# Frequently Asked Questions

## 1. General

### a. What is a Health Information Custodian (HIC)?

A Health Information Custodian (HIC) is responsible for collecting, using and disclosing personal health information on behalf of patients. A HIC can be an individual or an organization. The Personal Health Information Protection Act, 2004 (PHIPA), sets out the rules for the collection, use and disclosure of health information and the responsibilities of the Health Information Custodian.

Visit the government of Ontario e-laws website to review PHIPA at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca).

The HIC may have an “agent” that acts on their behalf with respect to personal health information.

Visit the website of the Office of the Information and Privacy Commissioner of Ontario to learn more about the roles and responsibilities of HICs and agents at [www.ipc.on.ca](http://www.ipc.on.ca).

The College has a Briefing Note called Physiotherapists’ Privacy Requirements in Ontario available on the College website at [www.collegept.org](http://www.collegept.org).

### b. Why is it important to identify the Health Information Custodian (HIC) in the patient record?

Under the Personal Health Information Protection Act (PHIPA), physiotherapists can be either a Health Information Custodian (HIC) or an agent of a HIC. For example, a physiotherapist operating a solo practice would be the HIC, but a physiotherapist employed by a hospital (or other organization defined in PHIPA) would be an agent. The HIC is responsible for ensuring patients’ personal health information is collected, used, disclosed, stored and disposed of appropriately. In the solo provider and hospital examples, the HIC is defined by law. In other cases, there may be doubt as to who is acting as the HIC; for example, a physiotherapist working as an independent contractor, or working as an employee of a clinic or agency. In these examples, either party (the physiotherapist, clinic or agency) may act as the HIC. It is in everyone’s best interest to clarify and document in the patient record who is the HIC responsible for protecting patients’ health information. Physiotherapists who are not HICs but act as agents will want to ensure that both they and their patients will be able to access the health record even after care has ended. (See also questions 1m and 5b).

### c. I work in an interprofessional team. What should we consider if we keep joint or combined records?

Integrated patient records can facilitate communication, prevent duplication, enhance coordination and promote safe, quality care. The standards for record keeping remain the same when care is provided in a team environment. The record should document who provided care, when the care was provided, a rationale as to why the care was provided and the outcomes that were achieved. It is important to be able to determine who made which entry in the record. Team members will want to clarify who will act as the HIC and ensure that they and their patients will have access to the records even after care has ended. Other regulated health professionals will have similar but not identical requirements. Teams will need to work together to ensure each team member can meet their professional standards.

**d. What should I consider when creating, storing and transmitting electronic information?**

The principles for managing personal health information and the expectations regarding record keeping are the same for paper and electronic records. However, there will be special considerations for each type of media. Some key considerations for electronic records include:

- **Completeness**—the entire record (clinical, financial and attendance information) should be retrievable and reproducible so that patients and other authorized individuals can access the information.
- **Confidentiality**—unauthorized access should be prevented; for example, by using password protection and/or encryption. This is particularly important when transmitting records electronically (such as by email), when storing patient information on portable devices (such as flash drives) or using technology in public places (such as tablets or smart phones).
- **Audit trails**—the date, time and identity of persons making an entry should be clear. When entries are changed, the original content should be preserved.
- **Systems to prevent loss of information**—data should be backed up and should remain retrievable throughout the retention period (for example, should technology change or become obsolete).
- **Secure disposal**—information should be completely purged or the hardware destroyed so that information cannot be retrieved rather than simply deleting files.

The Canadian Alliance of Physiotherapy Regulators has a Guideline on the Collection, Maintenance, Transmission and Destruction of Electronic Health Information at [www.alliancept.org](http://www.alliancept.org).

The Office of the Information and Privacy Commissioner of Ontario website has information on safeguarding personal health information stored on electronic devices at [www.ipc.on.ca](http://www.ipc.on.ca).

**e. Why am I expected to audit my records? How often should I audit?**

Taking time to review what and how you document and evaluate your record keeping practices against professional, legal and employer obligations, is an important activity for quality practice and is required by the College (tools are available on the College website). Set a reasonable time frame to regularly review records. The frequency will depend on your practice environment, how quickly practices change and whether there are other systems of checks and balances in place to help you feel confident that clinical, financial and equipment maintenance records meet standards.

**f. What should I consider when using abbreviations, care maps, exercise flow sheets, charting by exception or other time-saving documentation tools?**

Tools that promote standardization and efficiency should include enough information so that individuals who access the record can understand the care that was provided. Often that will mean including a copy of the care map or charting by exception tool or spelling out abbreviations in full the first time they are used. When documents are referenced that are not part of the patient record it should be made clear where and how the reference document can be obtained.

**g. What does it mean to be able to uniquely identify individuals?**

In any healthcare setting, there will be patients with the same or similar names. It is important to ensure that health information is linked to the correct person. A system that distinguishes or uniquely identifies patients (and providers) with the same or similar names should be used on all parts of the physiotherapy record including attendance, financial and clinical records. Using patient name together with a birth date or using a file number that relates to and identifies a single patient (also called a unique identifier) are examples of such systems. Care providers should also be uniquely identified.

**h. Do I need to sign my full name and title every time I make an entry?**

When making an entry in the health record it is important to be able to identify who made the entry in the record. Your full name and title should be documented at least once in the record. For subsequent entries, an abbreviated version can be appropriate as long as the entry can be linked back to you. When multiple care providers who share the same initials are making entries in the health record, the use of initials alone does not identify who made the entry and another method of signing the record is needed.

**i. What should I consider when using an electronic signature or signature stamp?**

You are responsible for materials bearing your signature. You will want to analyze the risks associated with allowing another individual to apply your signature (either electronically or with a stamp) and implement adequate safeguards to prevent unauthorized use. Signatures should never be applied to documents in advance and you will want to review all materials that bear your signature.

**j. What information should be documented about the care assigned to support personnel or assistants?**

When assigning care to support personnel or assistants, you should refer to the **Standard for Professional Practice: Physiotherapists Working with Support Personnel** at [www.collegept.org](http://www.collegept.org).

When documenting care assigned to support personnel or assistants, you will want to include a description of the care assigned, the frequency and time frame during which care is to be performed and that appropriate consent was obtained for the involvement of a support person or assistant. The patient should be aware of the name(s) of the support person(s) or assistant(s) who will provide care.

**k. What information should support personnel or assistants document? Do I need to co-sign entries?**

Having support personnel or assistants document the care that they provided can be an efficient and appropriate use of resources. To ensure that records maintained by support personnel or assistants meet standards, you will want to determine the knowledge and skill level of the support person or assistant, provide appropriate support and training, and audit performance from time to time. You are not required to co-sign entries recorded by support personnel or assistants.

**l. How should I correct errors or make changes to an entry?**

Changing a record to reflect a new perspective or new information is permissible as long as the original content can still be read. Corrections can be made either by striking out the incorrect information in a way that does not destroy the information or by labelling the information as incorrect. The correct or new information can then be added to the record making sure to identify the date the change is made, the person making the change and the reason for the change. (See also question 5c).

**m. I am retiring or changing jobs; what should I do with the patient records?**

If you are the Health Information Custodian (HIC), you are responsible for the collection, use, disclosure, storage, disposal and privacy of patients' personal health information. When retiring or changing practice location, you may choose to relocate the records to a storage facility or transfer the records to another HIC. (See also Section 6: Storage, Retention and Disposal of Records).

If you are an agent of the HIC, you will want to ensure that the HIC will maintain the records as required under the Personal Health Information Protection Act (PHIPA) and that you and your patients will be granted access even after you have left the workplace.

The Office of the Information and Privacy Commissioner of Ontario website has information on the responsibilities of HICs related to storing personal health information at [www.ipc.on.ca](http://www.ipc.on.ca).

## 2. Clinical Records

**a. Can I include information collected by another health professional (for example, assessment findings)?**

Yes. You can include findings made by other health professionals or information reported by patients or substitute decision-makers. This information should be recorded accurately and include a reference to the source of the information.

**b. Why do I need to include advice or information provided by telephone or email?**

The specifics of telephone and email advice or information should be recorded when it relates to the patient's condition or clinical care. Information relating to changes in symptoms, condition or treatment provided should be documented in order to understand the care that was provided and the impact. For example, information from a patient who telephoned or emailed to report an exacerbation of symptoms when a new exercise was added to their home program and any advice given should be included. Information that does not relate to the patient's condition or care, such as how to submit an insurance claim form or where to obtain recommended equipment, need not be documented.

**c. What other reports or communication should be included?**

Every written report sent or received regarding the patient's care is a component of the clinical record and should be included. Progress notes or discharge summaries sent to or received from another healthcare provider, insurer or payer etc.; copies or notes documenting other forms of communication (for example, telephone or email) relevant to the patient's condition or the care provided are part of the clinical record. Patient education material, home programs, telephone and email advice, flow charts, etc. should be included.

**d. What if a patient asks me to not include something?**

Under the Personal Health Information Protection Act (PHIPA) patients are able to withhold or withdraw their consent for the collection, use or disclosure of their personal health information. Patients may provide express instructions to not use or disclose personal health information. These are known as lock-box provisions. Health Information Custodians (HICs) are required to respect the decisions of patients regarding how their health information is collected, used and disclosed. The Office of the Information and Privacy Commissioner of Ontario has more information regarding lock-box obligations for HICs on their website at [www.ipc.on.ca](http://www.ipc.on.ca).

**e. Is an analysis statement, clinical impression or diagnosis required?**

Yes. Physiotherapists are expected to document a summary statement analyzing the assessment findings and determining a clinical impression or diagnosis. It is important for anyone accessing the record to understand not only the assessment and interventions but also how the two are related. The analysis statement, clinical impression or diagnosis should be based on the assessment findings and identify the need for the physiotherapy intervention.

**f. Do patient goals and outcomes need to be documented in the chart?**

Yes. The clinical record should include patient-centered goals, as well as objective measurement of outcomes achieved. How these goals and outcomes are recorded will vary based on situation and context.

**g. How much detail should be included when documenting treatment?**

When documenting the care provided, you will want to include enough detail to allow other health care providers to understand the care that was provided and allow them to assume and continue to manage the patient's care.

**h. What information should be included in a discharge summary or end of care note?**

The details included in an end of care note or discharge summary will vary with the reasons for ending treatment. For example, if the treatment has ended because patient goals have been achieved, the discharge summary should include the patient's status at discharge, the goals and outcomes that were attained and any recommendations for ongoing self-management. However, if treatment ends for reasons beyond the physiotherapist's control, for example, the patient did not return for treatment, died or was transferred to another facility, a note outlining the circumstances may be sufficient.

**i. How often should an entry be made in the clinical record?**

The patient record should include evidence of every professional encounter. This can be managed with the use of an appointment or attendance log or workload measurement system as long as the information can be retrieved for each patient. You should be able to generate a list of attendances for each patient, rather than a list of patients for each day.

An entry should be made in the clinical record every time a patient is re-assessed and every time there is a change in the interventions provided. The frequency for documenting such progress notes will depend upon the individual patient, the type of care provided and the need to ensure enough information is recorded to allow another healthcare provider to understand the care provided. Physiotherapists should use their professional judgment to determine appropriate frequency.

**j. Why do I have to document missed or cancelled appointments?**

Documenting missed or cancelled appointments can provide important information. Examining the pattern of attendance and reasons for missed or cancelled appointments may provide insight into the patient's condition and outcomes of care. For example, a patient with poorly controlled diabetes who frequently cancels appointments because of low blood sugar likely should be encouraged to follow up with their physician to ensure appropriate blood glucose control rather than merely be encouraged to attend more regularly. Attendance patterns and reasons for missed or cancelled appointments can also help determine the most appropriate physiotherapy interventions. For example, a patient who complains about lack of improvement but has cancelled 7 of the last 10 appointments will require a different intervention than a patient who is not progressing but has attended all scheduled appointments.

**k. Why do I have to document that informed consent was obtained?**

The Health Care Consent Act outlines the requirements for obtaining informed consent for all healthcare professionals. The College requires that physiotherapists also document that informed consent was obtained. Consent should be obtained and documented for assessment and treatment activities and for the involvement of support personnel or assistants. You are required to follow the process outlined in the Health Care Consent Act and to document that you did so. You should use your professional judgment to determine the level of detail that should be documented. Visit the government of Ontario e-laws website to review the Health Care Consent Act at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca).



### 3. Financial Records

**a. What information should be included in a financial record?**

The financial record should include: the name of the patient and care provider, a description of the care, product or service that was provided, the date the service was provided, as well as the amount that was charged and received for the service.

**b. Does the financial record need to be kept with the clinical record?**

No. The financial record may be kept separately from the clinical record. For example, the clinical record may be kept in paper format while the financial record is stored in electronic format. Keep in mind that the entire record should be retrievable for each patient during the entire retention period. (See also question 6a and 6d).

**c. Someone else completes and submits all the invoices, what should I be careful of?**

Having someone else, such as an employer, receptionist or billing clerk manage the business aspects of practice can be an efficient use of resources, but there are risks. You will want to analyze the risks associated with allowing someone else to complete invoices on your behalf and implement adequate safeguards. Remember, you are responsible for materials submitted on your behalf. If someone else is completing invoices on your behalf, you should be aware of the fees being charged for your services and have a system in place to monitor for accuracy. (See also questions 1e and 1i).

## 4. Equipment Service Records

### a. Why are equipment maintenance records needed?

Documenting the inspection, maintenance and servicing of physiotherapy equipment provides evidence that the necessary steps have been taken to ensure that equipment is safe for patient use. You should take reasonable steps to ensure that the equipment used in clinical practice is properly maintained and calibrated according to manufacturer recommendations and that appropriate infection control procedures are in place. See the Standard for Professional Practice: Infection Control available on the College website at [www.collegept.org](http://www.collegept.org).

Even if you do not have direct control over the maintenance of equipment, for example, your employer is responsible; you are expected to take reasonable steps to ensure the safety of the equipment.

## 5. Confidentiality and Access

### a. What should I do if a patient or someone else wants access to a record?

Patients should have an understanding of how their personal health information will be collected, used and disclosed and how they may access their health records. If a patient requests a copy of his or her record, a copy should be provided within a reasonable time period. A fee may be charged to recover costs, but should be reasonable.

Patient consent is needed before releasing information to another person—except in certain circumstances. These circumstances and the responsibilities of health information custodians (HICs) related to the collection, use and disclosure of personal health information are outlined in the Personal Health Information Protection Act (PHIPA) available at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca). Resources are available on the College website at [www.collegept.org](http://www.collegept.org) and the Office of the Information and Privacy Commissioner of Ontario website at [www.ipc.on.ca](http://www.ipc.on.ca).

### b. Who should have access to the records?

There are three groups of people who are able to access patient records without explicit patient consent:

1. The patient or their authorized representative. Patients and anyone to whom they give consent should be able to access the record throughout the retention period.
2. The care providers within the “circle of care”. “Circle of care” is not a defined term under the Personal Health Information Protection Act (PHIPA). It is a term used to describe Health Information Custodians (HICs) and authorized agents who are permitted to rely on an individual’s implied consent when collecting, using or disclosing personal health information to provide direct health care. For more information about ‘circle of care’ please visit the Office of the Information and Privacy Commissioner of Ontario website at [www.ipc.on.ca](http://www.ipc.on.ca).
3. An authorized assessor or investigator from a College established under the Regulated Health Professions Act (RHPA). Authorized investigators, assessors or representatives of the College of Physiotherapists of Ontario, as well as authorized investigators from another College established under the RHPA are permitted to access patient records in order to fulfill their obligations under the RHPA.

### c. Can the patient ask to have his or her record changed?

Yes. According to the Personal Health Information Protection Act (PHIPA), the patient has the right to identify anything within the record that may be inaccurate, incomplete or misleading and to request correction of the record. Visit the Office of the Information and Privacy Commissioner of Ontario website at [www.ipc.on.ca](http://www.ipc.on.ca) to learn more.

**d. What steps should I take to ensure confidentiality?**

Records should be stored in a secure environment to safeguard their integrity and confidentiality. This applies equally to paper and electronic records. Reasonable measures should be implemented to protect health information from loss, theft, unauthorized access, use or disclosure and tampering including copying, modification or disposal. This includes all components of the patient record such as attendance records, sign in sheets and exercise programs.

Some examples include ensuring:

- Physical security (locked file cabinets, restricted office access, office alarm systems)
- Technological security (password protection, encryption, virus protection, firewalls)
- Administrative controls (security clearances, access restrictions, staff training and confidentiality agreements)

## 6. Storage, Retention and Disposal of Records

**a. Can the clinical record be a combination of paper and electronic data?**

Yes. A clinical record can be a combination of paper and electronic data. However, it is important to cross-reference each component to ensure clarity of the total record and where the most up-to-date information may be found. The record should be safely stored and retrievable over the retention period regardless of the type of technology used. Attention should be paid to the risks associated with each storage medium and systems implemented to identify and address these risks. (See also questions 1d and 6d).

**b. If a record is converted from paper to an electronic format does the original paper copy need to be kept?**

No. There is no need to maintain a duplicate copy when paper records are converted to an electronic format as long as a complete clinical record can be accessed.

**c. What should I consider when storing the record in a patient's home or other facility?**

The Personal Health Information Protection Act (PHIPA) allows records to be kept at a patient's residence (including an institutional residence) if certain conditions are met. Visit the Office of the Information and Privacy Commissioner of Ontario website at [www.ipc.on.ca](http://www.ipc.on.ca) to learn more.

**d. Can portions of the record be kept separately?**

Yes. Portions of the record can be kept in separate locations. However, it is important to cross-reference each portion to ensure understanding of all the portions that make up a complete record and where the most up-to-date information may be found. (See also questions 1e, 3b and 6a).

**e. How should records be stored when they are no longer active?**

Active or not, records must always be stored securely. When storing records in the clinic, at your home, at a third party storage facility or using cloud-based services, appropriate safeguards should be taken to prevent loss, theft, damage and unauthorized access. Patients should be made aware of how they may access their records if needed. (See also question 5d).

**f. How long should records be kept?**

Clinical and financial records should be kept for at least 10 years after the date of the last entry or 10 years after the patient reaches, or would have reached, the age of 18. This requirement mirrors the Public Hospitals Act, Regulation 965, section 20(3).

Equipment records should be kept for 5 years.

**g. How should I dispose of records?**

When disposing of personal health information at the end of the retention period, you will want to be sure that information is permanently destroyed in a secure manner. This applies equally to paper and electronic records. Paper records should be physically destroyed before being disposed of or recycled to protect the privacy of patients. Electronic records should be physically destroyed, erased or purged in an irreversible manner that ensures that the information cannot be reconstructed in any way.



## RECORD KEEPING CHECKLIST

To help physiotherapists meet the performance expectations outlined in the Standard for Professional Practice: Record Keeping, some of the key performance expectations have been highlighted in the form of a checklist.

Different than the Standard, the checklist is organized by record type: patient records, financial records and equipment maintenance records.

This list of expectations is not exhaustive but rather is meant to provide an optional tool that can be used to help apply the Standard in practice or assist when auditing one's own records.

The checklist should be used in conjunction with the Standard and Guide as there may be legislative or employer requirements not covered in the checklist.

### PATIENT RECORDS

#### Identification

Is there a way to uniquely identify the following individuals?

- Patients
- Providers
- Health Information Custodian (HIC)

#### General

- Are entries legible?
- Are abbreviations, acronyms and care maps described or referenced?
- Are entries dated and chronological?
- Do changes to the record maintain original content?
- Are records created, stored and disposed of in a way that keeps information secure?
- Can a complete record be retrieved for each patient?
- Is there a way to ensure the privacy of information and limit who can access the record?
- Are records audited from time to time?

#### Clinical

Have the following items been included and with enough detail?

- Patient demographic information
- Relevant health, family and social history
- Information about who else provides care to the patient
- Patient subjective concerns
- Assessment and test results (including objective measures)
- An analysis, care plan and goals
- A description of the care that was provided (including aspects of care that were assigned to or provided by another person)
- Dates of all interactions with the patient (including care refusals and missed appointments)
- Information on all relevant communications with the patient and other providers (written, verbal and electronic)

#### Consent

- Is informed consent obtained and documented for the assessment, treatment and involvement of other care providers?
- Is patient consent obtained before releasing any information?



# RECORD KEEPING CHECKLIST

## PATIENT RECORDS

### Progress Notes

- Are progress notes made at a reasonable frequency?
- Do progress notes include the following?
  - Objective measures
  - Results achieved
  - Changes to the care plan (including the reason for change)

### Discharge or Care Summaries

- When care ends, is there a summary of the reason, the patient's status and any other relevant details?

### Collaborative Records

- Are you able to access records now and in the future?
- Are you able to determine who made which entry in the record?

## FINANCIAL RECORDS

Do financial records include the following?

- Identity of both patient and provider
- Description of the care, service or product provided
- Date of service
- Fee information

## EQUIPMENT MAINTENANCE RECORDS

- Are records of equipment inspection, maintenance and service available?

**Motion**

**Council Meeting  
September 28- 29, 2017**

**Agenda #11: Fee Credits: Financial Assessment and Next Steps**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

Council approve the following regarding fee credits:

That the College continue to provide fee credits in the following situations:

- Maternity / Paternity leave
- Education Leave
- Health Related Leave
- Compassionate / Bereavement Leave / Family Related Leave
- Individuals who retire and then re-apply within one year

OR

That the College no longer provide fee credits for individuals who move out of province only to return within one year.



<b>Meeting Date:</b>	September 28-29, 2017
<b>Agenda Item #:</b>	11
<b>Issue:</b>	Fee Credits – Financial Assessment and Next Steps
<b>Submitted by:</b>	Anita Ashton, Associate Registrar - Professional Conduct and Registration

## Issue:

In December 2013, Council decided to eliminate issuing the four month certificate of registration. In agreeing to this, Council also determined that the College would issue fee credits, as appropriate, for physiotherapists who were resigning<sup>1</sup> from the College during the registration year.

After concluding its decision-making on the issue, Council directed that the fee credits policy be revisited in several years to determine its budgetary impact. As the College is approaching budget planning for 2018-2019 it seems reasonable to discuss this issue now.

## Executive Committee Recommendation:

That the College continue to provide fee credits in the following situations:

- Maternity / Parental leave
- Education Leave
- Health Related Leave
- Compassionate / Bereavement / Family Related Leave
- Individuals who retire and then re-apply within one year

That the College no longer provide fee credits for individuals who move out of province only to return within one year.

## Background – Council Discussion in 2013:

The College previously issued a 4 month certificate of registration in Independent Practice category. This certificate was initially introduced to reduce the amount payable by physiotherapists who were not working for the full year.

The primary concern associated with this certificate was that physiotherapists were continuing to work after their certificate had expired having forgotten that they needed to re-register with the College. In March 2013 the Registration Committee asked Council to consider eliminating issuing the four month certificate of registration.

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<sup>1</sup> PTs can resign for temporary or permanent reasons: retirements, maternity / parental leaves, sick leaves, bereavement, family related illness, temporary moves to another jurisdiction, permanent moves to another jurisdiction, extended vacations, education leaves, changing professions etc...

Council decided to eliminate the four month certificate of registration and decided to offer fee credits to physiotherapists who were leaving the profession for a period of time to return at a future date.

Council's direction was as follows:

- fee credits would be offered for those taking leaves of absence in approved circumstances.
- the minimum period of the leave would need to cover three months
- fee credits would remain available for a period of one year
- fee credits would be available in the following circumstances
  - Education Leave
  - Health Related Leave
  - Compassionate Leave / Bereavement / Family Related
  - Maternity/Parental
  - Moving out of Province

## Where We Are Today

When physiotherapists resign from the profession (between April and December of each year) they are automatically issued a fee credit which is applied to their account for one year. If the physiotherapist re-applies within one year the fee credit is applied. If more than a year passes the fee credit is no longer available to the physiotherapist. Physiotherapists resign from the College for a number of reasons. NOTE: the reasons why physiotherapists seek a fee credit have been tracked since June 2016.

	Currently Eligible for a Fee Credit	Eligible for a fee credit as proposed by the Executive	2016 June - Dec	2017 Jan - Aug
Maternity / Parental	X	x	62	31
Retired (may re-apply)		x	26	4
Changing Professions			1	0
Health Related Leave	X	x	3	0
Compassionate – bereavement – family related	X	x	0	1
Moving out of province – changing jurisdictions	X		26	6
Education leave	X	x	0	0
Unknown			0	1
<b>TOTAL</b>			<b>118</b>	<b>43</b>

## Why Would the College Continue to Offer Fee Credits?

The Executive Committee considered a number of options related to this matter and determined that it would be reasonable to continue to offer fee credits for the following reasons.

### Why do it?

- It is very progressive and no other Colleges currently offer it.

- The majority of fee credits are provided to women who are going on maternity leave or men who are going on parental leave (52% in 2016). Seventy Four percent (74 %) of the profession is female.
- Not everyone who resigns from the College returns to the College within the year and takes advantage of the fee credit.
- Fee credits are pro-rated by day.
- It has been well received by the profession.
- The College can financially support this initiative. For the past three years the dollar amount issued was less than 1% of our overall income.
- It would be difficult for the College to rescind the goodwill that has been extended to physiotherapists in this regard and it could be a challenge to manage from a public relations perspective if we decided to no longer offer fee credits.

### Why Would We Stop?

- Since other Colleges are not doing it, it makes this College an outlier.
  - No Colleges offer fee credits. Three Colleges offer refunds.
- It makes budget planning difficult as it is difficult to predict how many people will apply for it each year.
- The College is forgoing income.
- Physiotherapists who are away longer than a year are upset because their credit expires.
- Physiotherapists who are retiring or moving out of province cannot take advantage of the fee credit and they believe they are being disadvantaged.

### The Budgetary Impact to the College

#### Quick Overview

	Income – Registration Fees	Fee Credits Issued	% of overall income
2014/2015	\$5 188 158.52	\$20 942.81	less than 1% (.4%)
2015/2016	\$5 352 518.20	\$31 179.61	less than 1% (.5%)
2016/2017	\$5 407 726.40	\$45 002.87	less than 1% (.8%)

Date	# of PTs who Sought a Fee Credit	\$ Amount of Fee Credits Available to be Used	\$ Amount of Fee Credits Used	\$ Amount of Fee Credits Expired	Income Potential for the College if the PT Paid the Full Registration Fee	Income Forfeited by the College by Having the Fee Credit Available as opposed to a no fee credit or no refund policy
August 2014 – December 21, 2014	35	\$ 14 023	\$10 438	\$3585	\$22 225 (35x635)	\$ 11 787
2015	106	\$43 564	\$35 167	\$8397	\$67 310 (106x635)	\$ 32 143
2016	148	\$49 642	Too early to provide complete numbers	Too early to provide complete numbers	\$88 060 (148x595)	Too early to provide complete numbers
2017 to august 30, 2017	47	\$20 988	Too early to provide complete numbers	Too early to provide complete numbers	\$27 965 (47x595)	Too early to provide complete numbers

**Financial Breakdown by Category:**

**Total Cost of Fee Credits Issued by Category:**

	2016	2017 to August 30, 2017
Maternity – Parental Leave	19967.73	7736.62
Education Leave	0	0
Health Related Leave	850.93	0
Compassionate / Bereavement / Family Related	0	489.04

**Currently Available However Executive Recommends that this is no longer offered:**

Changing Professions	428.73	0
Moving out of Province / Changing Jurisdictions	6826.13	3135.29

**Executive Recommends that Individuals Who Retire But Re-Apply Within One Year Be Eligible for a Fee Credit.**

It should be noted that no one has taken advantage of this option within the last year and a half.

Retired	6796.05	1744.24
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**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY  
(Q1) April, May and June 2017**

	# of Meetings		# of Cases Considered	# of Appeal Decisions Received (HPARB or Divisional Court)	Type of Outcomes	Q1 2017/18	
	F2F	Tel					
Registration		4	4	0	Certificate Granted (with or without terms, conditions and limitations)	2	
					Certificate Denied	2	
ICRC	2	0	26	1	Direction provided to staff (case ongoing)	3	
					Investigator appointed	6	
					Referral to Discipline	1	
					Incapacity Inquiry or Referral to Fitness to Practice	0	
					Other decision	16	
Quality Management	1	0	6	0	Practice Assessment	Successfully Completed (with or without recommendations)	4
						Practice Enhancement Required	2
					Practice Enhancement	Successfully Completed	0
						Second Practice Enhancement or Reassessment Required	0
					Requests for Deferral or Exemption	Granted	0
Denied	0						
Discipline ** deliberation days not included** At July 1, 2017	9	0	6	0	Hearings Pending		1
					Hearing Outcomes	Revoked	1
						Suspended (with or without terms, conditions and limitations)	3
						Terms, Conditions and Limitations only	0
						Other Adjourned indefinitely In progress	2
Fitness to Practice	0	0	0	0	Hearings Pending		0
					Hearing Outcomes	Revoked	0
						Suspended	0
						Terms, Conditions and Limitations	0
Patient Relations	0	1	1	0	Request for Funding	Granted	1
						Denied	0

**ISSUES AND TRENDS**

**Registration** – Nothing to report.

**ICRC** – Nothing to report.

## REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY

(Q1) April, May and June 2017

**Quality Assurance** – The QA Committee agenda was light in June due to a decreased number of random selections that occurred in the months of August, September and October 2016. The two files that required practice enhancement included the following concerns:

1. Practice enhancement, no coach: The PT was required to follow up with the Senior Physiotherapist Advisor with regards to having a written plan to monitor fees, billing and accounts. Additionally, the Committee had concerns about the PT's understanding of the risks and contraindications of acupuncture and this required follow up with the Senior Physiotherapist Advisor
2. Practice enhancement, with a coach: Multiple issues were identified involving billing, advertising, the Portfolio, record keeping and clinical reasoning. In addition to a minimum of 6-12 months of practice enhancement, the Committee requested a repeat practice assessment in 18 months.

### **Discipline and Fitness to Practice –**

The Discipline Committee concluded the following:

CPO and Boon – the penalty and cost phase of the hearing were determined. Case is before the courts

CPO and Lum – the panel met on two occasions in May and one occasion in June to hear this matter. Case is before the courts

CPO and Konjarski - the panel met on two occasions in May and one occasion in June to hear this matter.

CPO and Laberge – the panel heard this matter in June

CPO and Bellamy – the panel heard 2 matters involving this physiotherapist in June

### **Patient Relations**

In May 2017 the College received an application for funding for therapy and counseling from a former patient of a physiotherapist. The patient had previously filed a complaint with the College which was referred to the Discipline Committee for a hearing. At the conclusion of the hearing the physiotherapist was found to have committed various acts of professional misconduct but the panel **was not** satisfied that that the touching was of a sexual nature, a term that is defined in subsections 1(3) and (4) of the [Health Professions Procedural Code](#) of the Regulated Health Professions Act, 1991.

On May 23, 2017 the Patient Relations Committee considered that the patient was not eligible for funding for therapy and counseling under the current [regulation](#) but they approved the application for the following reasons:

- The patient's need for treatment and request for funding.
- The patient's report of how the incident has had an impact on her (victim impact statement from the hearing).
- The pending changes described in [Bill 87 - the Protecting Patients Act](#) (now in effect) which will permit patients to seek funding at the point that they file a complaint with the College

**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY**

**(Q1) April, May and June 2017**

- The current environment where stakeholders are demanding more from the regulatory health colleges as it relates to protecting patients (the government of Ontario, the Ministry of Health and Long Term Care, the public, and the media).



## EXECUTIVE COMMITTEE'S REPORT TO COUNCIL

**Date:** September 29, 2017

**Committee Chair:** Mr. Gary Rehan, President

**Committee Members:** Ms. Catherine Hecimovich, Vice President  
Mr. Darryn Mandel  
Mr. Tyrone Skanes  
Ms. Theresa Stevens (absent)

**Support Staff:** Ms. Shenda Tanchak  
Ms. Elicia Ramdhin

### **Meetings:**

Meetings held since last report:

- September 7, 2017

Planned upcoming meetings:

- November 27, 2017
- February 28, 2018
- June 7, 2018

### **SEPTEMBER 7, 2017 EXECUTIVE COMMITTEE MEETING**

#### **1. Consideration of Review of Performance Appraisal Process for Registrar**

The Executive Committee determined that no external review is needed at this time.

#### **2. Proposed Committee Slate Changes**

The Executive Committee recommends to Council that Nadine Graham be removed from the Registration Committee, and replaced with Kathleen Norman.

#### **3. Dashboard for 2017-2018 Fiscal Year**

The Executive Committee provided input on the proposed Key Performance Indicators (KPIs) for the 2017-2018 Dashboard with the understanding that the revised dashboard will be provided to Council at its next meeting.

#### **4. Amended Budget**

The Executive Committee recommends that Council approve the revised budgets for 2017-2018.

#### **5. Notice of Motion: Preparation Time**

The Executive Committee reviewed the proposed change to the rules for Committee member expense claims for preparation time and suggested some clarifications to the policy.





## **6. Fee Credits: Financial Assessment and Next Steps**

Following a review of the pilot project, the Executive Committee recommends that the College continues to offer fee credits to eligible physiotherapists, adding retirement to the eligibility criteria.

## **7. Collaborative Care Standard**

The Executive Committee recommends that Council approve the proposed Collaborative Care Standard and rescission of the documents listed below effective December 1, 2017:

- Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional Standard
- Managing Challenging Interpersonal Situations when Providing Patient Care Standard
- Managing Challenging Interpersonal Situations when Providing Patient Care Guide.

## **8. Record Keeping Standard**

The Executive Committee recommends that Council approve the proposed Record Keeping Standard and rescission of the following documents effective November 1, 2017:

- Record Keeping Guide
- Record Keeping Checklist.

## **9. Infection Control and Equipment Maintenance Standard**

The Executive Committee recommends that Council approve the proposed Infection Control and Equipment Maintenance Standard and rescission of the following documents effective November 1, 2017:

- Infection Control Standard
- Implementing Infection Prevention and Control Practices Guide.

## **10. Governance Policies Updates 2016-17**

The Executive Committee recommends that Council approve the changes to the Governance Policies as amended:

- Rescind section 2.1: Code of Conduct
- Amend section 8.1: Orientation Program
- Amend section 8.10: Council Education.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
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## **13. Round Table Discussion: Quality Assurance Program**



COLLEGE OF  
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## **14. Patient Focus Group Report**



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

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**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 15.0**

**Council Meeting  
September 28-29, 2017**

**Agenda #15: Collaborative Care Standard**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the proposed Collaborative Care Standard and rescind the following documents effective December 1, 2017:

- a. Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional Standard,
- b. Managing Challenging Interpersonal Situations when Providing Patient Care Standard, and
- c. Managing Challenging Interpersonal Situations when Providing Patient Care Guide.

<b>Meeting Date:</b>	September 28-29, 2017
<b>Agenda Item #:</b>	15
<b>Issue:</b>	Collaborative Care Standard
<b>Submitted by:</b>	Joyce Huang, Policy Analyst

**Issue:**

Staff consolidated content in two existing Standards to draft a proposed Collaborative Care Standard.

The Executive Committee reviewed the proposed Collaborative Care Standard, suggested two minor additions to the Standard, and recommends that Council:

1. Approve the proposed Collaborative Care Standard with an effective date of December 1, 2017, and
2. Rescind the following documents as of December 1, 2017:
  - a. Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional Standard,
  - b. Managing Challenging Interpersonal Situations when Providing Patient Care Standard, and
  - c. Managing Challenging Interpersonal Situations when Providing Patient Care Guide.

**Background:**

At the beginning of the College's standards review project, staff conducted a scan of the current physiotherapy environment to identify required changes to the College's current Standards. Part of the learning from that initial environmental scan was that the College's existing Concurrent Treatment Standard does not seem to meet the needs of members in today's practice environment, as it was written based on a siloed approach to providing health care. Instead, members would find it more helpful to have guidance about working in a collaborative care environment, including how to manage relationships with other health providers.

After conducting initial research about best practices in collaborative care, staff proposed that the College create a Collaborative Care Guideline to replace the existing Concurrent Treatment Standard. Council approved this direction in March 2017. The proposal was based on the observation that most of the existing expectations related to collaborating with others corresponded to expectations in higher level documents, mostly in the Essential Competency Profile.

However, following further discussions with College staff, it was noted that while the Essential Competency Profile articulates the competencies that physiotherapists must possess when they enter the profession, the College does not typically use the document to hold physiotherapists accountable if they fall below the standards of the profession. Instead, the College would typically rely on legislation, regulations, and the Standards for that purpose.

With that in mind, staff reassessed the proposal to create a Collaborative Care Guideline rather than a Standard. If there are expectations related to collaboration that are important to patient care, then those expectations should be articulated in a Standard document rather than a Guideline, so that the College can hold

physiotherapists accountable for meeting those expectations. The purpose of having a Collaborative Care Standard would be to provide clear expectations for physiotherapists about collaborating with others when providing care for the benefit of patients.

At the March 2017 Council meeting, staff presented a list of principles and best practices for providing collaborative care based on the results of the initial research. The research looked at academic and professional literature, patient safety literature, case law, and existing Standards and resources of other health regulators. Those principles and best practices were intended to inform the content of a potential Collaborative Care Guideline for our College.

In the course of the Council discussion about the principles and best practices, it appeared that while Council supported the idea that the best practices should guide physiotherapists' practice, they were less comfortable with the idea of codifying them as expectations that physiotherapists have to meet. With that in mind, when staff considered what expectations might be appropriate for a Collaborative Care Standard, staff primarily drew on existing expectations in current Standards and the Professional Misconduct Regulations, and used the collaborative care principles and best practices only as supporting rationale for those expectations.

In the course of drafting the proposed Collaborative Care Standard, staff consolidated the existing content in the Concurrent Treatment and Managing Challenging Interpersonal Situations Standards. Staff also looked at the Professional Misconduct Regulations, Essential Competency Profile, Standards of other regulators, and the findings from literature research. Then, staff drafted expectations for the proposed Standard, based on that information. For more detailed information about the research findings and rationale for the proposed content, see Appendix 2.

### **Stakeholder feedback:**

Staff reached out to members of the Citizens Advisory Group to understand what patients' expectations might be when it comes to collaborative care, and challenges they have encountered when receiving care from multiple health providers. Their comments highlighted several themes, which are addressed in the proposed Collaborative Care Standard:

- Some patients believe that the patient should be primarily responsible for coordinating their care, while others believe that it should be the health provider's responsibility. One respondent indicated that it should be a shared responsibility between the patient and the health providers.
- Some patients find it difficult to coordinate their own care.
- Patients often find it challenging to ensure information is shared between their different health providers, and figuring out "who knows what".

Staff shared an earlier draft of the proposed Collaborative Care Standard with College staff from the different program areas, the Ontario Physiotherapy Association, and the Physiotherapist Partners Network. The goal is to determine whether the Standard is relevant in today's practice environment, whether the Standard will be useful to members and other users, and whether the expectations are clear. Here is a high level summary of their feedback:

- In general, these stakeholder groups supported having a Standard that moves away from the "concurrent treatment" model and towards a "collaborative care" model, which is a better reflection of how care is delivered in the current practice environment.

- Their comments highlighted several principles that they believe should be included a Standard about collaborative care, such as the central role of patients, effective communication and shared decision-making within the care team, and a collaborative approach to managing conflicts.
- The majority of the respondents from the Physiotherapist Partners Network found the draft Standard to be clear and complete, and they believe that they will be able to meet the requirements in their practice.

The stakeholders also provided specific suggestions for improvements to the content that would make it clearer and more helpful to members. Staff incorporated a number of these suggestions in the proposed Standard. More detailed information is included in Appendix 2.

### **Highlight of Changes in the Standard:**

Much of the content in the proposed Collaborative Care Standard are drawn from content in the existing Concurrent Treatment and Managing Challenging Interpersonal Situations Standards, and were re-drafted so they are applied specifically to the collaborative care context.

There are some notable additions in the proposed Collaborative Care Standard:

- An expectation that articulates the obligation to collaborate with patients and other providers, and that the intended outcome of collaboration is to ensure that the plan of care meets the needs and goals of the patient. This is a change from the existing Concurrent Treatment Standard, which requires that physiotherapists only provide concurrent treatment when certain conditions are met, but does not articulate a positive obligation on physiotherapists to collaborate.
- An expectation that clarifies that in a collaborative care context, the physiotherapist remains responsible for supervising any care that they assign to another person. This expectation exists in other standards about supervising care, but was added to the Collaborative Care Standard to respond to practice advice questions the College has received about how physiotherapists should supervise assistants in the interprofessional collaboration model.
- Emphasis on the role of patients in collaboration – patients should have an active role in making decisions about their care, and physiotherapist must help patients make informed decisions. The evidence suggests that involving patients and their families in care decisions contribute to better outcomes in safety, quality and patient experience.

There are also a number of expectations in the existing Concurrent Treatment and Managing Challenging Interpersonal Situations Standards that were not included in the proposed Collaborative Care standard, because they are not congruent with the concept of collaboration, or because they are expectations that apply broadly to all care situations as opposed to specifically to collaborative care situations. More detailed information is provided in the report in Appendix 2.

**Executive Committee Recommendation:**

The Executive Committee reviewed the proposed Collaborative Care Standard, and the supporting research and rationale.

The Executive Committee supported the staff's proposal to create a Collaborative Care Standard rather than a Guideline, so that physiotherapists would be held to the expectations regarding collaboration that would protect patients.

The Executive Committee also suggested two minor additions to the proposed Standard, which is reflected in the proposed Standard in Appendix 1:

- Within the first expectation statement which imposes an obligation on physiotherapists to collaborate with others, the expectation should also incorporate the concept of relevance. That is, the collaboration should happen if the physiotherapist believes it is relevant to the patient's physiotherapy care.
- Regarding the requirement that physiotherapists make appropriate referrals to other health providers if they believe their patients need those services, additional information should be provided to clarify what is meant by a "referral" in this context, as there may be different interpretations among members.

The Executive Committee recommends that Council approve the proposed Collaborative Care Standard, with those two minor changes.

**Decision Sought:**

That Council:

1. Approve the proposed Collaborative Care Standard with an effective date of December 1, 2017, and
2. Rescind the following documents as of December 1, 2017:
  - a. Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional Standard,
  - b. Managing Challenging Interpersonal Situations when Providing Patient Care Standard, and
  - c. Managing Challenging Interpersonal Situations when Providing Patient Care Guide.

**Attachments:**

- Appendix 1: Proposed Collaborative Care Standard
- Appendix 2: Collaborative Care Standard – Summary of Research, Rationale and Stakeholder Feedback
- Appendix 3: Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional Standard (2005)
- Appendix 4: Managing Challenging Interpersonal Situations when Providing Patient Care Standard (2006)
- Appendix 5: Managing Challenging Interpersonal Situations when Providing Patient Care Guide (2009).



## **Appendix 1: Proposed Collaborative Care Standard**

*Note: The suggested hyper-links in this document are not live links, they are for illustration purposes only.*

### **Collaborative Care Standard**

#### **1. Responsibility and accountability**

A physiotherapist must collaborate with the patient, and with [others involved in the patient's care](#)<sup>1</sup> when it is relevant to the patient's physiotherapy plan of care. The collaboration should ensure that the plan of care addresses the needs and goals of the patient.

In a collaborative care situation, the physiotherapist remains responsible for [supervising](#)<sup>2</sup> any care he or she assigns to another person.

#### **2. Collaborating with the patient**

A physiotherapist must work with the patient to create a plan of care that addresses the patient's needs and goals, and help the patient understand the patient's role in the plan.

A physiotherapist must help the patient make [informed decisions](#)<sup>3</sup> about his or her care.

A physiotherapist must respect the patient's decisions about his or her own plan of care, including what care the patient will receive, and who will provide that care.

#### **3. Collaborating with other health providers**

If a physiotherapist believes that a patient requires services from another health provider, the physiotherapist must make the appropriate [referral](#)<sup>4</sup>.

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<sup>1</sup> Additional information to be provided by hyper-link:

People who are involved in the patient's care may include the patient's substitute decision-maker, family members, caregivers, and other health providers (including other physiotherapists).

<sup>2</sup> Hyper-link to the Supervision Standard.

<sup>3</sup> Additional information to be provided by hyper-link:

Physiotherapists can help patients make informed decisions about their care by having a discussion about topics such as:

- the range of treatment options
- the scopes of practice and roles of the different health providers
- who is the most responsible person for coordinating their care and sharing information
- the roles of substitute decision-makers, family members and care givers in the patient's plan of care
- the funding mechanism for the care.

<sup>4</sup> Additional information to be provided by hyper-link:

In this Standard, 'referral' means a recommendation or direction that a patient see another health provider for care or services that the physiotherapist believes are necessary but is unable to provide. It does not necessarily mean the formal process of directing a patient to a medical specialist.

The physiotherapist must take reasonable steps to understand what other care the patient is receiving, and ensure that the physiotherapy treatment is compatible with the care provided by other health providers. The physiotherapist does this by:

- understanding what tasks or treatments each health provider will perform
- seeking information from the patient or another health provider about other care the patient is receiving when it is relevant to the physiotherapy treatment
- providing information to the patient or another health provider about the physiotherapy treatment when it is relevant to care provided by others.

#### **4. Managing the collaborative relationship**

In a collaborative care situation, problems or conflicts may arise that could interfere with the delivery of safe, quality care. This includes problems that arise from the behavior of the patient, of other health providers, or the physiotherapist's own behaviour.

A physiotherapist must recognize those problems or conflicts, and take reasonable steps to resolve them in a collaborative way. The physiotherapist should take these steps:

- discuss the problem directly with the patient or the other health provider, and work together to identify the underlying cause
- agree on how to resolve the problem and the desired outcomes
- identify the consequences if the behavior, conflict, or situation is not resolved
- take appropriate action if the problem recurs<sup>5</sup>
- document the situation and the steps taken to resolve it.

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When making referrals, physiotherapists should base them on patient need, provide a range of alternatives, and not receive any referral fees. (Also see [Conflict of Interest Standard](#)).

<sup>5</sup> Suggested practice advice question:

What happens if a problem or conflict between the physiotherapist and the patient recurs?

If a physiotherapist has taken all reasonable steps to manage a problem or conflict in the physiotherapist-patient relationship, but the problem or conflict recurs, it may be appropriate for the physiotherapist to consider discontinuing the care.

Here are some situations that could lead to the physiotherapist discontinuing care:

- A risk of emotional or physical abuse to the physiotherapist is present
- The patient has demonstrated that he/she will not comply with the behavioral changes required to resolve the problem or conflict
- Poor attendance or cooperation of the patient makes a positive therapeutic outcome impossible
- The problem or conflict is too disruptive to the therapeutic environment
- The patient does not consent to the physiotherapist coordinating their care with other health providers, and the physiotherapist believes that will result in a risk of negative outcomes.

If a physiotherapist decides to discontinue care, he or she should arrange alternative services for the patient, or give sufficient opportunity for the patient to arrange for alternative services.

## **Appendix 2: Collaborative Care Standard – Summary of Research, Rationale and Stakeholder Feedback**

The expectations in the proposed Collaborative Care Standard draw on a variety of sources, including:

- Current College Standards for Concurrent Treatment and Managing Challenging Interpersonal Situations
- Issues and trends identified in College data
- Collaborative care best practices found in academic literature, professional literature, patient safety literature and legal research
- Higher-level documents, such as the Professional Misconduct Regulations, the Essential Competency Profile, and Codes of Ethics
- Standards of other Ontario health regulations and physiotherapy regulators in other provinces

The expectations were further refined in response to feedback from College staff, members, patients, and other stakeholder groups.

Below is a summary of the research, rationale and stakeholder feedback corresponding to each expectation in the proposed Standard.

### **Proposed Expectation #1:**

A physiotherapist must collaborate with the patient, and with others involved in the patient's care when it is relevant to the patient's physiotherapy plan of care. The collaboration should ensure that the plan of care addresses the needs and goals of the patient. (*See Note 1*)

*Note 1: Additional information about others involved in the patient's care (to be provided by hyper-link):*

People who are involved in the patient's care may include the patient's substitute decision-maker, family members, caregivers, and other health providers (including other physiotherapists).

### **Existing rules and expectations:**

- One of the principles in the College's Code of Ethics is that physiotherapists should be at all times guided by a concern for the patient's well-being.
- Similarly, one of the principles in the Canadian Physiotherapy Association's Code of Ethics is that members should act to promote the health and wellbeing of patients/clients.

**Research findings:**

- The professional and academic literature about collaborative care often cite benefits of collaboration including the ability to provide comprehensive care to patients, and minimizing duplication of effort.
- The patient safety literature emphasizes the benefits of engaging patients in decisions about their care. That literature suggests that shared decision-making with patients and family presence and involvement in care can lead to better outcomes in safety, quality and patient experience. The literature also suggests that in order for patients to be full partners in care, patients and their families need to understand their care plan and be involved in developing it.
- Some studies that analyzed empirical data suggest that receiving collaborative care seems to lead to better health outcomes and a better care experience for patients.

**Similar expectation in standards of other regulators:**

- In Ontario, the colleges for Medical Radiation Technologists and Respiratory Therapists have a similar expectation that members should collaborate with other providers with the goal of providing quality care, achieving the best possible outcome for their patient, or serving the best interest of the patient.

**Stakeholder feedback:**

- In a previous consultation with the Physiotherapist Partners Network (PPN), some respondents noted that providing care collaboratively is beneficial because patients will receive comprehensive care.
- Feedback from College staff suggested that the high level expectation to collaborate should clearly articulate what is the intended outcome of collaboration, which is to ensure that the plan of care meets the needs and goals of the patient.
- The OPA suggested that it is important that the collaboration described in the Standard includes the patient's family and caregiver.
- One comment from the Physiotherapist Partners Network noted that the Standard should make clear that collaborating with other health providers could also include collaborating with other physiotherapists.
- When the Executive Committee considered a draft of the proposed Standard in September 2017, the Committee suggested incorporating the concept of relevance into this expectation. That is, the collaboration should happen if the physiotherapist believes it is relevant to the patient's physiotherapy care. That change has been incorporated.

**Proposed Expectation #2:**

In a collaborative care situation, the physiotherapist remains responsible for supervising any care he or she assigns to another person.

**College data:**

- Members have asked the Practice Advisor about how they should supervise assistants in an interprofessional team. The College's current PTA Standard is silent about interprofessional supervision.

- The proposed expectation clarifies that in the collaborative care context, when another person is delivering care assigned by the physiotherapist, then the physiotherapist is responsible for supervising that care.

#### Proposed Expectation #3-5:

A physiotherapist must work with the patient to create a plan of care that addresses the patient's needs and goals, and help the patient understand the patient's role in the plan.

A physiotherapist must help the patient make informed decisions about his or her care. *(See Note 2)*

A physiotherapist must respect the patient's decisions about his or her own plan of care, including what care the patient will receive, and who will provide that care.

*Note 2: Additional information about helping patients make informed decision about their care (to be provided by hyper-link):*

Physiotherapists can help patients make informed decisions about their care by having a discussion about topics such as:

- the range of treatment options
- the scopes of practice and roles of the different health providers
- who is the most responsible person for coordinating their care and sharing information
- the roles of substitute decision-makers, family members and care givers in the patient's plan of care
- the funding mechanism for the care.

#### **Existing rules and expectations:**

- One of the principles in the College's Code of Ethics is that patients have the right to self-determination and are empowered to participate in decisions about their health-related quality of life and physical functioning.
- Similarly, one of the principles in the Canadian Physiotherapy Association's Code of Ethics is that members should respect their patients/clients' rights, dignity, needs, wishes and values.

#### **College data:**

- In some of the College's professional misconduct cases related to collaborative care, patients were concerned or unhappy about the fact that the physiotherapist's diagnosis, assessment or recommendation is different from that provided by another health professional.
- The proposed expectations and the additional explanatory note may be able to address those concerns by reminding physiotherapists to have a discussion with their patients about different treatment options, and the scopes of practice and roles of the different health providers.

**Research findings:**

- The academic and professional literature about collaborative care suggest that one of the principles for collaborative care is that the care should be patient-centred, meaning the patient should be a key participant in the collaborative care team, and where appropriate, they may even act as the lead in coordinating their care.
- The professional literature in medicine and other health professions also suggests that professionals should foster and support patients and their families as active participants in their health care decision-making, by providing them with information, allowing opportunities to ask questions, and discussing their role in the care team.
- The patient safety literature emphasizes the benefits of engaging patients in decisions about their care. That literature suggests that shared decision-making with patients and family presence and involvement in care can lead to better outcomes in safety, quality and patient experience. The literature also suggests that in order for patients to be full partners in care, patients and their families need to understand their care plan and be involved in developing it.
- In the academic literature, some studies also found that collaborating with patients in their care leads to better health outcomes, better preventative actions, and as a result, mitigates adverse economic impacts.
- The patient safety literature also shows that health providers and patients both resist engaging patients in care decisions because of the concern that the patient does not have the required knowledge to participate meaningfully. For that reason, the proposed expectations require physiotherapists to help patients make informed decisions about their own care, and suggest that they can do so by having a discussion with their patient about different aspects of the care.

**Similar expectation in standards of other regulators:**

A number of other regulators have a similar expectation that members should involve patients when providing care collaboratively, and respect their decisions about their own care. Some regulators also provide advice to members for how to achieve that. These regulators include:

- *Other Ontario regulators:* Homeopaths; Massage Therapists; Midwives; and Respiratory Therapists
- *PT regulators in other provinces:* Alberta; British Columbia; and Manitoba

**Stakeholder feedback:**

- Feedback from College staff suggested that the process of providing collaborative care should include a collaboration with the patient, and that the Standard should acknowledge that the patient has an active role in the decision-making about their own care.
- A few members of the Citizens Advisory Group responded to a question about who should have primary responsibility for coordinating care and sharing information in a collaborative care situation. Their responses were mixed. A majority of respondents believed that it is the healthcare provider's responsibility, a minority believed that it is the patient's responsibility, and one indicated that it should be a shared responsibility. One respondent also noted that patients find it challenging to coordinate their own care.
- Similarly, one of the comments from the Physiotherapist Partners Network about the proposed Standard is that one of the challenges in providing collaborative care is that it can be confusing for the patient and the family to know who is responsible for making decisions

about the patient's care.

- The proposed expectations in this section reinforces the principle of patient autonomy and decision-making, but also acknowledge that they need support to make informed decisions. Part of the decision about their care is who will be responsible for coordinating the care and sharing information. It is possible that the patient may delegate that responsibility to someone else.

#### Proposed Expectation #6:

If a physiotherapist believes that a patient requires services from another health provider, the physiotherapist must make the appropriate referral. (See Note 3)

*Note 3: Additional information to be provided by hyper-link:*

In this Standard, 'referral' means a recommendation or direction that a patient see another health provider for care or services that the physiotherapist believes are necessary but is unable to provide. It does not necessarily mean the formal process of directing a patient to a medical specialist.

When making referrals, physiotherapists should base them on patient need, provide a range of alternatives, and not receive any referral fees. (Also see Conflict of Interest Standard).

#### **Existing rules and expectations:**

- The College's Professional Misconduct Regulation requires physiotherapists to refer a patient to another health professional when the physiotherapist recognizes, or ought to recognize, when the patient's condition requires such a referral.

#### **College data:**

- In the Quality Assurance program, a number of peer assessments of physiotherapists found that those physiotherapists failed to recognize that a patient should have been referred to another health provider.

#### **Similar expectation in standards of other regulators:**

- The PT regulator in Alberta also requires that in the context of collaborative practice, members should refer a client to the appropriate team member when the client's goals are best addressed by another provider.

#### **Stakeholder feedback:**

- When the Executive Committee considered a draft of the proposed Standard in September 2017, the Committee suggested providing additional information to clarify what is meant by a "referral" in this context, as there may be different interpretations among members.

Staff have drafted an explanatory note to provide greater clarity.

**Proposed Expectation #7:**

The physiotherapist must take reasonable steps to understand what other care the patient is receiving, and ensure that the physiotherapy treatment is compatible with the care provided by other health providers. The physiotherapist does this by:

- understanding what tasks or treatments each health provider will perform
- seeking information from the patient or another health provider about other care the patient is receiving when it is relevant to the physiotherapy treatment
- providing information to the patient or another health provider about the physiotherapy treatment when it is relevant to care provided by others.

**Existing rules and expectations:**

- This proposed expectation is adapted from an expectation in the existing Concurrent Treatment Standard that physiotherapist consult and coordinate with the other health care professional when providing concurrent treatment.
- The College's Professional Misconduct Regulations prohibit physiotherapists from providing care that is no longer indicated, ceased to be effective or is unnecessary.
- One of the principles in the College's Code of Ethics is that physiotherapists should value the contribution of all individuals involved in the care of a patient; and that communication, collaboration and advocacy are essential to achieve the best possible outcomes.
- One of the principles in the CPA's Code of Ethics is that members should not treat patients/clients when the diagnosis or continuation of physiotherapy is not warranted or is contraindicated.
- Required competencies in the Essential Competency Profile for Physiotherapists (2009) include identifying the need for and potential value of intervention by a physiotherapist; discussing physiotherapy diagnosis and prognosis with the client and other health professionals; identifying when physiotherapy services are not required or indicated; integrating knowledge and understanding of the physiotherapist role and the roles of others in providing client-centred care; consulting and sharing relevant information with clients, other health professionals, and all relevant individuals or groups in a timely manner; and promoting active and informed shared decision-making.

**College data:**

- At Practice Advice, members have asked for advice about what to do when another health provider is not responding to their requests to discuss a patient's care.
- In some of the College's professional misconduct cases related to collaborative care, patients have complained to the College because they perceived that the physiotherapist did not adequately coordinate their care with another health care professional.



**Research findings:**

- Research including academic literature, professional literature, and legal research suggest that there are a number of principles and best practices that support collaborative care, two of which are relevant to this proposed expectation:
  - The different health providers involved in providing care collaboratively should have clearly-understood roles, responsibilities and accountabilities. This is achieved when the different providers clearly understand who is involved in the care, each provider's role and responsibility, and which task(s) each provider will perform.
  - Decision-making should be shared between the patient and the different health providers, by incorporating the knowledge, skills, judgment and evidence from each person involved.

**Similar expectation in standards of other regulators:**

Physiotherapy colleges in Alberta, British Columbia, Manitoba and Saskatchewan have expectations that physiotherapists should only provide concurrent treatment when the treatment is appropriate or beneficial to the patient, and it is compatible with other treatment that the patient is receiving.

A number of other regulators have the expectation that members should consult and coordinate with other health providers when they are providing concurrent treatment to patients, by communicating with them, understanding each other's roles and competencies, and sharing decision-making, including:

- *Other Ontario regulators:* Audiologists and Speech-Language Pathologists ; Dental Hygienists; Homeopaths; Medical Radiation Technologists; and Respiratory Therapists
- *PT regulators in other provinces:* Alberta; and British Columbia

**Stakeholder feedback:**

- Feedback from College staff noted that in many cases, the physiotherapist will not be communicating directly with other health providers in the patient's circle of care. Staff suggested that the expectation should acknowledge that information sharing may be done through the patient, or directly between health providers.
- A few members of the Citizens Advisory Group shared their experience with receiving care from multiple health providers. One of the challenges that the respondents raised was the difficulty in ensuring that information is shared between the different providers. Patients find it challenging to figure out "who knows what".
- One member of the Citizens Advisory Group shared the personal experience, where the lack of coordination between different health providers have led to a duplication of work, which resulted in wasted time and resources.
- Several members of the Physiotherapist Partners Network commented that effective communication between different providers in the care team is important when providing collaborative care, but in practice it is a big challenge to achieve.

### Proposed Expectation #8:

In a collaborative care situation, problems or conflicts may arise that could interfere with the delivery of safe, quality care. This includes problems that arise from the behavior of the patient, of other health providers, or the physiotherapist's own behaviour.

A physiotherapist must recognize those problems or conflicts, and take reasonable steps to resolve them in a collaborative way. The physiotherapist should take these steps:

- discuss the problem directly with the patient or the other health provider, and work together to identify the underlying cause
- agree on how to resolve the problem and the desired outcomes
- identify the consequences if the behavior, conflict, or situation is not resolved
- take appropriate action if the problem recurs (*See suggested practice advice question*)
- document the situation and the steps taken to resolve it.

*Suggested Practice Advice Question: What happens if a problem or conflict between the physiotherapist and the patient recurs?*

If a physiotherapist has taken all reasonable steps to manage a problem or conflict in the physiotherapist-patient relationship, but the problem or conflict recurs, it may be appropriate for the physiotherapist to consider discontinuing the care.

Here are some situations that could lead to the physiotherapist discontinuing care:

- A risk of emotional or physical abuse to the physiotherapist is present
- The patient has demonstrated that he/she will not comply with the behavioral changes required to resolve the problem or conflict
- Poor attendance or cooperation of the patient makes a positive therapeutic outcome impossible
- The problem or conflict is too disruptive to the therapeutic environment
- The patient does not consent to the physiotherapist coordinating their care with other health providers, and the physiotherapist believes that will result in a risk of negative outcomes.

If a physiotherapist decides to discontinue care, he or she should arrange alternative services for the patient, or give sufficient opportunity for the patient to arrange for alternative services.

### **Existing rules and expectations:**

- The existing Managing Challenging Interpersonal Situations Standard contains several expectations about how physiotherapists must recognize, analyze, and manage behaviours, conflicts or situations that may interfere with the delivery of safe, quality care. Those expectations have been combined and re-drafted so they apply in the collaborative care context specifically. In some cases the high level expectation was captured, but not the detailed guidance that followed.

- The existing Managing Challenging Interpersonal Situations Standard contains an expectation about when it may be necessary to terminate the therapeutic relationship if problems of conflicts recur. That information is captured in the suggested practice advice question.
- Required competencies in the Essential Competency Profile for Physiotherapists (2009) include identifying issues that may contribute to the development of conflict between the physiotherapist and client or between team members; addressing conflicts in a timely manner; and employing collaborative techniques to resolve conflicts.

**Research findings:**

- The academic and professional literature about collaborative care suggest that one of the best practices that contribute to effective collaborative care is to have a strategy for conflict management, where the individuals in the care team work together to make decisions and resolve conflicts.

**Similar expectation in standards of other regulators:**

A number of other health regulators provide rules or guidance to members about how they should manage conflicts or challenging behaviours between colleagues. They differ in specifics but the intent is typically that the member works with the patient and the other health professional to find a satisfactory resolution with the patient's best interest as priority. They include:

- *Other Ontario regulators:* Massage Therapists; Medical Radiation Technologists; Nurses; and Physicians and Surgeons
- *PT regulators in other provinces:* Alberta

**Stakeholder feedback:**

- In an earlier draft of the proposed Collaborative Care Standard, the expectation to recognize and manage conflicts focused on conflicts between the physiotherapist and other health providers, and how they should work together to resolve that conflict. Feedback from College staff noted that the patient also has a role in the conflict management process, and that problems can also arise from the patient's behavior. The expectation was re-drafted to include the patient.
- The OPA expressed concern that combining elements of the Concurrent Treatment Standard and the Managing Challenging Interpersonal Situations Standard into the proposed Collaborative Care Standard would result in less clarity. However staff believe it is important to include content about managing conflicts in the Collaborative Care Standard because members have specifically asked for more guidance about this, and the literature about collaborative care also suggest that it is a best practice to have a conflict management strategy in place.
- The OPA expressed concern that by incorporating expectations about managing conflict into a Standard about collaboration, it may imply that collaboration by nature involves potential conflict. Staff reviewed the language in this section to ensure that the content does not imply that collaborative relationships are inherently conflictual, but simply that conflicts could arise.
- The OPA suggested that in a collaborative relationship, the conflict management process should also be collaborative, and should involve equal participation from the patient and other health providers. Staff re-drafted the content to incorporate this suggestion.

- The OPA suggested that the proposed Standard should include guidance about when it may be appropriate to terminate the therapeutic relationship if problems or conflicts recur. In particular, both the OPA and members of the Physiotherapist Partners Network suggested that the Standard should provide guidance to members about the option to withdraw care in cases where the patient does not consent to the physiotherapist collaborating with their other health providers, and the physiotherapist believes this will lead to a risk of negative outcomes. This guidance is now included in the suggested practice advice question.

### **Existing Expectations Not Included in the Proposed Collaborative Care Standard**

There are a few expectations that are in the current Concurrent Treatment and Managing Challenging Interpersonal Situations, but were not incorporated into the proposed Collaborative Care standard, for the following reasons:

<b>Existing Expectation</b>	<b>Rationale for not including in the Collaborative Care Standard</b>
A physiotherapist must ensure that the health care professional providing the concurrent treatment has a shared scope of practice and similar patient care objectives.	This expectation does not seem to apply when the physiotherapist is collaborating with other types of health providers. In fact, in a collaborative care situation, it is likely that the providers will have different scopes of practice, and they work together to provide comprehensive care to patients.
A physiotherapist will only provide concurrent treatment when the treatment is required.  Physiotherapists must not provide concurrent treatment in circumstances where the physiotherapy services are an unethical or inefficient duplication of health care services.	The Professional Misconduct Regulations prohibit physiotherapists from providing unnecessary care. That obligation applies broadly to every care situation, and is not unique to collaborative care. Therefore staff suggest leaving these two expectations out of the proposed Collaborative Care Standard.
In circumstances where, in his or her judgment, the concurrent treatment is unnecessary, the physiotherapist must clearly communicate this decision to the patient.	Feedback from College staff noted that this is a higher-level obligation that applies broadly to every care situation, and is not unique to collaborative care. Therefore staff suggest leaving this expectation out of the proposed Collaborative Care Standard.
A physiotherapist must not comment on other health professionals' qualifications or services other than to provide professional opinions that are necessary in the circumstances.	Feedback from College staff noted that this expectation seems to relate to a general obligation for physiotherapists to behave professionally towards colleagues, but is not directly related to providing collaborative care. Therefore they suggested that it should not be included in the Collaborative Care Standard.

# Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional

*College publications contain practice parameters and standards which should be considered by all Ontario physiotherapists in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.*

## Introduction

Concurrent treatment of a patient by a physiotherapist and another health care professional, including another physiotherapist, may be beneficial. However, unless concurrent treatment is provided appropriately, concerns such as the following may arise:

- The treatments provided to the patient for the same or related conditions may inadvertently counteract each other;
- Conflicting advice and/or information may be provided to the patient;
- The physiotherapist may not be able to determine the impact of his or her treatment intervention on the patient; and
- The concurrent treatment may result in an unethical or inefficient use of health care resources.

## Standard Statement

*In the event of any inconsistency between this standard and any legislation that governs the practice of physiotherapists, the legislation governs.*

A physiotherapist will only provide concurrent care when, in his or her professional judgment, the treatment is required, appropriate and compatible with treatment approach of the other treating professional and the care does not constitute an unethical or inefficient use of health care resources.

## Performance Expectations

A physiotherapist demonstrates the standard by:

1. Providing concurrent treatment in circumstances where the treatment:
  - is appropriate to the needs of the patient;
  - is complementary to the treatment provided by the other health care professional;
  - is provided following consultation with the other health care professional; and
  - is coordinated with the other health care professional.

2. Not providing concurrent treatment in circumstances where:
  - The other health care professional has a conflicting treatment approach or patient care objective; or
  - The physiotherapy services are an unethical or inefficient duplication of health care services.
3. Ensuring that the health care professional providing the concurrent treatment has a shared scope of practice and similar patient care objectives.
4. In circumstances where, in his or her judgment, the concurrent treatment is unnecessary, clearly communicating this decision to the patient.
5. Ensuring that the funding mechanism that is paying for the care permits more than one health care professional to provide treatment for the patient.
6. Not commenting on other health professionals' qualifications or services other than to provide professional opinions that are necessary in the circumstances.

## Definitions

**Concurrent Treatment:** The circumstance where more than one health care professional is administering or applying remedies, including medical, surgical or other therapies, to a patient for the same or related disease or injury. The circumstance where a patient may be receiving care from multiple health care professionals for different diseases or injuries is not considered to be concurrent care.

## References

Professional Misconduct Regulation, Ontario Regulation 388/08  
Date approved: February 2005  
Reviewed January 2007

# Managing Challenging Interpersonal Situations When Providing Patient Care

*College publications contain practice parameters and standards which should be considered by all Ontario physiotherapists in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.*

## Introduction

Challenging interpersonal situations arise in healthcare due to a variety of factors including the availability of resources, personal expectations and other environmental or contextual factors.

This standard only applies when a patient receiving physiotherapy care is central to the situation. Most often a challenging situation develops between the patient and the physiotherapist, however, interpersonal situations between a physiotherapist and another health care provider or between a patient's partner or a family member may also present challenging situations for registrants.

This standard describes the profession's and the College's expectations of registrants when they manage challenging situations that arise during the provision of individual patient care.

## Standard Statement

*In the event of any inconsistency between this standard and any legislation that governs the practice of physiotherapists, the legislation governs.*

Registrants will manage challenging interpersonal situations with a desire to deliver quality care and achieve positive physiotherapy outcomes for their patients. Accordingly, physiotherapists will identify and proactively manage behaviors in situations involving patient care that may interfere with a safe, respectful and professional interaction.

## Performance Expectations

A physiotherapist demonstrates the standard by:

1. Conducting an analysis of the severity of the behavior(s) observed, the risks imposed by the behavior(s) and the likelihood of achieving the desired positive physiotherapy outcomes and making a reasonable decision about how they will respond.
2. Identifying behaviors in the situation that are challenging and proactively managing them by:

- Describing the behavior(s) to the individual involved
  - Providing an explanation about why the behavior(s) presents a challenge
  - Describing the changes that would contribute to a positive outcome
  - Explaining the consequences if the changes are not observed
3. Refraining from labeling the behavior(s) based on assumptions or stereotypes.
  4. Critically examining the circumstances in which the behaviour arose to ensure that, where possible, such circumstances are avoided in future.
  5. Monitoring the situation for any signs of recurrence of the behavior and instituting immediate appropriate action.
  6. Documenting:
    - The behavior(s) that is presenting the challenge in the situation
    - The changes in behavior that are expected to occur
    - The timeframe for the change to be observed
    - The tools or resources, if any, utilized to assist in facilitating the change (e.g. written contract)
    - The consequences that were discussed if the change is not observed including termination of the challenging situation
  7. Terminating the situation under the following conditions:
    - A risk of emotional or physical abuse to the physiotherapist or others is present
    - A demonstrated inability to comply with the expected behavioral change exists
    - Lack of cooperation or attendance renders the ability to achieve the positive physiotherapy outcomes impossible
    - The situation is disruptive in the therapeutic environment

## Definitions

See Glossary in the Guide.

## References

Physiotherapy Act

Essential Competency Profile for Physiotherapists in Canada. July 2004

College of Physiotherapists of Ontario, Code of Ethics

Guide to the Standard for Managing Challenging Interpersonal Situations When Providing Patient Care

September 2006, reconfirmed December 2009



# Managing Challenging Inter- personal Situations When Providing Patient Care

*Guide to the Standards  
for Professional Practice*

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This document is the result of a collaborative effort between the College of Physical Therapists of Alberta (CPTA) and the College of Physiotherapists of Ontario.

Note: This Guide to the Standard for Managing Challenging Interpersonal Situations when Providing Patient Care is intended to assist registrants in understanding the expectations of the College as defined in the Standard for Professional Practice: Managing Challenging Interpersonal Situations when Providing Patient Care and in conjunction with other practice standards for the profession, including those defined in the Standards for Practice for Physiotherapists.

## Introduction

When caring for a patient, registrants are required to be thoughtful and purposeful in how they manage challenging interpersonal situations that may interfere with their ability to deliver quality care culminating in positive physiotherapy outcomes. The performance expectations registrants are required to meet when dealing with challenging interpersonal situations are described in the College's Standard for Professional Practice: Managing Challenging Interpersonal Situations When Providing Patient Care.

This Guide is a supplement to the Standard. It provides a more detailed resource including tools registrants may choose to assist them in meeting professional and College expectations as set out in the Standard for Professional Practice.

Registrants are reminded that the Standard applies only to those situations that occur during the provision of patient care. In addition to the patient or his or her substitute decision maker who are at the centre of a therapeutic relationship, registrants will interact with a variety of individuals during the course of providing a patient with physiotherapy care. Registrants may interact with a patient's partner or a family member, other health practitioners involved in the patient's care, personnel employed by agencies or organizations funding the care, or other professionals such as a lawyer. The common element in all of these interactions is to deliver quality patient care and meet the desired patient-centred goals.

Challenging interpersonal situations may interfere with a registrant's ability to accomplish these outcomes. Therefore, they require appropriate and timely management. At minimum, active management is a discussion with the individuals involved which includes feedback, an explanation and clarification of expectations, and in extreme situations, discharge of the patient from active treatment.

The decision to discharge a patient from active treatment often occurs in situations where, despite repeated reasonable attempts on the part of the registrant to manage the challenging situation over a reasonable period of time, the situation has not changed sufficiently and the registrant has deemed that he or she will not be able to achieve the desired physiotherapy outcomes. The other situation is when there is an immediate risk of harm to the registrant or other individuals. In both of these situations discharge is the appropriate recourse.

When registrants decide to discharge a patient from active care, they must do so in accordance with their professional and regulatory obligations, including the professional misconduct regulations, the Code of Ethics and any other applicable rule or policy.

## Identifying Challenging Behaviors

### Within a Therapeutic Relationship with a Patient

Very early in the establishment of a therapeutic relationship, it is prudent for registrants to attempt to gain a broader understanding of their patients beyond the specific problems for which they are receiving physiotherapy services. Often patients come to see a physiotherapist with expectations around how treatment will be provided, the types of services they will be receiving and who will be providing them. Some of these expectations may arise out of previous experiences with other providers of physiotherapy

services, cultural differences or emotional state<sup>1</sup>. Patient expectations can range anywhere from very reasonable and appropriate to unreasonable and inappropriate.

Early identification<sup>2</sup> and proactive management of behaviors or expectations that could escalate or interfere with achieving the desired physiotherapy treatment outcomes is the responsible approach. (See Appendix A: Stages of Change.)

Registrants who passively tolerate situations that arise out of inappropriate patient expectations or behavior hoping that the behavior will cease on its own, or that the patient will stop coming for treatment or will eventually be discharged, are not actively managing the situation.

Prior to initiating treatment, registrants are obligated to have a dialogue with each of their patients to obtain informed consent for a proposed treatment plan. It is wise for registrants to include a discussion of relevant organizational policies or personal expectations with respect to patient behavior that may impact on achieving desired physiotherapy outcomes. Examples of such behavior include but are not limited to:

1. Any expectations/policies (written or unwritten) that have monetary or continuity of treatment consequences to the patient. Examples include policies relating to failure to attend an appointment without providing adequate notice or repeated cancellations.
2. Any expectations/policies (written or unwritten) that deal with appropriate behavior or decorum in the treatment environment. Examples of these are policies related to arriving for an appointment under the influence of drugs or alcohol, or the use of language that is offensive, threatening or of a sexual nature.

It is always the registrant's responsibility to identify any interpersonal situation with a patient that may interfere with the delivery of safe, quality care and the desired physiotherapy outcomes. Registrants also need to consider other people in the environment who may be impacted. These include but are not limited to other patients and administrative staff.

*Example: Identifying a Challenging Situation within a therapeutic relationship with a Patient*

A new patient arrives for her physiotherapy appointment and checks in with the receptionist. The receptionist comes to you and tells you that she suspects that the patient may be intoxicated. She is "slurring" and has "alcohol breath".

*Discussion:*

Since the receptionist at the clinic has already alerted you to the fact that the patient may be intoxicated, it is important for you to remain objective before you conclude that this is the case. There may be a medical reason why the patient is slurring and the smell on her breath may be from something other than alcohol. However, if during the course of your interaction with the patient you are inclined to agree with the receptionist's assessment of her condition, it is reasonable for you to sensitively discuss

1 Stone, Douglas; Patton, Bruce; Heen, Sheila. *Difficult Conversations*. Penguin Books 2000, p. 8

2 Wasan, Ajay D, MD, MSc.; Wooton, Joshua, MDiv, PhD.; Jamieson, Robert N, PhD. *Dealing with Difficult Patients in Your Pain Practice*. Reg. Anesth. Pain Med. 2005: 184-192

your concern with the patient. Describing your observations provides the patient with objective feedback without labeling the cause. Informing the patient about your expectations with respect to her demeanor and ability to fully participate while she is attending future appointments and reviewing any relevant organizational policies help ground your expectations. It is helpful to include a brief note in the patient's record that summarizes the key points covered in the discussion.

#### Within an interprofessional relationship

Registrants frequently collaborate with other professionals to provide patient care. The most obvious example is found in institutional settings such as a hospital or long-term care facility. However, even in the community through home-based services, private practice or in industry, physiotherapists rarely work in isolation.

Ethically, every member of a “team” has separate obligations or duties, toward patients. These are based on the provider's profession, scope of practice and individual skills. Team members also have ethical obligations to treat each other in a respectful and professional manner.

Relationships between professionals are often, by their nature, unequal. Different knowledge and experience in specific issues, both ethically and legally, imparts unequal responsibility and authority to those care providers with the most relevant knowledge and experience. Sometimes the role of members on the team (e.g., supervisor, team leader) contributes to the inequality. Because of differences in training and experience, each member of the team brings different strengths. Team members need to work together to best utilize the expertise and insights of each member for optimal outcomes.

#### Do physiotherapists have to do whatever they are told by another professional, even if they disagree with their plans?

Professional relationships exist between different professions and between individuals within the same profession. Whenever a physiotherapist disagrees with another professional, he or she should seek input from that professional. A respectful exchange of views may provide both parties with new information, and leads to further learning or a better understanding of the situation.

#### What is meant by “respectful” exchange of views?

Because of the inequality of authority and responsibility in interprofessional relationships, mutual respect is particularly important when many individuals are involved in a patient's care.

Disagreements between professionals are common and expected due to different knowledge, experience, values and perspectives of the various team members. While disagreements might be settled in a number of ways using a variety of communication techniques, mutually respectful behavior is a key feature of professionalism. (See Appendix A: Stages of Change.) Thus, while members of the patient care team will disagree at times, disagreements should be verbalized in a professional manner.

Respectful behavior begins with listening to and considering the input of other professionals. Ask yourself whether your perception of whether you are respected depends more upon whether the other party agrees with you, or whether, despite disagreeing, they listened and acknowledged your point of view.

Respect is demonstrated through language, gestures and actions. Disagreement can and should be voiced without detrimental statements about other members of the team, and without gestures or words that impart disdain. Both actions and language should send the message: “I acknowledge and respect your perspective in this matter, but for the following reasons, I disagree with your conclusions, and believe I should do something else...”

In addition, disrespectful behavior from a colleague does not justify disrespectful behavior in return.

**How can disagreements with another member of a “team” be handled?**

In the best situations, disagreement leads to a more complete discussion of the patient’s care, resulting in a new consensus about the best course of action. The new consensus may require compromises from each individual. Physiotherapists should always have their patient’s needs as their primary concern and avoid placing the patient in the middle of a disagreement by suggesting that he or she “makes a choice” about which provider he or she prefers or by making statements that may diminish his or her trust in another professional.

When members of a team cannot arrive at a consensus around what should be done, other measures may have to be adopted. Consultation with other professionals who are not directly involved in the patient’s care team for objective input may be helpful. If the disagreement still cannot be resolved, physiotherapists may choose to refer the patient to another provider or, if appropriate, seek input from other resources such as an ethics committee, a professional association or a regulating body.

*Example: Interprofessional Relationships*

A physiotherapist assesses a patient for a shoulder problem. The clinical examination leads the physiotherapist to suspect there may be a labral tear that requires further diagnostic testing to confirm the clinical impression. The physiotherapist gives the patient a note for his physician that suggests further diagnostic testing would be helpful in establishing an accurate diagnosis of the shoulder problem. The physician writes the physiotherapist a letter stating that the patient should have been initially directed to him for an assessment and it was the physiotherapist’s duty to direct the patient to the physician prior to seeing the patient.

*Discussion:*

The physiotherapist is faced with a challenging situation that, if managed appropriately, is an opportunity to establish a respectful relationship with the physician and ensure that the patient receives the additional diagnostic testing required.

Upon reflection, the physiotherapist may conclude that it would have been more prudent to have spoken with the physician directly rather than send a note with the patient. A conversation between both parties provides an opportunity to immediately address any issues that may arise out of individual assumptions around the other person’s behavior or agenda. In this situation, the physiotherapist would gain an understanding of why the physician expects his patients to see him before they access physiotherapy services.

Once this is understood by the physiotherapist, he or she can develop a plan to manage the situation in order to achieve the desired outcomes of ensuring the best care for the patient and the establishment of a respectful relationship with the physician.

#### With a Patient's Partner or a Family Member

Generally, partners or family members are interested in being an advocate for the patient. However, in some instances, their view of their role in the patient's health care and/or in their relationship with the physiotherapist(s) providing the care is not consistent with the physiotherapist's view. The factors that can provide challenges between a physiotherapist and a family member or partner are similar to those that arise between physiotherapists and their patients. Given different personalities, competing values, and varieties of experience, no two situations will be exactly alike. Nevertheless, there are two issues which arise most frequently. One is communication and the other is decision-making.

When physiotherapists are aware that a family member or partner is actively involved in the care of a patient, it is prudent to determine the answers to the following questions prior to establishing a relationship with the family member or partner:

1. Does the family member or partner have legal authority to make decisions on behalf of the patient?
2. If the patient is capable of giving consent and making his or her own healthcare decisions, has the patient consented to the release of his or her confidential health information to his or her partner or family member?

The responses to these questions determine the boundaries or extent of the family member's or partner's involvement in the patient's health care and the level of disclosure of health information a physiotherapist can provide. Early communication between the physiotherapist and the parties involved to clarify the role and responsibilities of the physiotherapist in the patient's care is helpful in developing a common understanding.

When a partner or family member exhibits behaviour that presents a challenge to providing quality care to the patient, it is recommended that registrants manage the situation by taking the same steps and employing the same strategies as they would in a situation with a patient. The limits of what registrants can discuss about the patient will be determined by the answers to the two questions posed above. Whenever possible, it is reasonable to establish parameters around those matters that the patient is comfortable having you discuss with his or her partner or family member. A lack of clarity among all the parties regarding information that is discussed and exchanged between the physiotherapist and the partner or family member can contribute to the development of a challenging situation.

Prior to communicating with a partner or a family member, registrants are prudent to ensure that consent is given by the patient or legal authority permits the partner or family member to participate in decisions surrounding patient care and that this consent is documented.

*Example: Identifying a Challenging Situation with a Patient's Partner or Family Member*

A physiotherapist working in the community is treating an elderly gentleman who lives with his daughter. The gentleman is capable of making all of his decisions with respect to his physiotherapy treatment

and personal care. The daughter is very attentive to her father and is often present during her father's physiotherapy treatment sessions. The father freely speaks about his condition in front of his daughter and he often includes her in discussions he has with you. He has told you that he is very comfortable discussing anything with his daughter present.

You receive a call from the daughter who tells you that she would like her father to be evaluated for a mobility aide different from what he is currently using because she believes it would be better for her father. She is calling you to discuss this with you privately because she does not think her father will be receptive to this because "he doesn't like change."

*Discussion:*

On the surface, this situation may not present itself as being challenging. However, it should prompt a registrant to consider whether or not he or she has clarified with the patient what the daughter's role is in her father's care. This includes an understanding of the limits to and the type of information that can be shared between the physiotherapist and his daughter. Discussions with all parties present where there is "free exchange" of information does not necessarily imply that private conversations between the daughter and the physiotherapist are sanctioned by the patient. However well meaning the daughter may be, she may be making assumptions about her role that need to be actively managed by the physiotherapist. For example, the physiotherapist cannot agree to withhold information from the patient. This situation could escalate into something more challenging if assumptions are not discussed openly and a common understanding among all parties is not achieved.

## Managing the Challenging Behaviors

### Implement Reflective Practice/Self Awareness

#### Know yourself

One of the best ways of managing challenging situations is to try to prevent them in the first place. An awareness of one's values, emotional "hot buttons" and thinking style is a good way of choosing how we will respond to a certain situation.



One way to influencing your response to a challenging situation is to understand how you handle adversity in general. Do you listen well or jump to conclusions, do you have a set agenda or are you willing to discuss and compromise? Tools such as an RQ (Resilience Quotient) Test<sup>3</sup>, along with strategies to prevent and handle adversity (ABCs: Adversity-Beliefs-Consequences) are techniques to learn how to:

- "listen" to your thoughts
- identify what you say to yourself when faced with a challenge
- understand how your thoughts affect feelings and behaviors

3 Reivich, Karen; Shatté, Andrew. The Resilience Factor. Broadway Books. 2002. p. 13.



When considering your response to potentially challenging situations, it may also be helpful to be mindful of a number of things:

- How have you responded to previous challenging situations and conflicts, and past experiences which may have contributed to those responses?
- What assumptions do you bring to situations of conflict that may color your responses?
- How secure do you feel about dealing with challenging and conflicting situations?

Some authors suggest that during conversations with other people “we assume we know all we need to know to understand and explain things.”<sup>4</sup> They suggest the benefits of a “learning conversation” in which “...you want to understand what has happened from the other person’s point of view, explain your point of view, share and understand feelings, and work together to figure out a way to manage the problem going forward.”<sup>5</sup>

In addition to the need to be aware of, and prepare for, the potential effects of emotions and thoughts in advance of challenging situations, it is equally important to do so after concluding difficult situations. Emotions such as anger, guilt, shame and embarrassment may result after terminating a challenging situation<sup>6</sup> and go on to cloud professional judgment and the ability to function as professionals.

It is important for registrants to be aware of and understand their own biases, limitations and personality while managing their emotional responses to the behavior. It is important for registrants to be as professional and calm as possible, regardless of what the individual says or does.

This isn’t to suggest that emotion is bad; however, registrants need to avoid emotion that clouds their judgment and over-personalizes the interaction. This takes practice. All challenging situations demand significant time and energy from physiotherapists. But if you know yourself, know your patient, focus on the big picture, are compassionate, and always set limits, the next challenging situation may not be so demanding.

### Develop and Follow a Plan

Formulation and implementation of a plan to address a challenging interpersonal situation are essential steps in actively managing the situation. A plan may have many components or may involve a single conversation with the party involved. When registrants develop a plan, they should consider the following:

- the severity of the behavior
- the reasonability of the plan in relation to the challenging behaviors to be addressed
- safety issues
- time frame

4 Stone, Douglas; Patton, Bruce; Heen, Sheila. *Difficult Conversations*. Penguin Books. 2000. p. 8

5 *Ibid.* p. 16

6 Reivich, Karen; Shatté, Andrew. *The Resilience Factor*. Broadway Books. 2002.

- ability to achieve the desired outcomes

The goal is to alter or accommodate the behavior to the extent possible in order to provide quality patient care and achieve the desired outcomes.

### Communicate the Plan

Once a plan has been formulated, the next reasonable step is to engage in a focused and thorough discussion with the party involved that provides the following information:

- identification of the issue(s)
- an explanation as to why it is presenting a challenge
- the changes or modifications that need to occur
- the possible consequences associated with a failure to make the necessary changes or modifications

While it is important for registrants to acknowledge their partnership with the party involved, it is also reasonable to remind the other party that they are a trained professional with a set of skills and knowledge.

### Monitoring the Situation

Monitoring the situation is important in order to identify and actively manage a possible recurrence of the issue(s). The level of monitoring and the strategies employed to monitor each situation will vary. For each situation, it is prudent for registrants to assess the “risk” or likelihood that the issue(s) will recur prior to deciding how they will monitor the situation.

For example, if a physiotherapist has a patient with an acquired brain injury where the patient has a history of episodes of aggressive or violent behavior, the physiotherapist will develop monitoring and intervention strategies that are reasonable for these types of behaviors.

In contrast, another patient who is consistently late for his or her scheduled physiotherapy appointments will not require the same level of monitoring and strategy development.

In the first instance, the physiotherapist may decide to treat the patient in a location and at a time of day that provides the greatest amount of safety for all parties concerned. This plan could include developing a signal to cue staff for assistance.

In the case where the patient is always late, a physiotherapist may have a discussion with the patient explaining why he or she should be on time for scheduled appointments and the consequences if the patient is unable to comply with this requirement.

Whatever the case, the monitoring is a fluid and continuous process that is adjusted according to the observed changes in behavior and the “risk” assigned to the situation at any given point in time.

## Documentation

Registrants understand the importance of creating and maintaining accurate and complete health records with respect to the physiotherapy care they provide to their patients. In some instances, it is also very prudent for registrants to have accurate and complete documentation relating to any challenging situation that arises during a patient's episode of care.

The decision to document in the health record should be based on the consideration of a number of factors. For example:

- the inherent risk in the situation
- the impact on the registrant's ability to provide quality patient care and achieve optimal physiotherapy outcomes
- the likelihood that the situation can be resolved in a collegial and respectful manner
- being in a position to explain one's actions if asked to account for them later on

The documentation should contain the following information:

- a description of the behavior(s) observed or statements made including date and context
- the steps taken to address the behaviors including the substance of any conversations
- if applicable, a description of a plan including the expected outcomes and dates by which they need to be achieved
- the consequences if the outcomes are not achieved and with whom these were discussed

Prior to documenting information about a challenging situation in a patient's health record, it is prudent for registrants to review and understand their professional and regulatory obligations with respect to the health record, as well as any other requirements described in other relevant statutes that apply to their physiotherapy practice.

Generally if the issue is related to a specific patient, the notation will likely be made in their health record. If the issue is with a third party, the entry would usually be recorded in the patient's health record if it was clinically relevant. If it is not clinically relevant it might be recorded elsewhere.

In all of these situations, it is prudent for physiotherapists to document in a manner that demonstrates accountability for their professional conduct.

## Concluding a Challenging Situation With a Patient

There are instances when, despite reasonable attempts by a physiotherapist to actively manage a challenging situation and provide quality care to achieve the desired physiotherapy outcomes, the only option is to conclude the situation by discharging the patient from treatment.

These situations often relate to but are not limited to the following:

- a high and immediate risk of emotional or physical harm to the physiotherapist or any other party

- a demonstrated inability on the part of the patient to comply with the plan to address the challenging situation such that the services provided by the registrant are not effective.

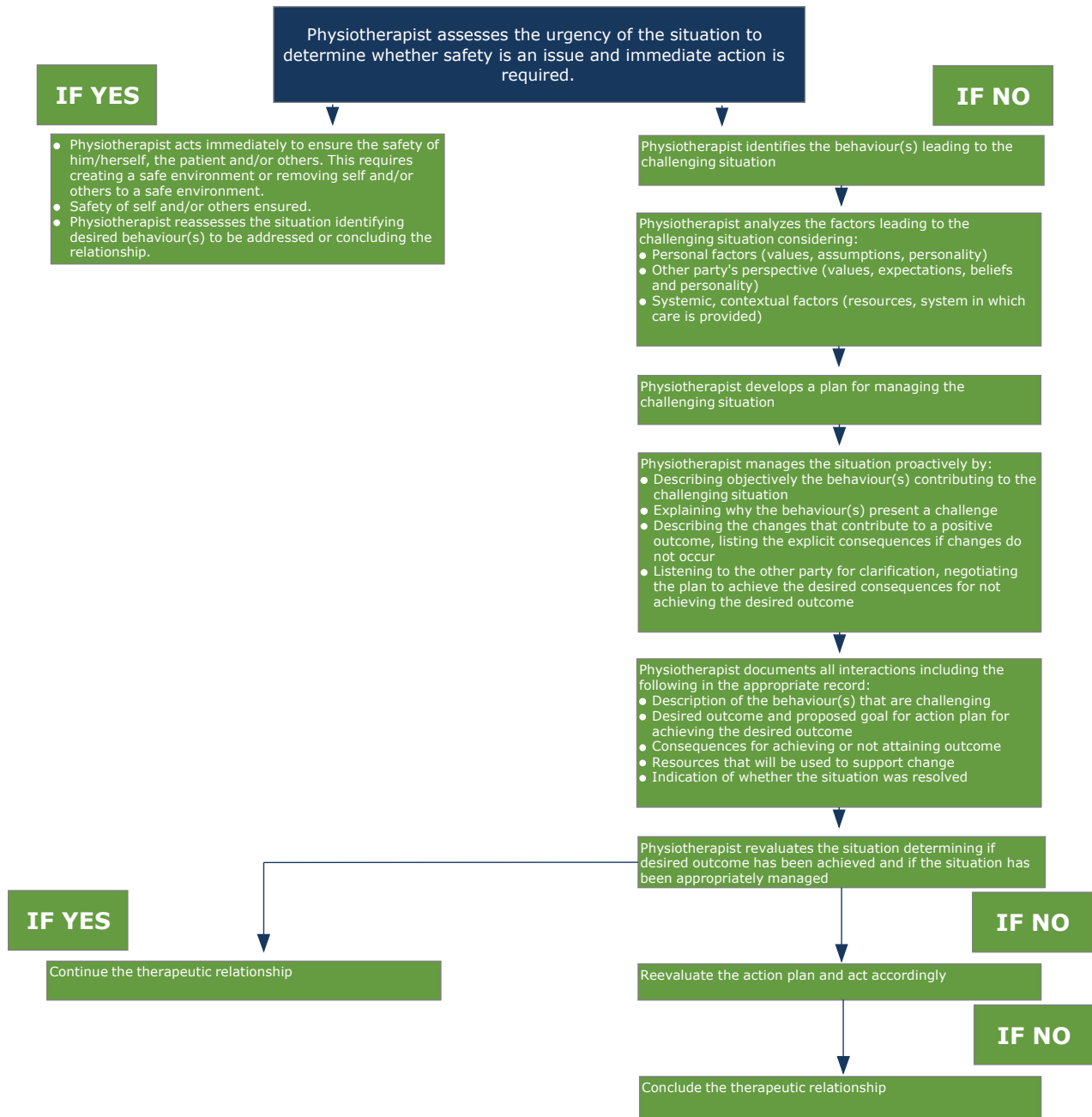
Registrants who decide to discharge a patient from treatment or transfer a patient to another health care provider, are required to do so in accordance with standards of practice and any professional and regulatory obligations that define their conduct or actions with respect to these matters. Failure to do so may, in some instances, constitute professional misconduct. For example, in most circumstances the physiotherapist should provide the patient with information as to where he or she might be able to obtain further services if they are needed. Also, in cases where immediate discharge is not warranted (e.g., where safety or abuse is not in issue) and the patient needs ongoing care, a reasonable period of notice to the patient of the discharge date may be indicated<sup>7</sup>.

Most physiotherapists are able to manage challenging situations and complete treatment with positive outcomes. Whether or not treatment can be completed, a challenging situation can be a valuable learning experience. Registrants can use it as an opportunity to reflect on their practice and develop new strategies to meet their responsibilities in situations that may arise in the future.

<sup>7</sup> Where the patient is receiving “needed services” one or more of the following criteria must apply for discontinuation of services to occur (as specified in the professional misconduct regulation):

- i. the patient requests the discontinuation
- ii. alternative services are arranged
- iii. the patient is given a reasonable opportunity to arrange alternative services
- iv. the member is unable to provide adequate physiotherapy services because there are insufficient resources available
- v. the patient has failed to make payment within a reasonable time for physiotherapy services received and all reasonable attempts on the part of the member to facilitate such payment have been unsuccessful
- vi. the member has reasonable grounds to believe that the patient may abuse the member verbally, physically or sexually
- vii. the patient’s lack of cooperation or compliance with his/her treatment plan is such that the services are not effective

## Decision Tree/Algorithm



## Appendix: Stages Of Change

Also known as the Transtheoretical Model of Change, this model views behavior change as a process that can be supported with stage-matched interventions. This model is applicable to health behaviors related to exercise, weightreduction, smoking cessation. It is not clear if there is applicability to populations with pain.

Stage	Characteristics	Matched Intervention	Potential for Conflict
Pre Contemplation	The patient is not aware they have a problem nor do they intend to take action in the foreseeable future, usually defined as the next 6 months. Another possibility is that the patient has tried to make changes a number of times and has become demoralized about their ability to change.	Increase patient awareness of the need for change, to personalize the information on risks and benefits, while promoting the benefits of changing.	Patients are often characterized as being resistant or unmotivated to change.
Contemplation	The patient is thinking about changing in the near future and intends to take action within the next 6 months. There is an awareness of the pros of changing but also the cons. The balance between the costs and benefits of changing is not great. Simply put, the cons outweigh the pros.	Motivate the patient, encourage specific plans and decrease the person's cons of changing.	Ambivalence about the behaviour change keeps one in this stage for a prolonged period. Patients may be perceived as chronic contemplators or procrastinators.
Preparation & Commitment	The patient is making plans to change, intends to take action within the next 30 days. Some significant behavioral steps in the desired direction have occurred.	Assist the patient in developing an action plan and setting goals.	At this point, decisional balance is paramount. The pros and benefits must be perceived as outweighing the cons such as costs and risks behavior. Generally, patients can be engaged.
Action	The patient has implemented an action plan and is or has changed their behavior for less than 6 months. For the adoption of healthy behaviors such as exercise, the pros outweigh the cons.	Provide feedback, reinforcements to help with the problem solving.	There is usually a criterion level of behavior change that is required for a positive health benefit to have a sufficiently positive change in health and reduction of risk.
Maintenance	The patient has changed their overt behavior for more than 6 months.	Help patients prepare for, avoid or handle relapse, help with coping, reminders, finding alternatives when faced with challenges and continue matching interventions.	Generally patients self efficacy to maintain the behavior change is high. The patient can be motivated and challenged.
Termination	The patient has adopted the new behavior and can hardly remember having done the old behavior.	Continue providing as necessary maintenancematched interventions.	
Regression & Relapse	Can occur anywhere in the continuum.	Patients rarely regress to pre contemplation but often regress to the Contemplation or Preparation Stage.	

## References

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## Resources

- Cancer Prevention Research Center Transtheoretical Model  
[www.uri.edu/research/cprc/TTM/detailedoverview/htm](http://www.uri.edu/research/cprc/TTM/detailedoverview/htm)
- Daneve McAffer. *Conflict Resolution Workshop CPTA*. 2004 Apr.



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**Motion No.: 16.0**

**Motion**

**Council Meeting  
September 28-29, 2017**

**Agenda #16: Governance Policies Update 2016-17**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

Council approve the proposed changes to the College's Governance Policies.



<b>Meeting Date:</b>	September 28-29, 2017
<b>Agenda Item #:</b>	16
<b>Issue:</b>	Governance Policies Updates 2016-17
<b>Submitted by:</b>	Rod Hamilton, Associate Registrar, Policy and Quality

**Issue:**

Two of the changes that Council made to its by-laws in March 2017 require consequential amendments to the College's Governance Policies.

**Background:**

In keeping with the College's usual practice for the annual by-law review, Council agreed to a number of changes to the College's by-laws in March of this year.

Two of these by-law changes appear to require changes to the College's Governance Policies to make them consistent with the requirements in the by-laws and to remove duplicated content.

The two sections below outline the by-law changes, the issue that is raised in the Governance Policies as a result of the change, and a proposed solution to the issue.

**Section 1 - By-law Section 5.2 – Code of Conduct for Councillors and Non-Council Committee Members**The Issue

The College has had a Governance Policy defining a Code of Conduct for Councillors and Non-Council Committee members for many years.

However, during the last by-law review, the College received legal advice indicating that this rule would be more enforceable as a component of its by-laws. As such, Council added a provision to its by-laws that does two things:

- It requires councillors and non-councillors to abide by the Code of Conduct, and
- It incorporated the Code of Conduct into its by-laws as an appendix.

The issue coming out of this change is a relatively simple one. Now that the Council has agreed to put the content of the College's Governance Policy on the Code of Conduct into an appendix to the By-laws, the duplicated Code of Conduct in the Governance Policies is redundant.

## The Proposed Solution

The proposed solution to this issue is also quite simple – Council should remove the Code of Conduct from the current Governance Policies. This means that section 2.0, Code of Conduct would be deleted from the College's Governance Policies.

The Executive Committee has reviewed this proposed change and has recommended that Council approve it.

This revision is made in the excerpted and amended version of the Governance Policies, which is attached as Appendix 1.

## **Section 2 - By-law Section 5.3 – Sexual Abuse Prevention Training**

### The Issue

In the most recent review of its by-laws, Council approved the incorporation of a new provision that requires Councillors and Non-Council committee members to participate in sexual abuse prevention training as set out in the College's Governance Policies.

The issue here is that while Council provided general direction on the intent of this training, the specific requirements for the training have not yet been set out in the College's Governance Policies.

However, during the discussion on the proposed by-law, staff identified what appeared to be some general principles respecting the requirements for the sexual abuse prevention training:

- It should be a core component of the orientation program for Councillors and Non-Council Committee members.
- It should be a requirement for all Councillors and Non-Council Committee members in order to participate on a College committee.
- It should be provided annually to all Councillors and Non-Council Committee members.

### The Proposed Solution

The proposed solution to this issue would appear to be to incorporate the requirements based on the principles identified, into the appropriate College Governance Policies.

There are two relevant Governance Policies.

The first is "8.1: Orientation Program".

This policy defines the expectations for the College's orientation program for Councillors and Non-Council Committee members. It also references further expectations which are defined in the Governance Policy on Council Education.

Changes to the policy have been proposed that are intended to make it clear that the sexual abuse prevention is a core component of College orientation and that members are required to participate in annual orientation prior to attending committee meetings.

Another minor proposed change amends the language of the policy to require ‘participation in’ rather than ‘attendance at’ orientation, to permit orientation sessions to happen remotely.

These revisions are made in the excerpted and amended version of the Governance Policies, which is attached as Appendix 1.

The second is “8.10: Council Education”.

This policy outlines the College’s commitment to education for Councillors and Non-Council Committee members.

Changes to this policy have been proposed that capture the intent of assisting Councillor and Non-Committee members to understand the importance of training in the area of sexual abuse prevention.

These revisions are made in the excerpted and amended version of the Governance Policies, which is attached as Appendix 1.

The Executive Committee has reviewed these proposed changes and has recommended that Council approve them.

### **Decision Sought:**

Council is being asked to approve these proposed changes to the College’s Governance Policies.

### **Attachments:**

- Appendix One: Governance Policies, Proposed Revisions, September 2017



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Appendix 1

**2015**

# Governance Manual

## Governance Manual

~~September~~ ~~March 26, 2017~~ ~~2015~~

### INDEX

### STATUS<sup>1</sup>

#### Section 1.0 Roles & Responsibilities

1.1	<a href="#">Role of Council</a>	Confirmed, December 2011
1.2	<a href="#">Role of a Council member</a>	Revised, February 2013
1.3	<a href="#">Role of a Committee Chairperson</a>	Revised, February 2013
1.4	<a href="#">Role of a Non-Council Committee member</a>	Revised, February 2013
1.5	<a href="#">Role of President</a>	Revised, March 2014
1.6	<a href="#">Role of Vice President</a>	Revised, March 2014
1.7	<a href="#">Role of Registrar</a>	Revised, February 2013

#### ~~Section 2.0 Code of Conduct~~

<del>2.1</del>	<del><a href="#">Code of Conduct</a></del>	<del>Rescinded, September 2017</del> <del>Revised, June 2014</del>
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#### Section 3.0 Terms of Reference

3.1	<a href="#">Inquiries, Complaints and Reports Committee – Statutory</a>	Revised, September 2013
3.2	<a href="#">Discipline Committee – Statutory</a>	Revised, September 2013
3.3	<a href="#">Executive Committee – Statutory</a>	Revised, March 2015
3.4	<a href="#">Fitness to Practise Committee – Statutory</a>	Revised, September 2013
3.5	<a href="#">Patient Relations Committee – Statutory</a>	Revised, September 2013
3.6	<a href="#">Quality Management Committee – Statutory</a>	Revised, September 2013
3.7	<a href="#">Registration Committee – Statutory</a>	Revised, September 2013
3.8	<a href="#">Finance Committee – Non-Statutory</a>	Revised, September 2013
3.9		Rescinded, February 2013

#### Section 4.0 Confidentiality

4.1	<a href="#">Confidentiality – General</a>	Revised, February 2013
4.2		Rescinded, February 2013
4.3	<a href="#">College Privacy Code – Request for Access or Corrections and Compliance Concerns</a>	Approved, September 2010
4.4		Rescinded, February 2013

#### Section 5.0 Finance

<sup>1</sup> This refers to the date of the most recent approval or revision or whether it is under review



5.1	<a href="#">Honorary and Expenses</a>	Approved, March 2015
5.2		Rescinded, February, 2013
5.3	<a href="#">Signing Officers</a>	Revised, March 2014
5.4	<a href="#">Investments and Investment Strategy</a>	Confirmed, September 2011
5.5	<a href="#">Insurance</a>	Confirmed, December 2011
5.6		Rescinded, February 2013
5.7	<a href="#">Capital Assets</a>	Confirmed, September 2011
5.8	<a href="#">Strategic Planning Cycle</a>	Revised, February 2013

### **Section 6.0 Policy**

6.1		Rescinded, February, 2012
6.2	<a href="#">College Policy Review Schedule</a>	Revised, March 2014
6.3	<a href="#">Approval of Official Documents</a>	Revised, September 2010
6.4	<a href="#">Partnerships in Advancing Public Policy</a>	Approved, March 2012
6.4.1	<a href="#">Elected Officers</a>	Approved, February 2013

### **Section 7.0 Stakeholders**

7.1		Rescinded, February, 2013
7.2	<a href="#">Intellectual Property and Related Uses</a>	Revised, March 2011

### **Section 8.0 General**

8.1	<a href="#">Orientation Program</a>	Revised, <del>September 2017</del> February 2013
8.1.1	<a href="#">Succession Planning</a>	Revised, March 2014
8.2	<a href="#">Public Member Representation on College</a>	Confirmed, September 2010
8.3	<a href="#">Public Member Attendance at Committee Meetings</a>	Revised, September 2010
8.4	<a href="#">Selection of Individuals to Committees, Task Forces and Advisory Groups</a>	Revised, March 2014
8.5	<a href="#">Performance Review Process for Registrar</a>	Revised, March 2015
8.6	<a href="#">Emergency Management Plan</a>	Approved, March 2011
8.7	<a href="#">Election Campaign</a>	Revised, February 2013
8.8		Rescinded, March 2015
8.9	<a href="#">External Award Program</a>	Revised, March 2014
8.10	<a href="#">Council Education</a>	Revised, <del>September 2017</del> March 2013
8.11	<a href="#">Council – Staff Relations</a>	Revised, March 2014
8.12	<a href="#">Appointment of a Task Force and/or an Advisory Group</a>	Approved, March 2010
8.13		Rescinded, February 2013
8.14		Rescinded, February 2013
8.15	<a href="#">Specialty Designation</a>	Approved, March 2012



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## Section 9.0 Evaluation

### 9.1 Measurement and Reporting

Revised, March 2015



<b>Section:</b>	<b>Code of Conduct</b>	<b>Policy #2.1</b>
<b>Title:</b>	<b>Code of Conduct</b>	
<b>Applicable to</b>	<b>Members of Council and Council Committees</b>	
<b>Date approved:</b>	<b>December 2003</b>	
<b>Date revised:</b>	<b>June 2006, March 2008, June 2010, February 2013, June 2014</b>	

### **Purpose**

Councillors and Committee members make decisions in the public interest, balancing this responsibility with an understanding of the profession and the settings in which it practices. They establish the College's goals and policies within its statutory mandate.

All Council members and members of College committees are expected to exhibit conduct that is ethical, civil and lawful, in a manner that is consistent with the nature of the responsibilities of Council and the confidence bestowed on Council by the public and its registrants. The role of a non-Council committee member is considered comparable to that of a Councillor due to their direct participation in the committees that assist Council in fulfilling its statutory duties. Further, members of Council and members of Council committees are expected to aspire to excellence in their roles as governors. This Code of Conduct serves to provide Council, and its Committees with high standard of conduct to guide and support their work in the best interests of the College, its legislative mandate, and the public. Each individual, and the group as a whole, is accountable for its conduct and performance.

### **Performance Expectations**

In performing his/her role, each member will:

- 1.—Promote the public interest in his/her contributions and in all discussions and decision-making.
- 2.—Direct all activities toward fulfilling the College's objects as specified in the legislation.
- 3.—Comply with the provisions of the Regulated Health Professions Act, the Physiotherapy Act, the regulations made under these acts and the by-laws of the College.
- 4.—Conduct him/herself in a manner that respects the integrity of the College by striving to be fair, impartial and unbiased in his/her decision-making.
- 5.—Refrain from engaging in any discussion with other Council or committee members that takes place outside the formal Council or committee decision-making process and that is intended to influence the decisions that the Council or a committee makes on matters that come before it<sup>2</sup>.

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<sup>2</sup>This kind of discussion is referred to in legal terms as an "ex parte" discussion, which means discussion that takes place outside of the formal organizational decision-making process. The major concern relating to *ex parte* discussions is that unlike discussions that occur within an established meeting process, they do not consider the views and information provided





6. ~~Respect the power, authority and influence associated with his/her role and not misuse this for personal gain.~~
7. ~~Recognize, understand and respect the roles and responsibilities of Council, committees and staff and maintain respectful working relationships with other Council members, committee members and staff members. This includes acknowledging the appropriate authorities of the Registrar and the President.~~
8. ~~Acquire, apply and maintain knowledge of Council and committee policies, procedures, relevant legislation, College functions and current issues facing the College and the committees he/she participates in.~~
9. ~~When personal circumstances may affect his/her ability to function objectively in his/her role, address the conflict situation by complying with the College by laws that govern conduct in this situation by, as a minimum, declaring the conflict, abstaining from discussing or voting on the matter and removing oneself from the meeting.~~
10. ~~Maintain the confidentiality of information coming into his/her possession in keeping with the provisions set out in the RHPA and the confidentiality policies of the College.~~
11. ~~Maintain appropriate decorum during all Council and committee meetings by adhering to the rules of order adopted by the Council.~~
12. ~~Review and consider the information provided for Council and committee meetings and identify any information to enhance effective Council and committee decision-making as needed.~~
13. ~~Respect the views and the expertise of other Council and Committee members and appreciate the opportunity for varied viewpoints to be brought forward, considered and resolved through robust discussion.~~
14. ~~Publicly uphold the decisions of Council and respect the President's role as Council spokesperson.~~
15. ~~Attend meetings to the best of his/her ability and be available to mentor and assist new members.~~
16. ~~Regularly evaluate his/her individual performance, and that of the collective to assure continuous improvement.~~
17. ~~Promote general interest in the physiotherapy community for Council and non-Council positions.~~

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by all of those who are charged with making the decision and hence can lead to poor decisions as well as the perception of that some decision makers' opinions are of more value than others. For additional clarification please refer to Appendix A.



## Sanctions

- 1.—All concerns related to the conduct or performance of a member of Council or of a Council committee should be brought to the attention of the President of the College.
- 2.—All concerns must be documented, specifically the questionable conduct or performance, in sufficient detail to enable it to be understood. The document should identify the element (s) of the Code that is of concern and include, where relevant, any supporting evidence.
- 3.—After review of the material and dependent on the issue, the President has the discretion to either meet with the member and provide individual coaching, or to raise the matter for Council's consideration. At any time the President may seek advice from the Executive Committee and/or the Registrar. All decisions taken are to be recorded and kept in the member's corporate file.
- 4.—When the President identifies that an alleged breach of this Code of Conduct may have occurred and raises it for Council's consideration, Council shall adopt a process to deal with the alleged breach that is consistent with the rules of order of Council and that provides the person whose conduct has been called into question with an opportunity to explain his/her actions.
- 5.—When Council determines that a breach of the Code of Conduct did take place, the Council may, on the basis of a resolution that has been properly moved, seconded and assented to by two thirds of Councillors, impose a sanction that may include one or more of the following:
  - a.—Requesting a change in the behaviour of the person;
  - b.—Requesting that the person apologize for his/her behaviour;
  - c.—Censuring the person for his/her behaviour;
  - d.—Declining to appoint a person to any committee or to a specific committee;
  - e.—Declining to provide confidential information to the person, in circumstances where concern over breach of confidentiality has occurred;
  - f.—Requesting the person's resignation from the Council, committee or other activity in which he/she had been acting on behalf of the College;
  - g.—Removing a professional member from the Council, committee or other activity in which he/she had been acting on behalf of the College in accordance with the by-laws;
  - h.—Removing a member of Council appointed by the Lieutenant Governor from the committee or other activity that he/she had been acting on, on behalf of the College in accordance with the by-laws; or
  - i.—Requesting that the Minister remove a member of Council appointed by the Lieutenant Governor from the Council.



- ~~6.—If the Council removes an elected member it shall treat the circumstances as if the vacancy was a result of the resignation of the Councillor.~~

#### **Procedural and Other Safeguards**

- ~~1.—In determining whether to impose a sanction, and which sanction to impose, Council shall be mindful of the general principle that sanctions are to be remediative not punitive.~~
- ~~2.—Council shall not consider whether to impose a sanction without first providing the person with an opportunity to address Council personally or through legal counsel.~~
- ~~3.—A resolution of at least two thirds of the Councillors at a meeting duly called for that purpose shall be required to sanction a member.~~
- ~~4.—A Councillor whose conduct or performance is the subject of concern may attend but shall not take part in any Council deliberation respecting his/her conduct or performance and if the person is the subject of a vote taken under this Code of Conduct, he/she shall not vote on the matter.~~
- ~~5.—A Councillor whose conduct or performance is the subject of concern shall be excluded from other Council deliberations pending the decision on his or her conduct.~~
- ~~6.—Any deliberation or vote taken under this Code of Conduct shall be public except in circumstances where information presented during the deliberation may be detrimental to the person whose conduct or performance is the subject of concern (e.g. information on his or her health status is presented).~~
- ~~7.—The College will not be responsible for any costs of the responding member.~~

## Appendix A

### Ex Parte Clarifying Examples

Scenario	Discussion
<p>1. Councillor Grey is relatively new to the College. After reading the package of materials for the upcoming meeting he feels that he doesn't fully understand one of the agenda items and would like more information about the history, implications and potential impact. Councillor Grey contacts Councillor Black to ask for clarification and to further discuss the item prior to the council meeting.</p>	<ul style="list-style-type: none"> <li>● While it may be OK to provide factual information, how far Councillor Black goes in explaining the item has the potential to influence Councillor Grey's decision.</li> <li>● How one determines where the line is will always be a judgment call.</li> <li>● The tests are whether the information is available to all Council members and whether or not one is trying to influence a decision outside the formal Council meeting</li> <li>● One course of action is to raise the issue at the Council table for all to hear. Another is to raise the issue with either the President or Registrar to ensure that the needed information can be provided to all Councillors at the meeting</li> </ul>
<p>2. Councillor A contacts Councillor B to talk about the national liability insurance scheme that was a topic of discussion at a previous meeting and will appear on the next Council agenda.</p>	<ul style="list-style-type: none"> <li>● Councillors are free to discuss any topic as long as there is no intent to influence a decision but remember that it can be a slippery slope where a discussion can shift subtly into influence</li> </ul>
<p>3. Councillors X and Y live nearby and often share a ride to Council meetings. Councillor X is outraged at a proposal to upgrade the College's technology platform saying there is no way the College can commit to the proposed project; it just doesn't make sense in this economic climate. Councillor X tells Councillor Y, "This item must not get passed. I hope you will support me on this."</p>	<ul style="list-style-type: none"> <li>● There are two ways to view this scenario: <ul style="list-style-type: none"> <li>○ by asking for support, Councillor X is trying to influence the decision (not OK); or</li> <li>○ since it is on the way to the meeting and since Councillor X will say the same thing at the meeting, the discussion itself, while not strictly within the rules, may be harmless</li> </ul> </li> <li>● In this and similar circumstances, Councillors are required to use their judgment</li> </ul>
<p>4. Councillors Left and Right ride the GO train home after a Council meeting. As they debrief, they discover that they are each concerned about how agenda item 13 was handled. They share the view that the discussion was stifled</p>	<ul style="list-style-type: none"> <li>● It is OK to talk about the process by which a decision is reached, to have concern with the process and to share that concern with a fellow Councillor(s) after the meeting</li> </ul>



<p>prematurely and the decision was not only rushed but based on incomplete information. They decide to raise the issue with the President who responds by adding the issue of how the discussion was managed to the next Exec agenda.</p>	<ul style="list-style-type: none"><li>● Sharing the concern with the President allows the item to be included on the next Exec agenda and then go to Council for all Councillors to discuss openly</li></ul>
<p>5. You arrive at the Council meeting and Councillor Little tells you over breakfast that he believes PTs will revolt if the fee increase is approved. He urges you to vote no.</p>	<ul style="list-style-type: none"><li>● Like scenario 3 there are two ways to view this circumstance:<ul style="list-style-type: none"><li>○ Councillor Little could be trying to influence the fee decision outside the formal meeting (not OK) or</li><li>○ Councillors are just having a general discussion in advance of the meeting and there is no influence on the outcome as the issue will be fully debated at the meeting (OK)</li></ul></li><li>● Again, Councillors are required to use their judgment in these and other circumstances</li></ul>
<p>6. After Council reaches a decision to increase per diems, 14 of the 17 Councillors go for dinner. Individually and in small groups they discuss the decision and how unhappy they are with the outcome.</p>	<ul style="list-style-type: none"><li>● After a decision has been made, it is a Councillor's fiduciary duty to publicly support the Council position</li><li>● It may be OK to talk about feeling unhappy (or happy) about a decision with other members of Council, but consider the impact on the cooperative nature of the relationships essential to good governance</li><li>● In the rare occasion where one believes an issue needs to be revisited, it is appropriate to either raise it at the Council table or with the President so that appropriate steps can be taken to address any procedural problems and/or reconsider the decision if needed.</li></ul>
<p>7. During a break at an ICRC meeting, three members of the committee find themselves in a conversation about a decision to be made after the break. They agree that the registrant must be referred to Discipline.</p>	<ul style="list-style-type: none"><li>● Trying to influence registrant decisions outside the formal Committee meetings is not OK</li></ul>



**To Summarize:**

1. ~~It is OK to:~~

- ~~a. provide factual information;~~
- ~~b. talk about the process by which a decision is reached; or~~
- ~~c. share concerns about a decision or process after the meeting.~~

2. ~~It is Not OK to:~~

- ~~a. try to influence policy decisions outside the formal Council meetings; or~~
- ~~b. try to influence registrant decisions outside the formal Committee meetings.~~

3. ~~In general:~~

- ~~a. all Councillors should have access to the same information when making a decision;~~
- ~~b. when in doubt, raise the issue with either the President or Registrar, or at the Council table;~~
- ~~c. use caution when discussing issues with a subgroup of Councillors outside the formal Council meeting as it has the potential to move to influence;~~
- ~~d. how one determines the line between discussion and influence will always be a judgment call; and~~
- ~~e. after a decision has been made, it is a Councilor's fiduciary duty to publicly support the Council position.~~



<b>Section:</b>	General	Policy #8.1
<b>Title:</b>	Orientation Program	
<b>Applicable to:</b>	Council and non-Council members of statutory Committees	
<b>Date approved:</b>	June 2002	
<b>Date revised:</b>	November 2006, June 2007, December 2009, December 2011, February 2013	

### Policy

Timely orientation to the College mandate, governance framework, the prevention of sexual abuse and organization culture is critical to facilitate the effective involvement of all members. The provision of relevant information on individual roles and responsibilities, the current strategic plan and issues of focus is also a necessity. All members are required expected to participate in annual attend-orientation programming prior to attending any meeting of a committee to which they have been appointed. Current Councillors and staff act as mentors in supporting new member integration and understanding.

### Procedure

1. Orientation of Councillors and committee members will continue as needed and in keeping with the Governance Policy on Council Education, the requirements of Councillors and committee members and direction from the President and the Executive Committee.



<b>Section:</b>	<b>General</b>	<b>Policy #8.10</b>
<b>Title:</b>	<b>Council Education</b>	
<b>Applicable to:</b>	<b>All Councillors and Committee members</b>	
<b>Date approved:</b>	<b>March 2009</b>	
<b>Date revised:</b>	<b>March 2011, March 2013</b>	

### Policy

The Council of the College believes that to achieve governance excellence, informed and educated members are essential. The College is committed to equipping Councillors and committee members with the requisite skills and knowledge, and it invests annually in specific education initiatives. Such investment focuses on developing cohesion on the principles of good governance. Additional sessions on differing topics including the awareness of the importance of sexual abuse prevention are provided internally as well as through programs external to the College. While the funding system for education is different for public appointees, every effort is made to ensure Councillor exposure to a broad base of information.

### Procedures

1. The Executive Committee is charged annually with the task of identifying the education needs of Council and its committees.
2. The Executive Committee sets an annual education strategy based on identified needs, in collaboration with the Registrar. Proposed Council education is budgeted and approved by Council annually in March.
3. Every year, the Executive Committee ensures a Council session on good governance is held with new and current Councillors.
4. The College may take advantage of education sessions offered by the Federation of Health Regulatory Colleges of Ontario and the Ontario Regulators for Access. The aim is to ensure that all Councillors receive exposure to these sessions within the first year on Council or committee.
5. Education opportunities external to the College, and not referenced in 4.0, are considered on an individual basis by the Executive Committee. All requests must be directly relevant to the College mandate and the competency development needs of the requestor. When reviewing requests, Executive Committee members will apply an objective rating scale and submit it to the President and Registrar for tallying.
6. Registration fees expenses for such events are covered by the College, for both professional and public members. Per diems for professional members are also covered by the College. Public members' per diems are paid by the Ministry and require pre-approval by the Ministry prior to





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attendance at any external education session. Pre-approval is coordinated by the Registrar and Director of Corporate Services.



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## **17. Member's Motions**