



### Commitment to the Public Interest

The public interest is the foundation of all decisions made by this Council. Acting in the public interest ensures that decisions consider: Accessibility, Accountability, Equality, Equity, Protection of the Public and Quality Care.

### Conflict of Interest and Bias

Council members are required to declare a conflict of interest or remove themselves from any discussion where they or others may believe that they are unable to consider a matter in a fair, independent and unbiased manner. A declaration in this regard must be made at the start of any discussion item.

Council and Committee Member Education Session (Closed)		
Thursday, March 23, 2023		
Time	Education Session	Facilitator
9:00 a.m.	<b>Public Interest</b> Using case-based scenarios College counsel Rebecca Durcan will illustrate how Boards can intentionally	Rebecca Durcan, Steinecke Maciura LeBlanc

	put the public interest at the core of its decision making.	
10:00 a.m.	<b>Equity, Diversity and Inclusion</b> Dr. Nafeesa Jalal will work with Council and Committee members to demonstrate how EDI principles relate to our work as a regulator and how we can become more intentional in leveraging diverse voices in our work. CPO staff will also be in attendance.	Dr. Nafeesa Jalal, Global Consulting

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

**AGENDA**

**Thursday, March 23, 2023 from 2:00 – 4:00 p.m.**

**Friday, March 24 from 9:00 – 3:00 p.m.**

Hybrid Meeting

<b>Thursday, March 23, 2023</b>					
	<b>Time</b>	<b>Topic</b>	<b>Page</b>	<b>Presenter</b>	<b>Action</b>
	2:00 p.m.	<b>Call to Order</b> <b>Land Acknowledgment</b> <b>Roll Call</b> <i>Standing Item</i>	—	T. Stevens	For Information
1.	2:10 p.m.	<b>Review and Approval of the Agenda</b> <i>Governance</i>	1 – 7	T. Stevens	For Decision
2.	2:15 p.m.	<b>Approval of the Consent Agenda</b> <i>Governance</i> <ul style="list-style-type: none"> <li>• Approval of the December 13-14, 2022, January 10, 2023 and January 22, 2023 Council Minutes</li> <li>• Acceptance of the November 22 and 30, 2022 and January 16 and</li> </ul>	8 – 74	T. Stevens	For Decision

		<p>31, 2023 Executive Committee Minutes</p> <ul style="list-style-type: none"> <li>• Acceptance of Committee/Program Area Reports: <ul style="list-style-type: none"> <li>▪ Communications</li> <li>▪ Compliance Monitoring</li> <li>▪ Discipline Committee</li> <li>▪ Examinations Committee</li> <li>▪ Executive Committee</li> <li>▪ Finance Committee</li> <li>▪ Information Technology</li> <li>▪ Inquiries, Complaints, and Reports Committee</li> <li>▪ Patient Relations Committee</li> <li>▪ Practice Advice</li> <li>▪ Quality Assurance Committee</li> <li>▪ Registration Committee</li> <li>▪ Strategy, Policy and Governance</li> </ul> </li> </ul>			
3.	2:20 p.m.	<p><b>President’s Report</b> <i>Governance</i></p> <ul style="list-style-type: none"> <li>• External representation for the College</li> <li>• Council feedback and action Items</li> <li>• Other related activities</li> </ul>	75-77	T. Stevens	For Information
4.	2:35 p.m.	<p><b>Interim Registrar’s Report</b> <i>Governance</i></p> <ul style="list-style-type: none"> <li>• Environment</li> <li>• Stakeholders and system partners</li> <li>• Legislative and legal</li> <li>• College initiatives and projects</li> <li>• Operations / program area Updates</li> <li>• Risks / opportunities</li> <li>• Dashboard</li> <li>• CAPR Representative Report</li> </ul>	78 – 84	A. Ashton	For Information

5	3:00 p.m.	<p><b>2023-2024 President, Vice President and Executive Committee Election</b> <i>Governance</i></p> <p>Council will elect their President, Vice President and Executive Committee for the 2023-2024 Council year.</p>	85	A. Ashton	For Decision
6.	3:30 p.m.	<p><b>Motion to go in camera pursuant to Section 7 (2)(d) of the Health Professions Procedural Code</b></p> <p>Council may exclude the public from any meeting or part of the meeting if financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public and if it is satisfied that personnel matters or property acquisitions will be discussed.</p> <p>Topics to be covered:</p> <ul style="list-style-type: none"> <li>Registrar Recruitment</li> </ul>	86	T. Stevens	For Decision

Friday, March 24, 2023					
Time	Topic	Page	Presenter	Action	
8:30 a.m.	<p><b>Council Networking Breakfast</b> Facilitated by Theresa Stevens, President</p>				
7.	<p><b>Enterprise Risk Management</b> <i>Operational</i></p> <p>Zoe Robinson will lead a session to introduce principles and concepts about enterprise risk management to the Council.</p>	87	Z. Robinson	Education Session	

8.	10:00 a.m.	<p><b>Q3 Financial Report</b> <i>Finance</i></p> <p>The following financial report provides information for the period April 1, 2022, to December 31, 2022 covering FY 2023 Q1 to Q3. The financial statements are prepared in accordance with the Accounting Standards for Not-for-Profit Organizations.</p>	88 – 115	Z. Robinson	For Information
9.	10:15 a.m.	<p><b>College Performance Measurement Framework 2022 Report</b> <i>Other (External Reporting)</i></p> <p>Council is now provided with a copy of CPO’s completed CPMF report for the 2022 year prior to submission on March 31, 2023.</p>	116 – 198	E. Ermakova	For Information
	10:45 a.m.	<b>BREAK</b>			
10.	11:00 a.m.	<p><b>Approval of the 2023-2024 Budget</b> <i>Finance</i></p> <p>Council is asked to review and approve the proposed budget for Fiscal Year 2023-2024.</p>	199 – 272	Z. Robinson	For Decision
	12:00 p.m.	<b>LUNCH</b>			
11.	1:00 p.m.	<p><b>Revised Standards Review Framework</b> <i>Policy</i></p> <p>Council is asked to adopt an alternate standards review framework to allow the College to review and update its practice standards in a more efficient manner.</p>	273 – 341	J. Huang and M. Berger	For Decision
12.	1:30 p.m.	<p><b>Key Performance Indicators</b> <i>Strategy</i></p> <p>Joyce Huang, the Manager Strategy will present the key performance indicators that will be reported in FY2023-2024.</p>	342	J. Huang	For Feedback

		Council will be asked to provide feedback.			
13.	2:00 p.m.	<b>Allowances and Expenses Policy Review</b> Council is now being asked to approve the Allowances and Expenses Policy, to take effect on April 1, 2023.	343 – 367	E. Ermakova	For Decision
14.	3:00 p.m.	<b>Members' Motion (s)</b> <i>Standing item</i>	368	T. Stevens	

**ADJOURNMENT**



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 1.0**

**Council Meeting  
March 23 – 24, 2023**

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

It is moved by

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and seconded by

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that:

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



**Motion No.: 2.0**

**Council Meeting  
March 23-24, 2023**

**Agenda # 2: Consent agenda**

It is moved by

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and seconded by

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that:

the following items be approved and/or received for information by Council:

- Approval of December 12-13, 2022, February 10, 2023 and February 22, 2023 Council minutes
- Acceptance of Executive Committee Minutes of November 22, 2022 November 30, 2022, January 16, 2023 and January 31, 2023
- Acceptance of Quarterly Committee/Program Area Reports:
  - Communications
  - Compliance Monitoring
  - Discipline Committee and Hearings Office
  - Exam Committee
  - Executive Committee
  - Finance Committee
  - Information Technology
  - Inquiries, Complaints, and Reports Committee
  - Patient Relations Committee
  - Practice Advice
  - Quality Assurance Committee
  - Registration Committee
  - Strategy, Policy and Governance





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

**MINUTES**

**Monday, December 12 and Tuesday, December 13, 2022**

Hybrid Meeting

**Attendees**

Jennifer Clifford, Physiotherapist (Chair)  
Katie Schulz, Physiotherapist (December 13)  
Hervé Cavanagh, Physiotherapist  
Paul Parikh, Physiotherapist, Academic  
Nitin Madhvani, Public  
Carole Baxter, Public  
Richard O'Brien, Public  
Tyrone Skanes, Public  
Janet Law, Physiotherapist  
Dennis Ng, Physiotherapist  
Sharon Gabison, Physiotherapist, Academic  
Anna Grunin, Physiotherapist  
Karen St. Jacques, Physiotherapist  
Jesse Finn, Public

**Regrets:**

Theresa Stevens, Physiotherapist, President  
Katie Schulz, Physiotherapist (December 12)  
Laina Smith, Public

**Staff**

Anita Ashton, Interim Registrar  
Zoe Robinson, VP Finance & Reporting  
Lisa Pretty, VP Organizational  
Effectiveness  
Joyce Huang, Manager Strategy  
Evguenia Ermakova, Policy Analyst

**Recorder:**

Elicia Persaud, Governance Analyst

**Guests:**

Gary Rehan, CAPR Board  
Representative (December 12)  
Bill Quinn, RBC Dominion (December  
12)  
Cameron Clark, RBC Dominion  
(December 12)

**Monday, December 12, 2023 – Day 1**

**11:15 am Welcome**

The Chair welcomed all members, opened the meeting with the College's Land Acknowledgement Statement, and confirmed the College's ongoing commitment to the Public Interest mandate. Members were asked to declare any conflict of interest for any of the items to be discussed during the meeting; none were declared.

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

It was moved by A. Grunin and seconded by S. Gabison that:



The agenda be accepted as presented with the possibility for changes to address time constraints.

**CARRIED.**

## **2.0 Approval of Consent Agenda**

Gary Rehan, the Canadian Alliance of Physiotherapy Regulators (CAPR) Board Representative provided Council with the following report:

- The new Registrar recruitment has concluded and a new CEO has been hired, Dr. Bob Haennel which takes effect in early January 2023
- CAPR has recently hired a new Director of Evaluation Services that recently joined CAPR
- There is a backlog building in credentialing due to an increase in applications for credentialing services requested in 2021 increased by 36% and year over year and in 2022 there was an increase of 17% in volume which led to the credentialing timeline being extended to 21 weeks from the past benchmark of 10 – 12 weeks for standard applications and 16-18 weeks for applications were CAPR does not have a precedence available
- CAPR Board of Directors are currently talking about innovate approaches to address this backlog; some work has been done including adding new staff; this will be further discussed at their next CAPR Board meeting.
- CAPR completed a large governance review project; they have developed a plan which is currently being implemented and will continue into 2023.
- There have been five administrations of the written exam; the results were released on time in the six week benchmark
- Proportional increase in the number of candidates for the written exam to 2020 which includes a 10% increase in 2021 and 13% increase in 2022.
- The written exam is currently being offered through test centers and through remote proctoring.
- CAPR celebrating their 30<sup>th</sup> anniversary this year.

### **Motion**

#### **2.0**

It was moved by C. Baxter and seconded by K. St. Jacques that:

the following items be approved and/or received for information by Council:



- Approval of September 23, 2022, and November 22, 2022 Council meeting minutes
- Acceptance of Executive Committee Minutes of September 1 and 27, 2022
- Acceptance of the CAPR Representative Report
- Acceptance of Quarterly Committee/Program Area Reports:
  - Communications
  - Compliance Monitoring
  - Discipline Committee and Hearings Office
  - Executive Committee
  - Finance Committee
  - Information Technology
  - Inquiries, Complaints, and Reports Committee
  - Patient Relations Committee
  - Practice Advice
  - Quality Assurance Committee
  - Registration Committee
  - Strategy, Policy and Governance

**CARRIED.**

### **3.0 President's Report**

On behalf of the President, the Vice President and Chair of the meeting Jennifer Clifford summarized the President's activities since the September Council meeting and outlined the takeaways from the September Council meeting evaluation, which included:

- Moving forward councillors will be asked to include their name to ensure 100% completion of the surveys.
- There was strong support for the sexual abuse and governance education sessions.
- Council appreciated being able to provide suggestions for future Council education sessions; this will continue and feedback will be incorporated in an ongoing with into the education plan for Council.
- Councillors can request a letter to their employer outlining the time commitment associated to being a council member.

### **4.0 Interim Registrar's Report**

Anita Ashton, Interim Registrar, summarized her activities since the September Council meeting which included legislative and legal updates, College initiatives and projects, operations and program area updates, risks and opportunities and offered some notable activity in regulation.



A. Ashton also presented the interim dashboard noting a final dashboard will be presented in the new fiscal year.

A copy of the Interim Registrar's report PowerPoint can be found in Appendix A.

## **5.0 Investment Status Review and Orientation**

Bill Quinn and Cameron Clark joined the Council meeting via teleconference at 1:15 p.m.

B. Quinn provided an overview of the current financial trends specifically the impact of COVID 19 on interest rates and inflation. The Council's investment strategy includes a primary objective of preservation of capital and with a secondary objective to earn a rate of return that is consistent with inflation. However, it was noted in the current market it is impossible to buy a Government Bond, Provincial Bond GIC with a yield higher than inflation.

An overview of the College's investment portfolio was presented as follows:

- The College's current financial portfolio is 5.2 million which includes 100% fixed income or Bonds and GIC's.
- The College does not currently have any Government Bonds; 58% of the portfolio is in Provincial Bonds and the balance is in GICs (42%).
- Every Bond or GIC held by the College is at \$100,000 or less to comply with the Canada Deposit Insurance Corporation guarantee of deposit.
- Maturities are laddered over five years with approximately 1.1 million maturing each year, to maximize the interest rate.

B. Quinn and C. Clark left the meeting at 1:30 p.m.

## **6.0 Q2 Financial Report**

Zoe Robinson, Vice President of Finance and Reporting, presented Council with the financial report for Q2 – July to September. This report included a forecast of the costs associated to administering the Ontario Clinical Exam and highlighted some risks to the College which include:



- The office space and the progress on mitigating any losses or reducing office space fees.
- Ensuring there is adequate staff to meet the growing regulatory demand.
- Moving from the hybrid to the virtual Ontario Clinical Exam – continuing to explore the requirements for this transition.

## **7.0 Appointment of the Auditor**

Staff presented the Finance Committee's recommendation.

### **Motion 7.0**

It was moved by R. O'Brien and seconded by K. St. Jacques that:

Council appoint Hilborn LLP as the Auditor for the College of Physiotherapists of Ontario for the fiscal year 2023.

**CARRIED.**

## **8.0 Exam Fees By-law Consultation Summary and Final Approval**

Evgenia Ermakova, Policy Analyst, presented a summary of the Exam Fees By-law consultation results, which included feedback from 14 submissions – 13 from individuals and one submission from the Ontario Physiotherapy Association.

The proposed By-law 8.7 Fees – Ontario Clinical Exam include the following rates:

- Exam fee: \$1,985
- Exam date re-booking fee: \$200
- Exam review fee: \$200
- Exam appeal fee: \$300

### **Motion 8.0**

It was moved by T. Skanes and seconded by H. Cavanagh that:

Council formally approve the proposed By-law 8.7 Fees – Ontario Clinical Exam, to take effect immediately.

**CARRIED.**

## **9.0 Strategic Projects: Prioritization for year 2 of the Strategic Plan**

Joyce Huang, Manager, Strategy provided Council with an overview of the list of proposed projects for year 2 of the Strategic Plan.

After some discussion Council was asked to vote on the motion.



**Motion 9.0**

It was moved by A. Grunin and seconded by S. Gabison that:

Council direct staff to include the following strategic projects in their operational and budget planning for FY2023-2024:

1. EDI Strategy;
2. Data Strategy;
3. Cybersecurity audit;
4. External Review of Professional Conduct;
5. Governance Review;
6. Standards Review; and
7. Enterprise Risk Management.

**CARRIED.**

**10.0 Review of the College's Financial Policies, Structures and Resources**

A. Ashton provided Council with an overview of the briefing materials noting the purpose of the review is to improve the efficiency and efficacy of the College's financial management structures and process to serve the growing work requirements of the College.

Since it has been at least 15 years since a similar review has been conducted, completing a third party now in advance now so that any recommendations from the review can be incorporated into the budget cycle for 2024-2025.

**Motion 10.0**

It was moved by S. Gabison and seconded by R. O'Brien that:

Council approves the College retaining an external third party to review the College's financial operations, practices, procedures, and processes and produce a report outlining their findings and recommendations by March 31, 2023. The cost of the review is to be no more than \$20 000.

**CARRIED.**

**11.0 Motion to go *in camera* pursuant to Section 7 (2)(b)(d) of the Health Professions Procedural Code**

Council was asked to move *in camera* pursuant to Section 7 (2)(b)(d) of the Health Professions Procedural Code to discuss a request by the Canadian Alliance of Physiotherapy Regulators and the Registrar recruitment.



**Motion**

**11.0**

It was moved by K. St. Jacques and seconded by N. Madhvani that:

Council move to an *in camera* session.

**CARRIED.**

Council moved *in camera* at 3:15 p.m.

**12.0**

**Decisions from In Camera Session to be recorded in the public minutes**

Council moved out of the in-camera session at 4:15 p.m.

J. Clifford noted for the public record that Council is supportive of a Pan-Canadian approach to physiotherapy regulation where possible and working with physiotherapy partners at a national level.

The College also supports the credentialing and written exam services provided by the Canadian Alliance of Physiotherapy Regulators (CAPR) on the College's behalf.

The College is currently operating in deficit budget and has increased the 2023-2024 Registrant fees to the level that they were previously before two consecutive fee cuts.

Given the resources to support the development of the Ontario Clinical Exam and other program areas of the College at this time the College is unable to provide a general loan or non-repayable grant to CAPR to support its operations.

Council for the College will consider its ability to support specific initiatives as they arise. Specific financial requests for specific initiatives will be considered on a case-by-case basis.

**Adjournment**

It was moved by S. Gabison that day one of Council be adjourned.  
The meeting was adjourned at 4:19 p.m.

**Day 2 – Tuesday, December 13, 2022**

The meeting was called to order at 9:00 a.m. J. Law joined the Council meeting at 9:29 a.m.



### **13.0 Ontario Clinical Exam (OCE) Update**

Amanda Sandhu, Examinations Manager provided Council with an update on the Ontario Clinical Exam. This included a background review, a summary of the last two administrations of the exam, quality improvement initiatives, measures of validity, current work for the hybrid administration and an update on the work anticipated for the move to virtual exam administration.

A copy of the PowerPoint is included in Appendix B.

### **14.0 Council Workshop – Future Approach to Standards Development**

Council participated in a staff facilitated workshop conducted by Joyce Huang the Manager of Strategy and Evguenia Ermakova, the Policy Analyst to provide feedback on the Standards Development process.

At the conclusion of the workshop, Council provided staff with the following direction:

- That standards should include principles;
- That the College should have Clinical practice standards, and
- That there is no need at this time for sector-specific standards.

### **15.0 Workshop: Social Media Guidance for Physiotherapists**

Council was provided with an opportunity to provide input on guidance for physiotherapists regarding their use of social media.

Fiona Campbell, Senior Physiotherapy Advisor and Mary Catherine Fraser-Saxena, Practice Advisor presented a summary of the issues and rationale for developing the guidance document.

J. Huang facilitated the group discussion where Council provided the following feedback:

Suggestions for how make the document more helpful for guiding behaviour:

- Guiding principle 5: need to be more clear whether they can post about their personal opinions in their personal account;





directly link to any rule or legislation that apply for each principle, clickable link.

- Add guidance around public health guideline, direct link.
- Be clear that PTs should not share information outside of their scope of practice.
- Having a general disclaimer does not necessarily absolve the PT from posting, more education around this.
- Write the guidance from the perspective of the PT who is posting, how should they respond to or engage with a negative comment.
- Be mindful – reminder of the permeance of anything posted online Use of social media to communicate – part of the patient's record.

Suggestions for how make the document more useful for Committees:

- Guidance for managing relationships that may start on social media, what is appropriate in that case.
- Link to the PT scope of practice in the guideline.
- Principle 7, maintaining boundaries, it is already covered in other guidelines.
- Make it clear PTs are in a position of authority, regardless if PT is posting on their personal or professional/business account, they still have the "PT hat" on.
- Behaving as a PT online.
- Reinforce the permanency of posts online.
- Linking principles back to standards.

## **16.0 Member's Motion(s)**

No formal member's motion was made, however H. Cavanagh recommended that the Land Acknowledgement be read in French.

A. Ashton noted there may be some options to address this recommendation; staff will explore the options.

### **Adjournment**

It was moved by N. Madhvani that the meeting be adjourned. Council adjourned at 2:21 p.m.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

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Jennifer Clifford, Chair

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

**MINUTES**

**Friday, February 10, 2023**

Virtual via Zoom

**Attendees**

Jennifer Clifford, Physiotherapist (Chair)  
Katie Schulz, Physiotherapist  
Hervé Cavanagh, Physiotherapist  
Paul Parikh, Physiotherapist, Academic  
Nitin Madhvani, Public  
Carole Baxter, Public  
Richard O'Brien, Public  
Tyrone Skanes, Public  
Janet Law, Physiotherapist  
Dennis Ng, Physiotherapist  
Sharon Gabison, Physiotherapist, Academic  
Anna Grunin, Physiotherapist  
Karen St. Jacques, Physiotherapist  
Jesse Finn, Public

**Regrets:**

Theresa Stevens, Physiotherapist, President  
Laina Smith, Public

**Staff**

Anita Ashton, Interim Registrar  
Joyce Huang, Manager Strategy

**Recorder:**

Elicia Persaud, Governance Analyst

**Guests:**

Alan Bromstein, Weirfoulds LLP  
Sarah Yun, Weirfoulds LLP

**12:00 p.m. Welcome**

The Chair welcomed all members, opened the meeting with the College's Land Acknowledgement Statement, and confirmed the College's ongoing commitment to the Public Interest mandate. Members were asked to declare any conflict of interest for any of the items to be discussed during the meeting; none were declared.

**1.0 Approval of the Agenda**

**Motion 1.0**

It was moved by T. Skanes and seconded by D. Ng that:



The agenda be accepted as presented with the possibility for changes to address time constraints.

**CARRIED.**

## **2.0 Draft Regulations to Create an Emergency Class of Registration**

In keeping with the requirements of Bill 106 – Emergency Preparedness Act, which requires all Health Regulatory Colleges to have an “emergency class” of registration to create an alternative pathway to register individuals in an expedited manner during an emergency, Council was asked to convene a Special Meeting of Council to ensure it could meet the government deadline of May 1, 2023.

Joyce Huang, Manager Strategy presented the briefing materials and provided Council with an overview of the three requirements of the regulation, which include:

- What constitutes an “emergency” that would trigger this class of registration to be opened?
- Who could become registered in the emergency class?
- What are the terms, conditions and limitations for the emergency class of registration?

Alan Bromstein and Sarah Yun were present to address any questions regarding the proposed draft regulation.

### **Motion**

#### **2.0**

It was moved by K. Schulz and seconded by S. Gabison that:

Council approve in principle the draft regulation to create an “Emergency Class” of registration.

**CARRIED.**

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

Council was asked to move *in camera* pursuant to Section 7 (2)(d) of the Health Professions Procedural Code to discuss the Registrar recruitment.

### **Motion**

#### **3.0**

It was moved by H. Cavanagh and seconded by N. Madhvani that:

Council move *in camera* pursuant to Section 7(2)(d) of the Health Professions Procedural Code.

**CARRIED.**

Council moved *in camera* at 12:37 p.m. Council moved back into the public portion the meeting at 1:04 p.m.



No decisions were provided for inclusion in the minutes.

### **Adjournment**

It was moved by J. Law that the meeting be adjourned. The meeting ended at 1:05 p.m.

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Jennifer Clifford, Chair

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

**MINUTES**

**Wednesday, February 22, 2023**

Virtual via Zoom

**Attendees**

Theresa Stevens, Physiotherapist, President  
Jennifer Clifford, Physiotherapist  
Hervé Cavanagh, Physiotherapist  
Paul Parikh, Physiotherapist, Academic  
Nitin Madhvani, Public  
Carole Baxter, Public  
Richard O'Brien, Public  
Tyrone Skanes, Public  
Janet Law, Physiotherapist  
Dennis Ng, Physiotherapist  
Sharon Gabison, Physiotherapist, Academic  
Anna Grunin, Physiotherapist  
Karen St. Jacques, Physiotherapist  
Jesse Finn, Public

**Staff**

Elicia Persaud, Governance Analyst

**Recorder:**

Elicia Persaud

**Regrets:**

Katie Schulz, Physiotherapist  
Laina Smith, Public

**5:00 p.m. Welcome**

The Chair welcomed all members, opened the meeting with the College's Land Acknowledgement Statement, and confirmed the College's ongoing commitment to the Public Interest mandate. Members were asked to declare any conflict of interest for any of the items to be discussed during the meeting; none were declared.

**1.0 Approval of the Agenda**

**Motion 1.0**

It was moved by T. Skanes and seconded by J. Finn that:

The agenda be accepted as presented with the possibility for changes to address time constraints.

**CARRIED.**



**2.0 Motion to go *in camera* pursuant to Section 7 (2)(d) of the Health Professions Procedural Code**

Council was asked to move *in camera* pursuant to Section 7 (2)(d) of the Health Professions Procedural Code to discuss the Registrar recruitment.

**Motion 2.0**

It was moved by S. Gabison and seconded by K. St. Jacques that:

Council move *in camera* pursuant to Section 7(2)(d) of the Health Professions Procedural Code.

**CARRIED.**

Council moved *in camera* at 5:08 p.m. Council moved back into the public portion of the meeting at 6:25 p.m.

No decisions were provided for inclusion in the minutes.

**Adjournment**

It was moved by N. Madhvani that the meeting be adjourned. The meeting ended at 6:28 p.m.

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Theresa Stevens, Chair



## EXECUTIVE COMMITTEE MEETING MINUTES

**November 22, 2022**

Hybrid

**Present:** Theresa Stevens, PT Chair (In-person)  
Jennifer Clifford, PT (In-person)  
Nitin Madhvani, Public (Virtual)  
Carole Baxter (In-person)

**Staff:** Anita Ashton, Interim Registrar (In-person)  
Zoe Robinson (In-person)  
Joyce Huang (Virtual)  
Evguenia Ermakova (Virtual)

**Regrets:** Herve Cavanagh, PT

**Recorder:** Elicia Persaud (Virtual)

**Guest:** Rebecca Durcan (virtual)

### **Welcome**

#### **Public Interest, Conflict of interest, and Confidentiality**

T. Stevens, Chair, called the meeting to order at 9:03 a.m. Members were asked to declare any conflict of interest; none were declared.

### **1.0 Motion**

#### **Approval of the Agenda**

##### **1.0**

It was moved by C. Baxter and seconded by J. Clifford that:

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

**CARRIED**

### **2.0**

#### **Executive Committee Orientation**

R. Durcan from Steinecke Maciura LeBlanc, provided an Executive Committee orientation which focused on:

- the historical role of the Executive Committee,
- the current role that the Executive Committee,
- how an Executive Committee member can perform effectively in their role, and
- environmental trends as it relates to the role of the Executive Committee.

Items for future consideration include ongoing review of the Committee's Terms of Reference at Council, specifying





Executive Committee's role in Council/Committee member conduct reviews, Governance and sharing environmental trends as it relates to Governance with Council.

**3.0 Approval of Executive Minutes of September 1 and September 27, 2022**

**Motion 3.0**

It was moved by J. Clifford and seconded by C. Baxter that:

The Executive Committee meeting minutes of September 1 and September 27, be approved.

**CARRIED.**

**4.0 President's Report**

T. Stevens, President provided an update on the status of the Registrar recruitment, meetings attended during the last quarter and feedback from the September Council meeting survey.

Executive noted that it would be helpful to have ongoing access to orientation materials and modules; this is being considered by staff and alternative methods are currently being developed to support this.

**5.0 Interim Registrar's Report**

A. Ashton, Interim Registrar provided an update on the following items:

- Organizational review / staffing update
- Dashboard
- Space planning lease options
- Insurance Coverage for Agents of the College
- CAPR Governance Review
- HPRO working group – Public Appointments
- CIHI – Data collection and reporting

An interim dashboard was presented. Feedback received included adding clarity to the metric for meetings in hours versus days for ICRC and defining Registrar Inquiries. There was also a suggestion to reintroduce a Human Resources metric for voluntary/involuntary leaves.



## **6.0 Celebration of Rod Hamilton**

A. Ashton provide Executive with the outcome of her discussion with Paula (Rod's wife) which included donating to a fund that she will be setting up that supports bringing music education to young Ontarians who may not have access to arts education.

Executive was in support of this idea; A. Ashton will connect with Paula to determine next steps and an update will be provided to Council on how the College will support this initiative and will share with others in our community on how they can contribute if they wish.

## **7.0 Exam Fees By-law Consultation – Interim Summary**

E. Ermakova, Policy Analyst, provided an update on the feedback received to date from the Exam Fees By-law consultation.

## **8.0 Strategic Projects: Prioritization for year 2 of the Strategic Plan**

The Executive Committee reviewed the list of the proposed strategic projects for 2023-2024 and provided detailed feedback on the materials. Executive also provided feedback to support next steps for the Entry to Practice Working Group.

## **9.0 Appointment of the Auditor**

The Executive Committee had no feedback on the materials being presented to Council.

## **10.0 Review of the College's Financial Policies, Structures and Resources**

The Executive Committee was in support of pursuing an external third-party review of the College's financial operations, procedures and processes. It was suggested that



the materials include the intended outcomes of the review and the justification for the timeline of the work.

**11.0  
Motion**

**Council and Non-Council Committee Education 2023-2024  
11.0**

It was moved by C. Baxter and seconded by J. Clifford that:

in keeping with Executive Committees authority to administer the education plan for Council and its committees, the Executive Committee approves:

- EDI, the Board's role in Risk Management, and Governance Effectiveness be included as the general education sessions for 2023-2024.
- Inviting non-council committee members to Council education sessions where the learning goals are shared.
- Providing non-council Committee Chairs with the opportunity to attend conferences when available.

**CARRIED.**

Executive was asked to consider how many spots should be included in the draft budget for conferences; two were identified for CNAR and one was identified for CLEAR International.

**12**

**Q2 Financial Report**

The Q2 Financial report was received; committee members asked some questions for clarification about the materials which were addressed during the meeting.

**13**

**Financial Support for the Canadian Alliance of Physiotherapy Regulators**

The Executive Committee reviewed the briefing materials and provided feedback to support Council's discussion on the item.

**Adjournment**

C. Baxter motioned that the meeting be adjourned.

The meeting was adjourned at 3:26 p.m.



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*Theresa Stevens*

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Theresa Stevens, Chair



## EXECUTIVE COMMITTEE MEETING MINUTES

**November 30, 2022**

Virtual via Zoom

**Present:** Jennifer Clifford, PT, Chair  
Nitin Madhvani, Public  
Carole Baxter, Public  
Herve Cavanagh, PT

**Staff:** Anita Ashton, Interim Registrar  
Joyce Huang

**Recorder:** Elicia Persaud

**Regrets:** Theresa Stevens, PT

### **Welcome**

#### **Public Interest, Conflict of interest, and Confidentiality**

T. Stevens, Chair, called the meeting to order at 1:00 p.m. Members were asked to declare any conflict of interest; none were declared.

### **1.0 Motion**

#### **Approval of the Agenda**

##### **1.0**

It was moved by C. Baxter and seconded by H. Cavanagh that:

The agenda be accepted.

**CARRIED**

### **2.0**

#### **Governance Review Project – Consultant Proposals**

The College received four proposals to support the strategic initiative to improve governance practices at the College by conducting a Governance review.

The Executive Committee reviewed the four proposals and determined that more information would be needed before making a selection. Executive narrowed it down two vendors; staff were asked to schedule a meeting with both vendors over the next couple of weeks.

### **3.0**

#### **Adjournment**

C. Baxter motioned that the meeting be adjourned.

The meeting was adjourned at 2:15 p.m.



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Jennifer Clifford, Chair



## EXECUTIVE COMMITTEE MEETING MINUTES

**January 16, 2023**

Virtual via Zoom

**Present:** Theresa Stevens, PT Chair  
Jennifer Clifford, PT  
Nitin Madhvani, Public  
Carole Baxter, Public  
Herve Cavanagh, PT

**Staff:** Anita Ashton, Interim Registrar

**Recorder:** Elicia Persaud

**Guests:** David Brown, Governance Solutions Inc.  
Tan Crombie, Governance Solutions Inc.  
Rob DeRooy, Governance Solutions Inc.

### **Welcome and Introductions**

T. Stevens, Chair, called the meeting to order at 11:30 a.m. and welcome members of the Executive Committee and guests.

#### **1.0 Governance Review Project – Vendor #1**

The Executive Committee met with D. Brown, T. Crombie and R. DeRooy from Governance Solutions Inc., where they reviewed a proposal for the College Governance Review project.

Topics included exploring their approach to engaging with key stakeholders and learning more about their governance experience.

D. Brown, T. Crombie and R. DeRooy left the meeting at 12:15 p.m.

#### **2.0 Governance Review Project – Executive Debrief**

Following the meeting with Governance Solutions Inc. the Executive Committee completed a scoring rubric to support their decision making.

### **Adjournment**

The meeting was adjourned 1:00 p.m.



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*Theresa Stevens*

Theresa Stevens, Chair





## EXECUTIVE COMMITTEE MEETING MINUTES

**January 31, 2023**

Virtual via Zoom

**Present:** Jennifer Clifford, PT  
Nitin Madhvani, Public  
Carole Baxter, Public  
Herve Cavanagh, PT

**Staff:** Anita Ashton, Interim Registrar  
Joyce Huang, Strategic Projects  
Manger

**Recorder:** Elicia Persaud, Governance Analyst

**Regrets:** Theresa Stevens, PT

**Guests:** Deanna Williams, The Regulators Practice  
Harry Cayton, The Regulators Practice  
Bradley Chisholm, The Regulators Practice

### **Welcome and Introductions**

J. Clifford, Chair, called the meeting to order at 11:00 a.m. and welcome members of the Executive Committee and guests.

#### **1.0 Governance Review Project – Vendor #2**

The Executive Committee met with D. Williams, H. Cayton and B. Chisholm from The Regulators Practice., where they reviewed a proposal for the College Governance Review project. They also presented an alternative approach to a large-scale Governance Review.

Topics included exploring their approach to engaging with key stakeholders and learning more about their governance experience.

D. Williams, H. Cayton and B. Chisholm left the meeting at 12:05 p.m.

#### **2.0 Governance Review Project – Executive Debrief**

Following the meeting with The Regulators Practice. the Executive Committee completed a scoring rubric to support their decision making. Executive determined they would explore the alternative option presented by The Regulator's Practice team and requested that staff collect additional information to be presented at a later time.



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**Adjournment**

The meeting was adjourned 1:00 p.m.

Jennifer Clifford, Chair



<b>Communications</b>	
<b>Reporting Period:</b>	April 2022 to February 2023
<b>Purpose:</b>	To provide Council with an overview of the College's communications activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The College's communications team strives to ensure our communications to all stakeholders are equitable, accessible and help protect the public interest. Communications initiatives focus on supporting awareness, protection, accountability and high-quality care.
<b>Highlights of Work Undertaken Over this Period:</b>	<p>The communications team undertook the following activities:</p> <ul style="list-style-type: none"><li>• Ongoing support for the Ontario Clinical Exam – the communications team is working closely with the exam team to develop materials for the virtual administrations of the OCE. We also supported the hybrid administration through development of various materials including surveys, web copy, social media posts, webinars, documents, news items, emails to candidates and stakeholders.</li><li>• Monthly issues of Perspectives highlighting Case of the Month, Practice Advice Questions, Myth v Fact, exam updates, blog posts, external resources, featured standards, etc.</li><li>• 2 Employer newsletters</li><li>• 1 Academic Newsletter, plus an email to</li></ul>



- academics about the anonymous version of PISA
- Preparation for Annual Renewal and PISA, plus ongoing marketing and communications needs to support these initiatives (emails, social media posts, robocalls)
  - Completed several updates to the website and supporting documents per new registration guidelines outlined in Bill 106, updates to the funding for therapy and counselling pages and forms
  - Recruitment for bilingual communications coordinator – candidate is starting on March 28, 2023
  - Strategic planning and budgeting for communications initiatives in the coming year
  - Released four new videos on YouTube that were developed with the support of the Patient Relations Committee (How Physiotherapists Use Sensitive Practice Principles, Professional Boundaries in Physiotherapy, How to Avoid Misunderstandings in a Clinical Setting, How to Develop a Sensitive Practice)
  - Completed one full production day for the entry to practice learning modules – videos will feature external expert Zubin Austin and CPO Practice Advisor Abbi Olanbiwonnu, ongoing development for the other modules in this series
  - Supporting policy with the 2023 council elections
  - Worked with policy to post and promote the consultation for the emergency class of registration, the by-law consultation for fee increases, and the consultation for exam related fees
  - Active participation in HPRO Communications



	<p>Committee including developing social media posts for the Ontario Health Regulators Facebook page throughout 2023/2024, and helping to plan the Communicators Day Conference</p> <ul style="list-style-type: none"><li>• Social media, Google Analytics and Google Ads</li><li>• Internal communications</li><li>• Social media guidelines for PTs</li></ul>
<p><b>Work Ongoing:</b></p>	<p>The communications team continues to work on:</p> <ul style="list-style-type: none"><li>• Ongoing preparation for the virtual administrations of the Ontario Clinical Exam</li><li>• Organizing a second privacy webinar with Kate Dewhirst for May 2023 – this is following a poll in Perspectives where 76% of respondents indicated that they would like a follow up webinar on privacy</li><li>• Completion of entry to practice learning modules for physiotherapists who are new to practice in Ontario (internationally and Canadian educated)</li><li>• Communications e-learning module – we are partnering with other physiotherapy regulators across Canada</li><li>• Working with the Practice Advice team to post social media guidance</li><li>• E-learning module for the Finance Committee</li><li>• Annual Report</li></ul>
<p><b>Areas of Risk:</b></p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"><li>• We continue to monitor risks and trends with social media – including misinformation/what is being said about the College and the Ontario Clinical Exam</li><li>• Being mindful of cybersecurity risks with the</li></ul>

College website and database, especially given the recent cyber-attacks with likeminded organizations. We work alongside our web vendor to mitigate risks and ensure the website is secure.

## **Analytics**

### **Collegept.org**

*The website is used by all stakeholders including PTs, PT Residents, patients/caregivers, employers, PTAs). The statistics below encompass our website in its entirety including the Public Register/PT Portal.*

*College staff pull monthly statistics related to the website to see how stakeholders are accessing information and interacting with the site. These statistics are used to identify improvements and help inform broader engagement/communication tactics.*

#### **General website stats:**

**Users:** 345,674 (all site visitors)

**Sessions:** 993,798 (times that a user is on the site)

**Pageviews:** 3,017,125 (number of times one of our pages was loaded in a browser)

**Bounce Rate:** 46.79% (Users who are visiting a single page on the site and doing nothing else before leaving. Average bounce rates are generally 41 to 55%)

**Average Pages/Session:** 3.04 (This includes everything on the website including the Public Register/PT Portal)

**Average Session Duration:** 2:46 minutes

**Majority of web traffic is coming from Canada (70%), followed by India, USA and UK.**

**Top 5 Content Pages:**



*Top content pages change from month to month and are often reflective of current happenings at the College (e.g. PISA, Jurisprudence, Annual Renewal). Top pages can also be influenced by ad spends and other forms of communication like Perspectives or direct emails to stakeholders.*

- Rules and Resources
- What is Physiotherapy
- Patients Landing Page (Google Ads landing page – see stats below)
- Ontario Clinical Exam
- Applicants

### **Social Media**

*The College is active on Facebook, Twitter, LinkedIn and YouTube. The posts mentioned below are top posts from Facebook and Twitter where we are most active and post 3 – 5 times per week.*

**Facebook Followers: 2.8k    Twitter Followers: 2,274    LinkedIn Followers: 3,223**

### **Popular Social Facebook/Twitter Posts:**

- Ontario Clinical Exam
- Exam Exemption Policy
- Annual Renewal
- Communication Skills Resource
- National Days of Significance like Indigenous Peoples Day and Black History Month

### **Advertising**

*The College advertises consistently using a daily budget on Google Analytics. This budget can be adjusted as required. We also advertise on Facebook and LinkedIn as needed.*

### **Google Ads (patient focused):**

231,892 impressions (how many people see the ads)  
52,899 clicks (how many people interact with the ad)  
22.81% clickthrough rate (average for health & medical is 3.27%)  
\$0.11 average cost per click

### **LinkedIn Ad – Recruitment for Council Election (District 5)**

*This ad only targeted people in the district 5 region with the job title physiotherapist.*

994 impressions



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*Regulating Physiotherapists*

44 clicks  
4.45% average CTR

\$1.66 cost per click

**In this period, we also ran LinkedIn ads to recruit for the following roles:**

- OCE Examiners
- Committee Members
- Examinations Coordinator





<b>Compliance Monitoring</b>	
<b>Reporting Period:</b>	April 2022 to February 2023
<b>Purpose:</b>	To provide Council with an overview of College's Compliance Monitoring activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The Compliance Monitoring team assists physiotherapists who have been required or directed to complete remedial activities to address concerns about their practice or conduct. The team works to ensure that physiotherapists and coaches receive the support that they require.
<b>Highlights of Work Undertaken Over this Period:</b>	<p>Compliance Monitoring:</p> <ul style="list-style-type: none"><li>• Held remote lawyer led training session for coaches</li><li>• Facilitated two remote training sessions for coaches</li><li>• Hosted two networking meetings for individuals supporting compliance monitoring activities at other health regulatory colleges</li><li>• Added three new coaches to our roster</li><li>• Introduction of a shadowing program as part of orientation for new coaches</li><li>• Development of an FAQ documents for PT's who are serving a suspension</li><li>• Development of an FAQ document for PT's who require Practice Enhancement Coaching</li></ul>
<b>Work Ongoing:</b>	The Compliance Monitoring department continues to:



	<ul style="list-style-type: none"> <li>• Support coaches with the coaching programs</li> <li>• Recruit new practice enhancement coaches to ensure there is a diverse roster: gender, practice settings, and ethnic diversity</li> <li>• Develop new templates and resources as needs arise or are anticipated</li> <li>• Review and develop Standard Operating Procedures</li> </ul>
<p><b>Areas of Risk:</b></p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> <li>• Committees are ordering longer coaching programs which is making it harder to find coaches that can commit to their length</li> </ul>

The Numbers	
Total number of files in Compliance Monitoring as of February 28, 2023	61
Quality Assurance Compliance Monitoring Files In Progress	5
New Quality Assurance Compliance Monitoring Files Opened	3
Quality Assurance Compliance Monitoring Files Closed	3
ICRC Compliance Monitoring Files in Progress	36
New ICRC Compliance Monitoring Files Opened	37
ICRC Monitoring Files Closed	11
Registration Compliance Monitoring Files In Progress	9
New Registration Compliance Monitoring Files Opened	10
Registration Compliance Monitoring Files Closed	5
Discipline Compliance Monitoring Files in Progress	14
New Discipline Compliance Monitoring Files Opened	9
Discipline Compliance Monitoring Files Closed	5
Registrar’s Inquiry Compliance Monitoring In Progress	1
New Registrar’s Inquiry Compliance Monitoring Opened	1
Registrar’s Inquiry Compliance Monitoring Files Closed	0



<b>Committee or Department</b>	<b>Discipline &amp; Fitness to Practise</b>
<b>Timeframe:</b>	April 2022 to February 2023
<b>Purpose:</b>	To provide Council with an overview of College's Discipline and Fitness to Practice Committee activities since April 1, 2022 and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	<p>The Discipline Committee is the statutory Committee that holds public hearings and considers serious allegations about physiotherapists' practice, conduct or competence.</p> <p>Members of the Discipline Committee are also members of the Fitness to Practise Committee. Fitness to practise hearings are focused on a physiotherapist's health condition where the condition is affecting their ability to practice the profession safely.</p>
<b>Meeting Dates (if applicable):</b>	<p>Hearings in Progress</p> <ul style="list-style-type: none"><li>• CPO and Thomas – August 10, 11, 22, 24, September 29, December 1, 2 &amp; 23, 2022 (ongoing)</li></ul> <p>Hearings Completed</p> <ul style="list-style-type: none"><li>• CPO and Nogueira - April 1, 2022</li><li>• CPO and Fortuno - April 13, 2022</li><li>• CPO and Bararian – May 30, 2022</li></ul>



	<ul style="list-style-type: none"><li>• CPO and Roscala-Bonilla – October 14, 2022</li><li>• CPO and Shahbad – November 17, 2022</li><li>• CPO and Trambulo – November 21, 2022</li><li>• CPO and Spremulli – November 28, 2022</li><li>• CPO and Richards - December 14, 2022</li><li>• CPO and Whelan - December 14, 2022</li></ul>
<b>Highlights of Work Undertaken Over this Period:</b>	<p>The Discipline Committee and/or Hearings Office:</p> <ul style="list-style-type: none"><li>• Held a lawyer led training session for Panel Chair’s and Decision Writers in September</li><li>• Started using SharePoint to facilitate drafting and editing their written decisions</li><li>• Began using the previously developed deliberation templates</li><li>• Updated the post-hearing survey to gather more specific feedback</li><li>• Development of deliberation tools for both contested and uncontested matters</li><li>• Development of both a Chair’s and a Decision Writers handbook</li><li>• The Hearings Officer met with two other regulatory colleges to discuss each colleges’ approaches to contested hearings, in-person hearings, sharing of resources as well as supporting unrepresented registrants</li><li>• Introduction of hearing summaries at the beginning of decision and reasons</li><li>• Committee members continue to review the three recordings of lawyer-led education sessions and College e-learning modules</li><li>• Continue to release Decision and Reasons within internal timelines</li></ul>
<b>Work Ongoing:</b>	The Discipline Committee and/or Hearings Office



	<p>continues to:</p> <ul style="list-style-type: none"> <li>• Hear uncontested and contested discipline hearings remotely via Zoom</li> <li>• Identify opportunities for ongoing training</li> <li>• Develop new and update existing templates and resources as needs arise or are anticipated</li> <li>• Make HPRO education sessions available for new Committee members</li> <li>• Support the annual education series</li> <li>• Work on developing program area KPIs</li> </ul>
<p><b>Areas of Risk:</b></p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> <li>• A couple of public members are graciously making themselves available for every hearing. This is in part due to a limited number of public appointees available given absences, conflicts of interest and the fact that the College is currently short one public appointee</li> </ul>

Number of #	April 1, 2022 – February 28, 2023	Compared to April 1, 2021, to February 28, 2022
Discipline hearings pending at the time the report was prepared	11	12
Discipline Hearings in Progress	1	0
Fitness to Practise Hearings pending	0	0
Discipline Hearings completed	9	7
Pre-Hearing Conferences held	6	0
Pre-Hearing Conference Pending until June 30	0	4
Uncontested Hearings held	7	5
Contested Hearings held	3 (1 in progress)	2
Hearing Days Completed	17	7
Hearing Days Pending until June 30	5	5



Hearings Completed by Adjourning Indefinitely ( <i>sine die</i> )	2	1
Decisions Released	10	8
Appeals	0	0

<b>Committee or Department</b>	<b>Exam Committee</b>
<b>Timeframe:</b>	October 2022 to February 2023
<b>Purpose:</b>	To provide Council with an overview of College’s Examination activities over the last reporting period and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The College’s Exam Committee reviews the psychometric results from each exam session to decide the cut score (standard) of the exam. Additionally, the committee reviews exam appeal requests from candidates who were unsuccessful in an exam session to determine if the unsuccessful result should be nullified or stayed based on the situation.
<b>Meeting Dates (if applicable):</b>	December 8, 2022 February 9, 2023
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>The Exam Committee undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Determination of the standard for the October, November, and January exams</li> <li>• Review of the virtual exam policies</li> </ul>
<b>Work Ongoing:</b>	<p>The Exam Committee continues to work on:</p> <ul style="list-style-type: none"> <li>• Review of the OCE psychometrics and providing a determination of the final cut score for exams</li> <li>• Policy reviews and procedural oversight for virtual exam administration</li> </ul>



<b>Areas of Risk:</b>	The following areas are being monitored and considered potential organizational risk: <ul style="list-style-type: none"><li>• Transition to the virtual exam from a hybrid model</li></ul>

<b>The Numbers</b>
134 candidates completed the OCE in October and November 2022 combined (Results released Jan 2023)
148 candidates complete the OCE in January 2023 (results to be released March 23)
166 candidates completed the OCE in March 2023 (results pending)
In total 2 exam reviews have been granted by the exam manager based on the exam review and exam appeal policy. No appeals have required consideration by the Exam Committee.



Executive Committee	
<b>Reporting Period:</b>	April 2022 to February 2023
<b>Purpose:</b>	To provide Council with an overview of the College's Executive Committee activities since Q1 and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The College's Executive Committee provides leadership to Council and helps to ensure the effective functioning of the College by addressing urgent matters that arise between regular Council meetings.
<b>Meeting Dates (if applicable):</b>	<p>June 9, 2022</p> <p>June 16, 2022</p> <p>August 10, 2022 (<i>emergency meeting</i>) – With the passing of Registrar, Rod Hamilton, the Committee met and appointed Anita Ashton as the Interim Registrar effectively immediately.</p> <p>September 1, 2022</p> <p>September 27, 2022 (<i>special meeting</i>) – Brainstorming session to consider opportunities for Council/the College to honour Rod Hamilton.</p> <p>November 22, 2022</p> <p>November 30, 2022 (<i>special meeting</i>) - Executive met to select a consultant for the Governance Review project</p> <p>January 16, 2023 (<i>special meeting</i>) – Governance Review project – meeting with vendor #1</p> <p>January 30, 2023 (<i>special meeting</i>) – Governance Review project – meeting with vendor #2</p> <p>March 7, 2023</p>

**Highlights of Work  
Undertaken Over this  
Period:**

The Executive Committee undertook the following activities:

The Executive Committee undertook the following activities:

- Reviewed the proposed Committee slate for 2022-2023
- Considered councillor conference attendance for 2022-2023
- Considered the ongoing evaluation of the Council education structure and program
- Reviewed the Audited Financial Statements for March 31, 2022
- Providing feedback on the Strategic Projects: Prioritization for year 2 of the Strategic Plan
- Identifying areas for additional clarity on the interim dashboard
- Executive also confirmed moving forward non-council committee members would be invited to attend Council education sessions where there is a benefit for shared learning and Non-Council Committee Chairs would be eligible for conference attendance
- Identifying education sessions for the 2023-2024 Council year
- Selected a vendor for the Governance Review project
- In conjunction with the Finance Committee, reviewed the proposed budget for fiscal year 2023-2024
- Reviewed the Honoraria and Expense Policy and provided feedback to staff
- Reviewed the eligibility of a perspective Council member candidate and confirmed they were

	<p>eligible to run in the 2023 Council election</p> <ul style="list-style-type: none"><li>• Provided feedback to staff on the Standards Review framework</li></ul>
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<b>Finance Committee</b>	
<b>Reporting Period:</b>	April 2022 to March 2023
<b>Purpose:</b>	To provide Council with an overview of College's Finance Committee activities & discussions
<b>The Public Interest:</b>	The College's Finance Committee provides oversight of the College's financial management to ensure the necessary financial resources are provided to support the College's statutory obligations and the supporting activities.
<b>Meeting Dates (if applicable):</b>	<p>April 21, 2022            May 31, 2022            June 14, 2022            August 25, 2022, cancelled            November 7, 2022            February 24, 2023            March 7, 2023 (Joint meeting with the Executive Committee)</p>
<b>Highlights of Work Undertaken Over this Period:</b>	<p>The Finance Committee undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Reviewed FY 2023 Q2 financial results</li> <li>• Reviewed and discussed the financial performance of the Ontario Clinical Exam</li> <li>• Discussion about the subleasing of the College's office space</li> <li>• Recommending external Auditor for the FY 2023.</li> <li>• Discussion about the financial training</li> </ul>

	<p>opportunities for the Finance Committee</p> <ul style="list-style-type: none"> <li>● Discussion about budget meetings with a joint meeting of the Finance Committee and Executive Committee</li> <li>● Engagement with the auditors, Hilborn for the pre-audit and post-audit process</li> <li>● Review of the audited Financial Statements ending March 31, 2022.</li> <li>● Considered a review of the registration fees for Independent Practice Certificates and administrative fees</li> <li>● Reviewed the audit plan</li> <li>● Reviewed and commented on the proposed new Honoraria and Expense policy</li> <li>● Joint meeting with the Executive Committee to review the fiscal year 2023-2024 budget.</li> </ul>
<p><b>Work Ongoing:</b></p>	<p>The Finance Committee continues to work on:</p> <ul style="list-style-type: none"> <li>● Education opportunities and curriculum</li> <li>● Long-term financial projections for the Ontario Clinical Exam</li> <li>● Budget development for FY 2023-2024</li> <li>● Executing the fiscal year 2022-2023 financial audit</li> <li>● Reviewing the report from the external financial consultant and implementing their recommendations.</li> <li>● Transition from QuickBooks desktop to QuickBooks Online</li> </ul>
<p><b>Areas of Risk:</b></p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> <li>● Office sublease</li> <li>● Financial sustainability into fiscal year 2024-</li> </ul>



	2025 and beyond.
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<b>Information Technology</b>	
<b>Reporting Period:</b>	December 2022 to March 2023
<b>Purpose:</b>	To provide Council with an overview of College's Information Technology team
<b>The Public Interest:</b>	The College's Information Technology team strives to ensure the College's technology meets the needs of all stakeholders and is equitable, accessible and helps to protect the public interest. Information technology initiatives focus on supporting security, ensuring business needs are met and providing access for all who require it.
<b>Highlights of Work Undertaken Over this Period:</b>	<p>The Information Technology team undertook the following activities over the past quarter:</p> <ul style="list-style-type: none"> <li>• Technical execution of the hybrid Ontario Clinical Exam</li> <li>• Increased functionality in ATLAS, Renewals and PISA</li> <li>• Application Dashboard for Registration</li> <li>• Examiner invoice functionality</li> <li>• Provisional practice expiry dates updates.</li> <li>• MS TEAMS Phone integration: Integration Net2Phone extensions to MS Teams for increased call quality &amp; integration</li> <li>• Maintained day-to-day IT organizational support</li> </ul>
<b>Work Ongoing:</b>	The Information Technology team continues to work

	<p>on:</p> <ul style="list-style-type: none"> <li>• Developing technical plan for support of the fully virtual Ontario Clinical Exam in 2023</li> <li>• SharePoint re-engagement project working with Envision IT</li> <li>• Atlas knowledge transfer to move forward database work related to professional conduct, committee and other outstanding areas</li> <li>• Acting on making changes identified in a recent internal cyber security audit</li> </ul>
<p><b>Areas of Risk:</b></p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> <li>• Heavy IT requirements within the organization and limited staff and in-house resources</li> <li>• Government (CIHI) request for significant new data gathering in 2023-2024</li> <li>• Replacement of outdated IT equipment flagged in internal cyber security audit (work is underway)</li> </ul>





<b>Committee or Department</b>	<b>Inquiries, Complaints and Reports Committee (ICRC)</b>
<b>Timeframe:</b>	April 2022 to February 2023
<b>Purpose:</b>	To provide the Council with an overview of College’s ICRC activities since April 1 2022 to the end of February 2023 and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The College’s ICRC strives to review concerns about professional misconduct, incapacity and incompetence and decides whether any action should be taken to ensure physiotherapists are able to practice safely and competently.
<b>Meeting Dates (if applicable):</b>	April 12, 2022 (full-day) May 3, 2022 (partial day) May 16, 2022 (full-day) May 26, 2022 (full-day) May 30, 2022 (partial day) June 17, 2022 (partial day) June 23, 2022 (full day) June 27, 2022 (partial day) July 27, 2022 (full-day) August 3, 2022 (full-day) September 14, 2022 (full-day) October 3, 2022 (partial day) November 2, 2022 (full-day) November 18, 2022 (full-day) November 25, 2022 (partial day)



	<p>December 7, 2022 (full-day) December 21, 2022 (partial day) January 5, 2023 (partial day) January 12, 2023 (partial day) January 18, 2023 (full-day) February 2, 2023 (partial day) February 6, 2023 (partial day) February 8, 2023 (partial day) February 15, 2023 (full day)</p>
<p><b>Highlights of Work Undertaken since April 1, 2022:</b></p>	<p>The ICRC undertook the following activities:</p> <ul style="list-style-type: none"><li>• Met on 24 occasions.</li><li>• Delivered 8 cautions.</li><li>• One matter requiring an interim order with practice restrictions.</li><li>• Held three Orientation sessions with new Committee members on July 20, July 26 and September 7, 2022</li><li>• Full Committee Orientation Workshop on August 3, 2022</li><li>• Reaffirmed a commitment to handling allegations of sexual abuse and boundaries using a risk-based process to ensure that any need for restrictions towards the practice of a PT are closely tracked by the committee throughout the appointment and investigations process.</li><li>• Approved 4 Policies on November 18, 2022<ul style="list-style-type: none"><li>○ Complaint Confirmation</li><li>○ Appointment of Investigators</li><li>○ Withdrawal of a Complaint</li><li>○ Interim Orders</li></ul></li><li>• 8 new peer opinion providers have been recruited and added to the roster to provide peer opinions and chart reviews</li></ul>

<p><b>Work Ongoing:</b></p>	<p>The ICRC is working on:</p> <ul style="list-style-type: none"> <li>• Efficiencies on decision making timelines, such as seeking prosecutorial viability opinions prior from legal counsel on high-risk (sexual abuse) cases prior to them being presented to ICRC.</li> </ul>
<p><b>Areas of Risk:</b></p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> <li>• The Committee continues to see an increase in the number of cases involving sexual abuse and professional boundaries.</li> <li>• Due to Residents being in Provisional Practice longer we have seen an increase in the number of residents being terminated from their positions in hospitals due to concerns about the resident’s readiness to practice in that setting.</li> <li>• Ongoing issues with recordkeeping following below the standard and lack of clinical reasoning in treatment plans.</li> <li>• Ongoing communication concerns of lack of communication and unprofessionalism towards patients.</li> <li>• Concerns with Resident PTs and their supervisors not reporting that their supervision relationship has ended.</li> <li>• Cases related to PTs failing to communicate with patients in a sensitive and professional nature.</li> </ul>

Number of #	April – Feb 2023	April – Feb 2022
Appointment of Investigators (75a and 75c) investigations	60	36
Number of open Intake files on the date the report was prepared (March 13, 2023)	54	No data available



<b>Number of Cases being Investigated (Feb 28, 2023)</b>	108	145
<b>Decisions made by ICRC since April 1, 2022</b>	96	85
Referrals to Discipline	9	15
Caution	2	4
SCERP	14	2
SCERP and Caution	9	8
SCERP and A&U	1	0
SCERP, Caution and A&U	2	1
Undertakings (A&U)	13	8
A&U and Caution	0	4
Caution and Advice and Recommendations	4	0
Advice and Recommendations	27	12
Frivolous and Vexatious	0	2
No Action	15	28
Withdrawal	0	1



<b>Practice Advice Team</b>	
<b>Reporting Period:</b>	April 2022 to February 2023
<b>Purpose:</b>	To provide Council with an overview of College’s Practice Advice activities over the past quarter and to highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The role of the College is to protect the public by setting and upholding the rules and standards of the physiotherapy profession. To this end, members of the public, or other stakeholders e.g., PTs, insurers, students, and employers can contact the Practice Advice (PA) service if they have question(s) with respect to these rules and standards and how they apply in practice. The PA (Practice Advice) service is staffed by Practice Advisors, physiotherapist staff members who respond to stakeholder inquiries primarily by phone or email. The Service also supports other educational activities aimed at supporting awareness of the various standards, tools, and resources.
<b>Meeting Dates (if applicable):</b>	N/A
<b>Highlights of Work Undertaken Over this Period:</b>	<p>The Practice Advice team undertook the following activities:</p> <ul style="list-style-type: none"><li>• Created article, and templates to assist PTs in managing patient safety incidents.</li><li>• Created 2023 PISA Questions</li><li>• Developed new blog posts: <a href="#">Patient Care Begins with Self-Care: Mental Health Supports for PTs</a> <a href="#">IAPT experience from Abbi’s perspective</a></li><li>• Developed new educational approach in Perspectives to provide advice around specific Standards (Stop Start)</li><li>• Returned to in-person presentations to first year PT students at Ottawa, McMaster and Western; also presented to two PTA programs.</li><li>• Assisted the Exam Committee by reviewing clinical scenarios and providing guidance on prompt questions</li></ul>



**Work Ongoing:**

The Practice Advice team continues to work on:  
Projects

- Development of Social media Guidance in preparation for a Council workshop December 2022.
- Development of Modules with Z Austin re IEPT support
- Development of a framework for a professional communication module.

Regular Activities

- Ongoing responses to more than two thousand contacts from members of the Public, PTs, employers related to the College Standards and Rules
- PA provides support to other areas of the College (ICRC, QAC, PRC, Discipline, Compliance Monitoring, Registrar's Education, Exams and Registration))
- Meetings with external stakeholders (CLHIA, OPA, Employers, Education Providers), other regulator PA services, and from four provinces across Canada to share trends and issues (Advertising, scope issues)

**Areas of Risk:**

The following areas are being monitored and considered potential risk:

**Q1 -4 2022** – the top themes from Inquiries:

- 1) Registration numbers misused/fraud
- 2) Supervision questions from PTs ( related to supervising Residents and PTAs)
- 3) Collaboration between hospital PTs and private PTs brought in to provide extra care.
- 4) Privacy and reports of breaches – how to report, how to write a privacy policy, role of HIC
- 5) Business Practices (Advertising, Billing (see #1), Social media)
- 6) Scope of practice questions – related to pelvic health, pessaries, breast health

Patient Relations Committee	
<b>Reporting Period:</b>	April 2022 to February 2023
<b>Purpose:</b>	To provide Council with an overview of College's Patient Relations Committee activities
<b>The Public Interest:</b>	The College's Patient Relations Committee strives to advise Council with respect to the patient relations program and to administer the program to provide funding for therapy and counseling.
<b>Meeting Dates (if applicable):</b>	<p>May 9, 2022 – One-hour meeting</p> <p>September 13, 2022 – Orientation date for new committee members</p> <p>November 25, 2022 – PRC meeting for all members</p> <p>January 26, 2023 – One-hour meeting to consider funding request</p>
<b>Highlights of Work Undertaken Over this Period:</b>	<p>The Patient Relations Committee undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Orientation of new members</li> <li>• Review and approval of scripts for 4 different education videos regarding professional boundaries and sexual abuse, with target audience of patients as well as physiotherapists</li> <li>• Four videos have now been produced are available on CPO website as well as on our YouTube channel – two are geared towards PTs, and two were developed for patients (01/23)</li> <li>• Review/rewording of Committee goals</li> <li>• There was one new application received for funding which was approved at the staff level in</li> </ul>

	<p>November</p> <ul style="list-style-type: none"> <li>• There was one request for funding which needed to be considered by the committee in January. This request was approved.</li> <li>• A blog post - <a href="#">A Concerning Trend: Addressing and Preventing All Forms of Sexual Abuse</a> - was published on the College website and shared through the Perspectives e-newsletter with registrants and stakeholders.</li> <li>• The Funding for Therapy and Counselling section on the College’s website has been updated to include a FAQ section on funding and a funding application flowchart.</li> </ul>
<p><b>Work Ongoing:</b></p>	<p>The PRC continues to work on meeting its goals, which include:</p> <ul style="list-style-type: none"> <li>• Reduce the incidence of boundary and sexual abuse violations.</li> <li>• Highlight a culture of patient safety and professional boundaries for Physiotherapists in Ontario.</li> <li>• Support a culture of patient safety and boundary awareness for patients attending Physiotherapist appointments.</li> <li>• Met with Lead of PC team (A. Mak) to review data related to Boundary and SA complaints</li> </ul>
<p><b>Areas of Risk:</b></p>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"> <li>• Any applications not resolved at staff level will be brought to committee</li> </ul>



Quality Assurance Committee and Quality Assurance Program	
<b>Reporting Period:</b>	April 2022 to February 2023
<b>Purpose:</b>	To provide Council with an overview of Quality Assurance Committee and the Quality Assurance program during the months of April to February 2023. The report will highlight areas of opportunity and risk.
<b>The Public Interest:</b>	The College's Quality Assurance Committee reviews reports about a physiotherapist's practice following an assessment and screening interview. The Committee may identify gaps in the PT's practice and determine the most appropriate action, which could include a learning plan to address the gaps.
<b>Meeting Dates</b>	April 7, 2022 June 16, 2022 August 12, 2022 (Orientation) October 7, 2022 October 13, 2022 January 27, 2023
<b>Highlights of Work Undertaken Over this Period:</b>	<p>The Quality Assurance Committee and the Quality Assurance Program undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Newly appointed Committee Members met for orientation (August)</li> <li>• The new QA Committee considered their first cases (October)</li> <li>• Members of the QA Team have also assisted the examinations team during the first two offerings of the Ontario Clinical Examination</li> <li>• The QA Team completed the Anti-Racism and Equity workshops offered in September</li> </ul>



	<ul style="list-style-type: none"><li>• Assessor training activities</li><li>• QA Program data is being collected and analyzed according to the program evaluation plan</li><li>• Members of the QA Team supported the Examinations Team for the January exam at the Touchstone Institute</li></ul>
<b>Work Ongoing:</b>	<p>The Quality Assurance Committee and the Quality Assurance Program continues to work on:</p> <ul style="list-style-type: none"><li>• The QA Team continues to support the screening interview and assessment process for physiotherapists who registered under the Registration Committee’s exemption policy (April – November)</li><li>• The QA Team continues to create, edit and update standard operating procedures related to all program activities</li><li>• Website resources for the screening interview and assessment are being updated</li></ul>
<b>Areas of Risk:</b>	<p>The following areas are being monitored and considered potential risks:</p> <ul style="list-style-type: none"><li>• iComp server problems disrupted three screening interviews and the assessors could not access reports for several hours (June)</li><li>• Availability of assessors to conduct screening interviews and assessments were limited due to planned vacations in the summer (April – August)</li><li>• Screening Interviews and assessment reports were being sent out beyond the 3-week timeline due to demands on the QA Team (April – July)</li></ul>



	<ul style="list-style-type: none"> <li>• One QA Committee meeting in October did not include public members and the meeting ended early because the Committee did not have a quorum to deliberate the final case. This resulted in an extra meeting to complete the final case on the agenda.</li> <li>• Focus on the screening interviews for PTs registered under the exemption policy has resulted in less time for other QA Program activities (e.g., completing the training for new assessors, program evaluation plan, etc.); This will continue to be monitored until the program no longer needs to be involved in this area of the College’s work.</li> <li>• In February, data transfers began failing between iComp and Atlas, investigation of this problem started in February. This problem was different from an issue reported in September and October regarding the assessment report transfers.</li> </ul>
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Quality Assurance Committee Activities	April to November
<b>Number of cases considered by the Committee (includes cases that were deferred, requests for deferrals, PTs finished compliance monitoring and practice assessments)</b>	<b>24</b>
Number of cases closed by the Committee with no action	<b>6</b>
Number of cases closed with advice and recommendations	<b>6</b>
Number of proposed SCERPs	<b>4</b>
Number of confirmed SCERPs	<b>1</b>
Number of requests for deferrals or extensions approved	<b>4</b>
Number of requests for deferrals or extensions considered by the Committee and denied	<b>0</b>



<b>Quality Assurance Program Activities</b>	<b>April to November</b>
QA Program Screening Interviews	<b>279</b>
Screening Interviews for PTs registered under the Registration Committee's Exemption Policy	<b>599</b>
QA Program Assessments	<b>16</b>
Assessments for PTs registered under the Registration Committee's Exemption Policy	<b>11</b>
Number of Assessor Training Activities (individual and group training)	<b>15</b>

<b>Registration Committee</b>	
<b>Reporting Period:</b>	April 2022 to February 2023
<b>Purpose:</b>	To provide Council with an overview of College's communications activities over the past quarter and to highlight areas of opportunity and risk
<b>The Public Interest:</b>	The College's Registration Committee considers applications from candidates who do not meet the requirements for licensure and makes applicant specific decisions taking into account public safety.
<b>Meeting Dates (if applicable):</b>	<ul style="list-style-type: none"> <li>• May 17, 2022</li> <li>• June 14, 2022</li> <li>• July 20, 2022</li> <li>• August 10, 2022</li> <li>• September 28, 2022</li> <li>• November 9, 2022</li> <li>• December 16, 2022</li> <li>• January 25, 2023</li> <li>• February 24, 2023</li> </ul>
<b>Highlights of Work Undertaken Over the Past Quarter:</b>	<p>The Registration Committee undertook the following activities:</p> <ul style="list-style-type: none"> <li>• Considered 57 applications for an Independent Practice Certificate of Registration</li> <li>• Considered 1 application for a Provisional Practice Certificate of Registration</li> <li>• Considered 31 applications that did not meet certain criteria for The Exemption Policy</li> <li>• Considered 9 applications that had failed the</li> </ul>

	<p>Screening Interview component of The Exemption Policy</p> <ul style="list-style-type: none"> <li>• Considered 14 applications that failed the PCE-Clinical</li> <li>• Considered 1 application for Low Practice Hours</li> <li>• Considered 1 application for Competence</li> <li>• Development of an Emergency Assignment Class or registration per the requirement set out in Bill 106</li> </ul>
<b>Work Ongoing:</b>	<p>The Registration Committee continues to work on:</p> <ul style="list-style-type: none"> <li>• The Exemption Policy is to be reviewed by the Committee every 90 days</li> </ul>

<b>The Numbers</b>	
57 cases considered in this timeframe	<ul style="list-style-type: none"> <li>• 7 applications were approved with Terms, Conditions, and Limitations</li> <li>• 14 applications were denied</li> <li>• 6 applications was approved</li> <li>• 30 applications were allowed to continue on with further staff review for the Exemption Policy</li> </ul>
Appeals before the Health Professions Appeal and Review Board	<ul style="list-style-type: none"> <li>• There are two matters currently before the appeal board.</li> </ul>
Registration Committee Exemption Policy (to date)	<ul style="list-style-type: none"> <li>• Applications received: 1006</li> <li>• Applications in progress: 74</li> <li>• Certificates issued: 887</li> </ul>



<b>Strategy, Policy and Governance</b>	
<b>Timeframe:</b>	April 2022 to February 2023
<b>Purpose:</b>	To provide Council with an overview of College's strategic, policy and governance activities.
<b>The Public Interest:</b>	The College's strategy, policy and governance teams strive to ensure that we pursue strategic projects, policy and governance activities that contribute to the College's mandate and priorities as established by Council.
<b>Meeting Dates (if applicable):</b>	n/a
<b>Highlights of Work Undertaken Over this period:</b>	<p>The Strategy, Policy and Governance teams undertook the following activities:</p> <ul style="list-style-type: none"><li>• Following Council's approval of a new strategic plan in March 2022, worked with senior staff and an evaluation and measurement consultant to identify strategic initiatives and measures, which were approved by Council in June 2022.</li><li>• Established a project management and tracking framework to assist staff who are leading strategic projects to complete, track, and report on their respective projects.</li><li>• Participated in a working group to review the National Core Standards which is being done in collaboration with all provincial physiotherapy regulators in Canada.</li><li>• Developed a preliminary work plan for a</li></ul>



comprehensive review of the College's General Regulations and determined next steps in consultation with the Registrar.

- Resumed work on the review three College Standards (Advertising; Conflict of Interest; and Fees, Billing and Accounts). This work was started in 2021 but was paused in late 2021 to focus on other high priority projects.
- Assisted in the development of new exam policies.
- Supported the consultation process for the by-law amendment related to registration and other administrative fees.
- Supported regular evaluation activities of Council to collect feedback and support ongoing improvements to Council operation.
- Supported the development of a Council education program and identification of Council education activities for 2022-2023, and 2023-2024.
- Supported the development of a proposed Committee slate for 2022-2023.
- Supported the development of a Committee Chair orientation and training program for 2022-2023. The first training session took place in November.
- Developed a revised conference attendance framework as directed by the Executive Committee.
- Collaborated with the Practice Advice team to develop draft guidance for PT Use of Social Media and to facilitate a workshop discussion with Council in December.
- Supported the consultation process for the new exam fees by-law.
- Supported the recruitment of members for the





	<p>new Examinations Committee.</p> <ul style="list-style-type: none"><li>• Supported strategic project and business planning for FY2023-2024.</li><li>• Provided research and analysis and facilitated discussions with key internal stakeholders to support standards development and the review of governance policies.</li><li>• Completed a review and update of the Honoraria and Expenses Policy to address challenges with the current policy.</li><li>• Completed the CPMF 2022 report in collaboration with other teams.</li><li>• Supported the development of the College operating plan document for fiscal year 2024 to support Council’s consideration of the budget.</li></ul>
<p><b>Work Ongoing:</b></p>	<p>The Strategy, Policy and Governance teams continue to work on:</p> <ul style="list-style-type: none"><li>• Completing work on strategic projects as directed by the Registrar (governance review, EDI strategy, and Standards review).</li><li>• Supporting the operational and budget planning process for FY2023-2024 (which will take place between November 2022 and March 2023)</li><li>• Preparing for the 2023 Council election process</li><li>• Preparing the CPMF 2022 report</li><li>• Review and update the Honoraria and Expenses Policy and bring forward a revised version to Council for consideration</li><li>• Supporting the implementation of Bill 106 requirements (regarding registration processes)</li><li>• Supporting the approval and consultation process for the proposed emergency class of registration regulations.</li><li>• Supporting the Council elections process (which is ongoing).</li></ul>



<b>Areas of Risk:</b>	<p>The following areas are being monitored and considered potential organizational risk:</p> <ul style="list-style-type: none"><li>• Ongoing challenges related to the availability of committee members and committee quorum as a result of having one public member vacancy.</li></ul>



<b>Meeting Date:</b>	March 23-24, 2023
<b>Agenda Item #:</b>	3
<b>Issue:</b>	President's Report
<b>Category:</b>	Governance
<b>Submitted by:</b>	Theresa Stevens, President

## Governance

To support the work of the Governance Review Project, the Executive Committee met with two vendors that submitted a proposal. It is anticipated that after the March 7 meeting a decision on the selected process and vendor will be confirmed.

## External Representation for the College

Since the last Council meeting the President has been heavily involved in the Registrar recruitment process. No additional external representation activities have occurred during this time.

## Council Feedback from December 2022 meeting

Council was asked to provide feedback on the following items:

- Financial literacy education session
- College investment strategy
- Workshop on the philosophical approach to standards development
- Workshop on social media
- Consent agenda
- Council education needs

The feedback received by Council demonstrated consensus that:

- The education session was valuable and will support councillors in understanding their financial responsibilities.
- The format and the delivery of education session and two workshops were effective, and the speakers were engaging.
- Councillors felt they were able to participate freely in discussions and decision making.
- Council should officially adopt the use of a Consent agenda; there was some additional feedback where some Councillors felt Council meetings should focus on decision making items where for information items could be included in the consent agenda.



Some suggestions for additional education sessions included:

- How to read a dashboard
- Digital technology
- Topics related to leadership and how the Colleges engages with Government
- Additional financial literacy education
- Committee specific education – how ICRC and Registration review cases

Areas of improvement:

- When facilitating workshops, setting clear expectations for the outcomes.

Action Plan:

- To ensure Councillors are comfortable with the consent agenda, clarity will be added around the process for removing items and for asking questions about items included under the consent agenda.
- Education sessions identified will be added to the list of potential education sessions and where possible will be built into future Council meetings.
- Staff will continue to identify opportunities for efficiencies with Council meetings.

### **Council Performance Evaluation Framework: Mid-year check-in Calls**

As part of the Council Performance Evaluation framework, Councillors and committee members were provided with an opportunity to self-reflect on their contributions and identify education/training needs for themselves and/or Council/Committees. This information was shared through one-on-one calls with the President; some individuals provided this feedback via survey.

The specific questions that were asked included:

1. How do you assess your contribution to Council and committees?
2. Are there opportunities to enhance Council or committee performance? If so, what does that look like?
3. Is there specific Council or committee training that you feel you the Council/ committee needs at this time?
4. Thinking back to the education you have received on Council and/or committees, what do you continue to apply today to your college work?
5. If you could change one thing about our Council meetings, what would it be and why?

While the individual responses are not being shared at this time, here are the general themes and feedback:

- **Improving format of meetings**
  - There was strong support for Council to move back to in-person meetings; building trust, facilitating better conversations, building rapport and group



cohesion was a reoccurring rationale for in-person meetings. There was also a suggestion to schedule meetings after work hours.

- There continues to be some hesitation with livestreaming Council meetings. A suggestion was to require viewers to sign-in to view the meetings to increase viewer accountability.
- Some Councillors felt Council meetings should focus on for decision items only.
- **Demands of Committee member time**
  - There was strong support to keep ICRC caseloads to 8- 10 cases per meeting.
  - There continues to be a high demand on public member time for statutory committees – continue to identify opportunities to lessen their workload.
  - Increase prep time for ICRC cases by sending meeting packages out sooner.
- **Improvements to materials**
  - Include past decisions as part of the orientation for committees (i.e. ICRC, QA)
  - Continue to integrate decision making tools.
- **Support and Training**
  - There continues to be support for mentorship with new and experienced Council members.
  - Education sessions identified include Sexual Abuse education, Governance training, education on the roles and responsibilities of the Chair, Council, Committee members and staff, and Chairs training.

## **Registrar Search Committee**

The Registrar Search Committee met on the following dates:

- November 30, 2022
- December 5, 2022
- December 14, 2022
- December 23, 2022
- January 4, 2023
- February 2023

The search committee reported to Council on February 10 and 22, 2023.

<b>Meeting Date:</b>	March 23 & 24, 2023
<b>Agenda Item #:</b>	4
<b>Issue:</b>	Interim Registrar's Report
<b>Submitted by:</b>	Anita Ashton, Interim Registrar

As I prepare my final Council report as the Interim Registrar, I want to thank Council for putting your trust in me to lead this organization and support our work for the last 7 ½ months. We have been able to accomplish so much in a short period of time:

- Completed an organizational review and implement the associated recommendations
- Initiated a review of our Finance team and its policies and processes so that we can better support our operations
- Launched and held 14 administrations of the OCE over a period of 7 days
- Continued to process large volumes of applications through the Exam Exemption policy
- Prepared draft regulations for the Emergency class of registration
- Built a budget along with a supporting operating plan (which is new) for 2023-2024
- Started to re-build relationships with our key stakeholders
- Engaged with Ministry representatives to discuss opportunities to leverage the skills of PTs within the health care system
- Provided education sessions with an EDI lens for Council / Committee members, PTs, and other regulatory partners
- Hosted a Committee Chairs networking session
- Initiated the standards review process
- Developed social media guidance for the profession
- Worked through a by law amendment related to fees
- Launched four new videos on our website channel: sensitive practice, avoiding misunderstandings and boundaries – 1700 views over a month
- Determined strategic initiatives to support year two of the strategic plan
- Provided education sessions on the topic of boundaries and sexual abuse to first and second year students at several universities, with more expressing interest.
- Launched 2023 annual renewal and PISA

The staff team have been nothing short of remarkable and we wouldn't be where we are today without their support.

### Organization and Program Updates

- The College has finished its first 4 administrations of the Ontario Clinical exam. Over 500 candidates have taken the exam since October 2022. We are moving towards our first fully

virtual administration of the exam in June 2023 and our first French administration in January 2024.

- The exam exemption policy will be revoked on March 31, 2023. This policy was introduced in January 2022 to provide an alternative pathway to registration for individuals who were waiting to take a clinical exam. Through this policy the College has received 1006 applications for an Independent Practice certificate of registration. Our Quality Assurance team has been supporting this process and we thank the staff team and our assessors for their flexibility and support of this process
- Council met in February 2023 to approve in principle, a draft regulation for an emergency class certificate of registration. The consultation process is well underway and Council will be asked to meet in April 2023 to review the feedback and approved the final regulation.
- We have terminated our contract with the real estate broker who was assisting us with our sublease and will be looking to engage another broker
- The Finance & Reporting team worked closely with all program areas to develop a draft budget for Council presentation. For the first time we are also including a Operations Report which highlights the connections between the strategic plan, our strategic and operational projects and the resources which support those projects.
- Launched a new EAP program for staff
- Currently finalizing the six-part education series on transitioning to practice aimed at supporting our IEPTs and new members of the profession
- Leading the development of a Communications e learning module which we are sharing with our national partners
- The CPO is hosting a Privacy Webinar by legal expert Kate Dewhirst for PTs on April 27 from 12-1 pm
- We hope to update Council about the status of the Entry to Practice working group and possible next steps at its meeting its meeting in June
- Staff attended a CNAR education session on Gender Diversity and Gender Inclusive Communication
- We are pleased to welcome Mara Berger (Director, Policy Governance and General counsel), Diane Daley (Manager People & Culture), Lou Olanbiwonnu (Business Operations Associate) and Julia Hinds (Bilingual Communications Coordinator) to the College. They are joined by Melissa Collimore (Registration Manager) and Jennifer Ramoutar-Ali (investigator) who are returning from parental leave.

## Stakeholders and System Partners

### Canadian Alliance of Physiotherapy Regulators (CAPR)

The Governance Working group is a group of experts that have been selected by CAPR to assist CAPR in identifying its pathway forward as an organization. This work is being facilitated by a consultant and I am pleased to be a part of this group.

CAPR will be launching a secure portal which will allow for the safe exchange of documents electronically which will assist with the credentialing process timelines. Currently documents are mailed between organizations.

Regulations developed under Ontario's Regulated Health Professions Act, which came into effect Jan 01, 2022, require Ontario regulators to accept language tests that are approved under the Federal Immigration and Refugee Protection Act. The Board approved the proposed changes to CAPR's language proficiency policy which now complies with the Act.

The College appreciates the support of CAPR and our national partners in making these changes.

In 2022 there was a 22% increase in the number of credentialing applicants. The credentialing team has introduced new monitoring and performance metrics and is predicting a resolution to the backlog by April 2023.

CAPR submitted a grant application to the Foreign Credential Recognition Program. The objective of the submission is to support projects which will enable the labour market integration of Internationally Educated Health Professionals.

In 2022 there was a 13% increase in the number of written exams administered. CAPR has secured a sixth exam date scheduled to start in January 2024 and will be available through remote proctoring and in-person test centres.

### **Canadian Institute of Health Information (CIHI)**

The College submits data to CIHI on an annual basis. This data is used to assist with health workforce planning, but it also highlights changes in the profession. The College submitted its data profile report in early December. The 2021 reports can be found [here](#).

CIHI recently amended its data collection requirements for the first time in 10 years and it will now be collecting information about gender, identity, race, and Indigenous identity data. The College introduced some of these data collection points on a voluntary basis for renewal 2023 and will complete a bylaw review which will make the data collection mandatory in 2024.

### **Health Profession Regulators of Ontario (HPRO)**

HPRO recently underwent a Strategic Planning exercise, the results of which will be made available at a future date. Further the HPRO EDI working group is working towards releasing the Equity Impact assessment tool and other tools and resources to support regulators in their EDI work.

### **Ontario Fairness Commissioner (OFC)**

The College will be meeting with representatives of the OFC in April to discuss the "medium risk" rating that the CPO received last year and the work that we have been doing as it relates to entry to practice assessments and pathways to registration.

### **Ontario Physiotherapy Association (OPA)**



I continue to meet with the CEO of the OPA to discuss shared issues and environmental updates that are related to our work. The OPA is hosting their conference at the end of March and the Registrar, President and two members of the practice advice team will be attending.

### **Government of Ontario / Ministry of Health**

The government has recently made a series of announcements as it relates to health care in the province and the mobility of health care providers across the country. Here are a few.

[Increased Access to MRI Services](#)

[Expanded Scope for Pharmacists](#)

[Investment in the Windsor Regional Hospital](#)

[Expanded Mental Health Services for Children](#)

[Release of Your Health – A Plan for Convenient and Connected Care](#)

[Addressing Wait Times for Publicly Funded Surgeries and Diagnostics](#)

### **Speaking / Engagements (Registrar)**

- Currently a member of the CLEAR DEI working group
- Currently a member of the Governance Working Group (CAPR)
- Member of the CNAR conference planning committee
- Participated in stakeholder interviews to support CNAR strategic planning
- Presentation to the Academic Practice Leaders Group (APLC) – exams
- Participated in the HPRO Strategic Planning Day
- Contributing to national work on Core Professional Values and Ethical Codes of Conduct
- Member of the national Jurisprudence Education module steering committee

### **Upcoming:**

- Presentation at UHN during physiotherapy month
- Presenting on Professional Regulation as a part of the Osgoode Certificate in Professional Regulation & Discipline in the Ontario Healthcare Sector.

### **Legislative Updates**

**Bill 26, Strengthening Post-secondary Institutions and Students Act, 2022** – (Government Bill, passed third reading and received Royal Assent) – Bill 26 allows post secondary educational institutions to discipline and remove any employee who sexually abuses a student. The schools are permitted to define in what circumstances sexual abuse arises beyond criminal behaviour or breaches of the *Human*

*Rights Code.* Provisions also restrict the ability to rehire employees who have engaged in sexual abuse including restricting the use of non-disclosure agreements.

### Important Legal Cases

An Ontario court upheld a finding of misconduct by a physician who pleaded guilty to two crimes (assault and mischief) after a domestic altercation with his then-fiancee. The court noted that, “[121] Discipline committees of regulated health professions in this province have consistently found that criminal findings of guilt of assault in a domestic violence context are relevant to a member’s suitability to practise because such conduct displays ‘poor judgment, lack of self-control, and capacity for violent acts which stands in stark opposition to the caring, protecting, and healing goals and values’ characteristic of health professions...” Further, some decisions also find such conduct “relevant to a members suitability to practise based on the fact that in some medical specialities, physicians will be called on to treat victims of domestic violence, and must be sensitive to issues related to domestic violence; and also on the need for the profession to demonstrate to the public that acts of domestic violence by physicians, who stand in a position of trust towards patients, are not condoned by the profession.” *Dr. Jha v. CPSO*, 2022 ONSC 769

The BC Supreme Court confirmed that, “it is well settled that off-duty conduct can give rise to discipline when it has a negative impact on the individual’s ability to carry out their professional obligations or where the conduct has a negative impact on, or conflicts with the core values of, the profession”. See *Klop v. College of Naturopathic Physicians of British Columbia*, 2022 BCSC 2086 at para. 110. In that case, a naturopathic doctor owned businesses that manufactured and exported fecal microbiota transplant (“FMT”) materials. FMT involves transferring bacteria from the feces of a healthy individual into the guts of patient, with the aim of re-establishing a healthy microbial community in the recipient. The ND promoted FMT on websites connected to his status as an ND (at para. 3). As part of the College’s Inquiry Committee investigating the registrant’s manufacturing and exporting FMT materials to Mexico to treat children with autism (which raised various concerns, including non-compliance with Canada’s *Food and Drug Act*), the committee took extraordinary (i.e., interim) action by prohibiting the ND from producing and manufacturing FMT materials, and from advertising, promoting, selling, or shipping those materials to the public (at para. 5). The BC court confirmed that “the scope of off-duty conduct that may fall within the ambit of unprofessional conduct is broad. Failure to comply with one’s obligations under another statute may constitute unprofessional conduct where it could affect the public’s confidence in, or the reputation of, the profession or reflects on a professional’s integrity....” (at para. 120).

An Ontario court confirmed that an inquiry committee may properly “caution” a professional about speech concerning COVID, provided the committee properly weighs its statutory mandate against freedom of speech: *Pitter v. College of Nurses of Ontario*, 2022 ONSC 5513.

### College Initiatives and Projects

The Executive Committee met to start an initial review of the proposals that have been submitted as a part of an RFP for the Governance Review project. The Committee has decided to move forward with a Governance Effectiveness Survey which will include a Council education session which will hopefully take place in September 2023.

Council will be provided with an introduction to Enterprise Risk Management at the March Council meeting to be followed by future discussions which will introduce a policy and framework

We have completed phase one of an IT audit which explored vulnerabilities in our IT infrastructure. A plan to address shortcomings is being developed. Phase 2 of this work is scheduled to start soon.

The College dashboard which will be presented at Council will highlight our progress against the strategic initiatives for 2022-2023. A new dashboard for 2023-2024 will also be presented.

## Risks / Opportunities

- We currently have one public member appointee vacancy and have one public member still on leave

## Environment

### Compassionate Regulation

While regulators exist to protect the public we know that some of our work can have an adverse impact on registrants, sometimes we become aware that a process has triggered a mental health crisis or on occasion that a PT has committed suicide during or after a College process. Over the last couple of years there has been increased discussions on the topic of compassionate regulation. Some local counsel such as College counsel, Rebecca Durcan have written on this topic and the Health Care Professions Council (HCPC) in the UK have done some [research](#) in this area. We will be looking at our processes through this lens over the next year.

### Manitoba

The Manitoba government has approved regulatory changes that allow internationally educated physicians to enter the healthcare workforce sooner. Until now, International Medical Graduates (IMGs) were required to pass a general qualifying examination – the Medical Council of Canada Qualifying Examination Part 1 (MCCQE1) – before applying for provisional registration<sup>[1]</sup>. The exam requirement has been removed, eliminating a barrier for IMGs to begin practicing in the province.

IMGs who apply for provisional registration in Manitoba already have medical degrees and have completed residency programs with certifying exams, while the MCCQE1 only assesses the medical knowledge and clinical decision-making ability of candidates at a level expected of a medical student.

If a physician meets all other requirements for provisional registration, they must complete a Practice Ready Assessment and are assigned a mentor for one year and a practice supervisor for the duration of their provisional registration. Practice supervision includes monitoring/chart reviews, a 360- review, and a chart audit within the first two years in practice. Practice supervision remains in place until the physician meets the requirements for full registration, which must occur within five years.

### **Nova Scotia**

Nova Scotia has become the first province in Canada to accept certified physicians from the U.S. without requiring additional testing. This decision is intended to increase access to care in the province. Though doctors from outside the U.S. and Canada will still require provisional licensing (pending completion of Royal Exams), the college may consider offering similar privileges to physicians from countries with similar health care standards.

### **United States**

Officials in several U.S. states are taking measures to stop nurses with fraudulent credentials from working in health care. In New York alone, 903 nurses were told in recent weeks to either provide proof of a legitimate education or otherwise surrender their licenses.

This comes on the heels of Operation Nightingale, which found that several nursing schools in Florida had distributed falsified diplomas and transcripts between 2016 and 2022. About two dozen recruiters and stakeholders from these schools are currently facing criminal charges as a result of the federal investigation. Of the students who paid for the false diplomas, about 2,400 took and passed licensing exams to work as R.N.s and L.P.N.s in several different states. Those who passed were often experienced L.P.N.s seeking work as R.N.s or health providers who had been trained in other countries.



COLLEGE OF  
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*of* ONTARIO

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*de l'*ONTARIO

## **5. Election of the President, Vice President and Executive Committee Members at Large**

No materials



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**Motion No.: 6.0**

**Council Meeting  
March 23-24, 2023**

**Agenda # 6: Motion to go in camera pursuant to Section 7 (2)(d) of the Health Professions Procedural Code**

It is moved by

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and seconded by

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that:

Council move to an in camera session pursuant to Section 7(2)(d) of the Health Professions Procedural Code.



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## **7. Enterprise Risk Management**

Education session, no materials



<b>Meeting Date:</b>	March 23-24, 2023
<b>Agenda Item #:</b>	8
<b>Issue:</b>	Q3 Financial Report and Projections to the end of Q4
<b>Submitted by:</b>	Zoe Robinson, VP Finance and Reporting

The following financial report provides information for the period April 1, 2022, to December 31, 2022 covering FY 2023 Q1, Q2, and Q3. The financial statements are prepared in accordance with the Accounting Standards for Not-for-Profit Organizations.

*Bottom Line:*

The College’s overall financial health as of December 31, 2022, is stable and very good, as reflected in the statement of financial position. Figure 1 provides information how this assessment is calculated. The finance health calculator is a tool to determine the overall financial health of the College and is reflected on the dashboard as the Overall Financial Health dial. The College’s overall financial health is determined using the scale in the Figure 1 and draws information from the dashboard and the statement of operations. From the dashboard, the current ratio and the number of months of operating reserve is used. From the statement of operations comparing actuals to budget, the percentage of the actual net income (e.g., surplus or deficit) to the budgeted net income for the period (in this case, April to December 2022) is used. The data is converted to a ranking using the scale in shown in Figure 1 and the average rating of the 3 items – Number of months of operating reserve (i.e., unrestricted net assts), Current Ratio, percentage of actual net income to budgeted net income for the period – is used to determine the overall rating.

Figure 1 - Calculation of financial health status

Rating	Op Reserve (Op Res)	Current Ratio (CR)	% Budget Net Income (% Budget NI)
7 Excellent	>9m	>2.00	<90%
6 Very Good	>6m	>1.75	90%
5 Good	>5m	>1.50	95%
4 Fairly Good	>4m	>1.25	100%
3 Average	>3m	>1.00	105%
2 Below Avg	>2m	>0.90	110%
1 Poor	≤2m	≤0.90	>110%

Item	FY 2023							
	Q1	Q2		Q3		Q4		
		Figure	Rank	Figure	Rank	Figure	Rank	
Unrestricted Net Assets	n/a	6.1	6	6.4	6			
Current Ratio	n/a	1.31	4	1.51	5			
% Budgeted Net Income	n/a	72%	7	5%	7			
Average	n/a		5.7		6			
<b>Health Rating</b>	n/a		<b>Good</b>		<b>Very Good</b>			

The College’s financial performance is better than planned for the period October to December 31, 2022 and for the fiscal year-to-date as of December 31, 2022. The financial management dashboard provides





# Council

an overview between April 1, 2022, and December 31, 2022, of the College’s financial performance (top row), financial health (middle row), and the trending of revenue and expenses against the approved budget and the same period during the prior year fiscal year.



## Financial Health

Financial health of the College is determined from the statement of financial position and is related to what the Colleges owns, described as the amount of assets (e.g., cash, investments, tangible and intangible capital, accounts receivable, pre-paid expenses), what the College owes, described as liabilities (e.g., accounts payable, accruals, and deferred revenue), and the value left over when the liabilities are subtracted from the assets and described as net assets (e.g., referred to equity in for profit organizations).

**ASSETS** are resources owned and controlled by the College that can generate or be converted to cash now or in the future.

**LIABILITIES** are debts owed by the College to another party.



## Council

The current assets are greater than the current liabilities which means there are enough resources to cover financial commitments for the next 12 months. Our current ratio, i.e., current assets, excluding long-term investments, divided by current liabilities, is 1.51. This means the College can pay for the current financial commitments listed as current liabilities on the statement of financial position as of December 31, 2022. Current liabilities include account payable, accrued vacation, deferred revenue, accrued liabilities, and banked refunds. These are items the College has or may have a commitment to pay an external entity over the next 12 months.

The College has sufficient operating cash to manage its daily operations and our investments are healthy. We have approximately \$2.45 million in operating cash on hand and \$5.33 million invested in Guaranteed Investment Certificates (GIC) and government bonds as of December 31, 2022.

Figure 2 - Cash and investments as of Dec 31, 2022

	31 Dec 22	30 Sep 22	31 Dec 21
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Chequing/Savings</b>			
1000 · Cash on Hand			
1001 · Petty Cash	250.00	250.00	250.00
1003 · CC Clearing - RBC - 100-999-2	1,645.01	6,416.71	464.41
1005 · Operating - RBC - 102-953-7	70,479.22	46,294.98	69,572.18
1103 · Savings - RBC - 100-663-4	<u>2,383,247.11</u>	<u>3,921,649.82</u>	<u>2,850,826.41</u>
<b>Total 1000 · Cash on Hand</b>	<b>2,455,621.34</b>	<b>3,974,611.51</b>	<b>2,921,113.00</b>
<b>1100 · Investments</b>			
1102 · Investments - Short Term	1,069,040.20	1,062,897.84	1,260,700.52
1104 · Investments - Long Term	<u>4,259,640.93</u>	<u>4,233,338.94</u>	<u>3,954,758.80</u>
<b>Total 1100 · Investments</b>	<b>5,328,681.13</b>	<b>5,296,236.78</b>	<b>5,215,459.32</b>
<b>Total Chequing/Savings</b>	<b>7,784,302.47</b>	<b>9,270,848.29</b>	<b>8,136,572.32</b>

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***NET ASSETS = Total Assets minus Total Liabilities***

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The College's operating reserve, referred to on the financial statements and the financial dashboard as unrestricted net assets, sits at 6.4 months at the end of December 2022. The College's net assets represent our ability to cover unanticipated future expenses. The unrestricted net assets change based on the College's surplus or deficit. If there is a surplus, the unrestricted net assets increase. If there is a deficit, the unrestricted net assets decrease.

The College has four different types of net assets:

1. Net assets invested in capital. These are assets that are non-liquid and related to physical assets such as computers, furniture, etc, and intangible assets such as the College's registration software.



## Council

2. Internally restricted net assets total \$1.1 million and include \$1 million for complaints and discipline costs and \$100,000 for the funding for therapy and counseling related to sexual abuse. Accessing the restricted net assets requires approval by Council.
3. Net Income captures the surplus or loss of money when expenses are deducted from revenue for the reporting period, e.g., April 1, 2022, to December 31, 2022. This could be a positive or negative number. This information appears on the statement of operations (i.e., income statement).
4. Unrestricted net assets represent the total of unrestricted net assets plus/minus retained earnings. This is also known as the operating reserve.

Internally restricted net assets are set up to cover costs for specific items such as unexpected and large costs for a discipline case or for costs to cover therapy for patients who experienced sexual abuse. The costs of a discipline case or therapy are recorded as expenses on the statement of operations. If the Council would like to cover these costs through an internally restricted net asset, the Council may decide to move net assets from one of the internally restricted net assets to the unrestricted net assets to cover a specific cost. Therefore, the internally restricted net assets gets smaller and the unrestricted net assets get larger. The overall net assets don't change. The internally restricted net asset is not 100% cash; there is not a tangible bank account, for example, set aside to draw from to offset and pay for a discipline or therapy expense. The internally restricted net assets are a portion of the assets remaining when the liabilities are subtracted from the assets.

The current ratio and the operating reserve are calculated from the statement of financial position. Whereas the current ratio indicates the College's ability to pay commitments already made to external entities and listed as current liabilities on the statement of financial position, the operating reserve indicates the College has enough assets in the form of accounts receivable, pre-paid expenses, cash on hand, and investments to cover future unanticipated expenses.

### Financial Performance

Financial performance is how well the College is managing its financial resources through the budget and indicated on the statement of operations.

The College's financial performance is better than planned for the period July to December 2022 and for the fiscal year-to-date as of December 31, 2022.

The College's financial performance is measured on the statement of operations (i.e., income statement) by the income, expenses, and net income (income less expenses). The analysis of the College's financial performance considers variances between the approved budget and actual amounts for a period, plus consideration of the materiality of the variance to the College overall financial performance represented by the net income. Materiality is a threshold above or below which a variance is of concern.

Net income for Q1 to Q3, inclusive, is a loss of **\$40,932** based on revenue of **\$5,397,271** and expenses of **\$5,438,203**. Our anticipated loss for this period was \$778,473.

Total revenue between April 1, 2022, and December 31, 2022, is 5.8% **higher** than planned in the approved budget. This is primarily driven by revenue recognized in Q3 due to 2 administrations of the Ontario Clinical Exam. The OCE generated \$284,655 of revenue against \$19,500 in OCE revenue



## Council

budgeted. Revenue recognized from the Registration Committee Exemption policy process was 13% lower than planned in the budget. This is a result of the revenue recognition criteria used for the Registration Committee Exemption policy. The criteria requires that the revenue of \$800 for these fees be recognized in two (2) stages: (1) \$600 is recognized when the Provisional Practice Certificate holder is granted their Independent Practice Certificate; (2) \$200 is recognized when the physiotherapist completes the QA screening interview following the receipt of the IPC. Between April 1, 2022, and December 31, 2022, 754 IPCs were granted and 546 screening interviews were completed.

Expenses for the period are 7.5% **lower** than planned due:

- to project spending delayed to Q4 or the next fiscal year,
- projects not being implemented as planned,
- changes in staffing,
- committees meeting virtually, and
- lower than planned program specific expenses in areas other than professional conduct.

The college is experiencing higher than planned expenses for the area of professional conduct due to greater use of external investigators for undercover work and chart pulls, more referrals to the Discipline Committee, more pre-hearing conferences and a greater number of contested discipline cases.

Expenses are impacted by a \$276,000 credit for the complaints and discipline accruals, which lowers the expense reported for legal fees (note: a debit increases an expense and a credit decreases the expense. Expenses are normally recorded on the statement of operations as a debit). Complaints and discipline accruals record adjustments in legal expenses paid in the current fiscal year for the expenses related discipline cases that were recorded on March 31, 2022, the end of the previous fiscal year. Legal fees paid this year relate to an expense that has already been recorded in our financial statements in the previous year. Therefore, the legal fee cannot be recorded again as an expense, as this would be a double entry, and the fee is recorded against the accrued liability set up at the end of the previous fiscal year. The College's process is to record the legal fee as an expense and then record an adjustment to remove this fee from this year's expense which is made against the accrued liabilities.

27 discipline cases were set up as accruals on March 31, 2022, and 15 of those cases have closed as December 31, 2022. The complaint and discipline accruals represent approximately 130% of the legal fees paid this fiscal year for discipline cases. This occurs because the legal fees accrued for discipline cases on March 31, 2022, exceed the cost of legal fees paid between April 1, 2022, and December 21, 2022. When cases are closed, remaining accrued expenses for a case are cleared and reduce the legal fees expense in the current fiscal year.

The result of lower expenditures and higher revenues in Q1 to Q3 is a loss of \$40,932. This is a \$737,541 improvement when compared to the estimated budgeted net loss of \$778,473 up to December 31, 2022. The dashboard shows the expense variance as "red" because the variance exceeds the +/- 5% variance used to trigger a more in-depth analysis.

### Operating Reserve



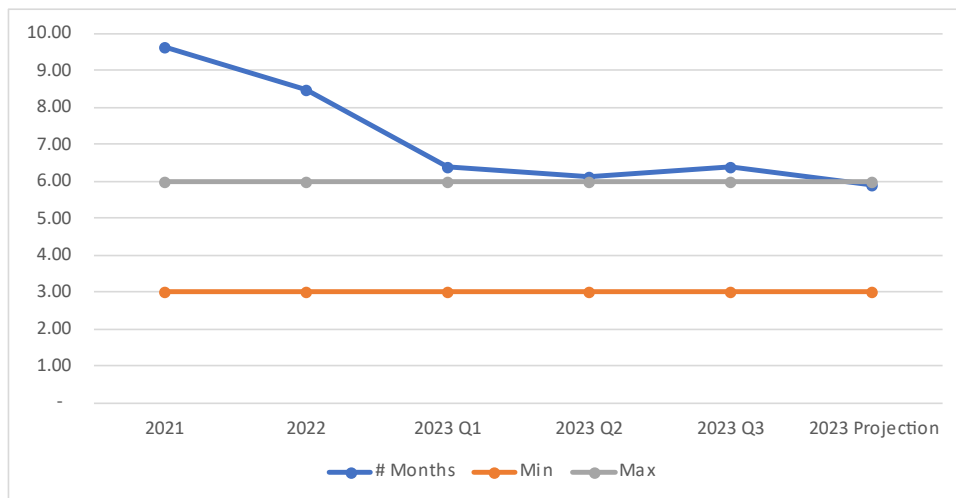
## Council

Unrestricted net assets, commonly referred to as the operating reserve, sits at \$4,388,248 and will cover 6.4 months of annual operating expenses based on the current annual operating expenses of \$8,258,940. The operating reserve exceeds the College’s policy guidance to cover 3 to 6 months of the annual operating expenses. The operating reserve increased by 0.3 months when compared to September 30, 2022. Notwithstanding the operating reserve is above the maximum limit for the operating reserve policy and the slight improvement in Q3, the operating reserve continues trend downward when compared with prior periods (see Figure 3). The operating reserve has decreased from 9.63 months at the end of FY 2021 to 8.48 months at the end of FY 2022 to 6.4 months at the end of FY 2023 Q1, and now remains at 6.4 months at the end of FY 2023 Q3. It is anticipated the operating reserve will continue to decrease to the end of FY 2023, March 31, 2023, a settle around 6 months. Guidance provided by the Auditor suggests an operating reserve should not exceed 3-12 months of operating expenses. The College’s operating reserve policy requires reserves be maintained to cover 3-6 months of operating expenses. The CRA does not provide specific guidance on maintaining reserves because there are many ways to calculate a reserve and the CRA judges each situation on its unique merits. Grant Thornton LLP suggests:

“A prudent not-for-profit will manage any accumulated surplus with documented intentionality, to be able to explain to its members and the CRA why it has targeted to hold or accumulate certain balances.

Operating reserves are intended to cover situations where the organization may have to wind down operations quickly and the money required to meet the obligations as we wind down the business or to help pay for unintended activities that impact the College’s operations.

Figure 3 - Operating Reserve



### Cash Flow

The College’s cash accounts decreased by \$1,519,000 between October and December 2022. This is an expected decrease in cash. The majority of the cash collected by the College occurs in February and



## Council

March of each year when registrants pay their annual membership fees. The College draws down its cash over a 10-month period until the next period when the registrant once again pays their fees.

The College's overall cash position is very good and there is enough cash to cover expenses in the near future. Cash flow to the end of March 2023 is forecasted to improve by \$5.4 million as registrants begin paying their 2023 Independent Practice Fees in February and March 2023. Figure 4 presents the projected cash flow to March 31, 2023.

Figure 4 - Cash flow projection to March 31, 2023

Item	Actual April	Actual May	Actual June	Actual July	Actual August	Actual September	Actual October	Actual November	Actual December	Actual January	Projection February	Projection March
Total Opening Balance	6,964,477.54	6,150,749.02	5,717,561.79	5,262,264.85	4,706,103.88	4,266,063.71	3,974,361.51	3,615,561.47	2,931,691.90	2,455,371.34	2,768,526.39	3,643,994.16
Total Inflow	1,160,364.50	811,434.52	714,196.12	720,905.02	727,295.48	987,042.93	1,876,458.70	1,392,483.99	926,686.39	2,741,045.11	1,528,867.77	5,381,315.25
Total Outflow	1,974,093.02	1,244,621.75	1,169,493.06	1,277,065.99	1,167,335.65	1,278,745.13	2,235,258.74	2,076,353.56	1,403,006.95	2,427,890.06	653,400.00	1,159,330.00
Total Change in Cash	- 813,728.52	- 433,187.23	- 455,296.94	- 556,160.97	- 440,040.17	- 291,702.20	- 358,800.04	- 683,869.57	- 476,320.56	313,155.05	875,467.77	4,221,985.25
Total Closing balance	6,150,749.02	5,717,561.79	5,262,264.85	4,706,103.88	4,266,063.71	3,974,361.51	3,615,561.47	2,931,691.90	2,455,371.34	2,768,526.39	3,643,994.16	7,865,979.41

### Forecast

The next important piece of information for Council to consider is what does the financial picture look like for the remainder of the fiscal year.

Figure 5 presents the forecast to March 31, 2023, as of December 31, 2022.

The forecast anticipates a loss of \$392,633 for the fiscal year ending March 31, 2023, based on \$7,608,938 in revenues (9% higher than budgeted) and \$8,001,571, in expenses (3% lower than budgeted). This is a 70% improvement on the budgeted loss of \$1,289,232, meaning that we had budgeted for a larger loss when Council passed the budget in March 2022.

Each quarter of the fiscal year financially performed better than planned.

The improved financial performance is driven by higher than anticipated revenue from the Registration Committee Exam Exemption Policy fees and for the Ontario Clinical Exam. Expenses are lower than planned due to the accrual for complaints and discipline and savings in staffing for positions not filled following staff departures.

By March 31, 2023, it is anticipated:

1. 470 candidates are projected to attempt the Ontario Clinical Exam. A separate briefing note will provide further detail about the financial performance of the OCE.
2. The Registration Committee Exemption policy is forecasted to generate \$467,000 in revenue in the following manner, 6% more than was budgeted.

The result is an additional \$639,230 in revenue is generated for the fiscal year 2023, 10% more than planned.



Figure 5 - FY 2023 Forecast to March 31, 2023

	TOTAL		TOTAL	
	Apr '22 - Mar 23	Apr '22 - Mar 23		
	Forecast	Budget	Variance \$	Variance %
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
Total 4001 · Registration Fees	5,856,789.56	5,914,830.30	-58,040.74	-1%
4002 · Interest Income	165,055.64	138,277.36	26,778.28	19%
Total 4008 · Admin Fees	206,112.50	162,200.00	43,912.50	27%
<b>4030 · ETP Assessment Fees</b>				
4033 · OCE Fees - \$1,985	909,930.00	312,000.00	597,930.00	192%
4032 · Reg Com Screening Intv Fee - \$450	4,050.00	0.00	4,050.00	#DIV/0!
4031 · Reg Com Exemption Fees - \$600 / \$200	467,000.00	442,400.00	24,600.00	6%
Total 4030 · ETP Assessment Fees	1,380,980.00	754,400.00	626,580.00	83%
<b>Total Income</b>	<b>7,608,937.70</b>	<b>6,969,707.66</b>	<b>639,230.04</b>	<b>9%</b>
<b>Gross Profit</b>	<b>7,608,937.70</b>	<b>6,969,707.66</b>	<b>639,230.04</b>	<b>9%</b>
<b>Expense</b>				
Total 5000 · Committee Per Diem	142,522.00	162,164.90	-19,642.90	-12%
Total 5050 · Committee Reimbursed Expenses	54,539.33	130,040.00	-75,500.67	-58%
Total 5100 · Information Management	359,061.28	433,046.45	-73,985.17	-17%
5200 · Insurance	14,424.21	11,068.03	3,356.18	30%
Total 5300 · Networking	452.92	780.00	-327.08	-42%
5301 · Conferences and Travel	15,442.61	11,057.00	4,385.61	40%
Total 5400 · Office and General	989,645.62	758,524.39	231,121.23	30%
Total 5500 · Regulatory Effectiveness	123,985.20	120,266.00	3,719.20	3%
Total 5600 · Communications	87,630.94	117,640.00	-30,009.06	-26%
Total 5700 · Professional fees	410,131.78	656,612.64	-246,480.86	-38%
Total 5800 · Programs	1,158,848.54	1,085,704.50	73,144.04	7%
Total 5900 · Staffing	4,480,458.32	4,608,990.63	-128,532.31	-3%
6001 · Amortization	164,428.45	163,045.26	1,383.19	1%
<b>Total Expense</b>	<b>8,001,571.19</b>	<b>8,258,939.80</b>	<b>-257,368.61</b>	<b>-3%</b>
<b>Net Ordinary Income</b>	<b>-392,633.49</b>	<b>-1,289,232.14</b>	<b>896,598.65</b>	<b>-70%</b>
<b>Net Income</b>	<b>-392,633.49</b>	<b>-1,289,232.14</b>	<b>896,598.65</b>	<b>-70%</b>

Expenses are forecasted to be 3% (\$967,124) lower than planned. There are variations with the expense budget items based on changes of activity over the fiscal year. The most significant variations are:

1. Office rent is forecasted to be 70% more than budgeted, an increase of \$201,000 from the original budget. This is due to inability to secure a sublease agreement by October 2022, the planned date when we anticipated to see a reduction in the rent paid as a tenant paid the College a sublease.
2. Committee expenses are forecasted to be 58% lower than planned due to the continued use of virtual meetings.
3. Information management is 17% lower than planned due to less than anticipated work by our external service provider and the delay of the SharePoint file migration project to FY 2024.
4. Communications budget is forecasted to be 34% under budget as web site developments are delayed due to the focus on supporting the OCE and the Registration Committee exemption policy.
5. The quality assurance program is forecasted to be 31% under budget by \$69,649 due to a lower number of QA screening interviews because the QA assessors have been supporting the



## Council

Registration Committee Exemption process and these costs are assigned to the registration area of the College.

6. Staffing is forecasted to be 3% lower than budgeted. This is due to staff departures that were not immediately replaced, changes in the staffing structure due to the College's structural reorganization and the passing of the Registrar.

### Risks

Potential risks that may have a significant and negative impact on the College's financial performance and health include:

- The ability to sublease or find partners to share the office space at 375 University Ave.
- Ensuring the College has the necessary human resources to fulfill its regulatory duties and strategic vision and mission.

Potential risks that provide opportunities for the College include:

- The successful implementation of the Ontario Clinical Exam.

Respectfully submitted,

Zoe Robinson, CPA, CMA  
VP Finance and Reporting

Appendices:

- Statement of operations compared to budget for Q3
- Statement of operations compared to prior year for Q3
- Statement of financial position for Q3
- Statement of cash flows
- Statement of Operations – Forecast to March 31, 2023



College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actual  
April through December 2022

Ordinary Income/Expense	TOTAL		
	Apr - Dec 22	Budget	% of Budget
<b>Income</b>			
4001 · Registration Fees			
4011 · Independent Practice - \$575	4,202,186.76	4,178,812.50	100.56%
4012 · Independent Practice - ProRated	145,322.71	163,535.77	88.86%
4013 · Prof Corp Fees \$250	77,250.00	77,437.50	99.76%
4014 · Provisional Practice Fees \$75	39,300.00	25,875.00	151.88%
4020 · Courtesy Registration Fee \$100	1,100.00		
4021 · Cross Border Fee \$100	0.00	300.00	0.0%
4007 · Registration fee credits	-32,919.85	-32,144.76	102.41%
<b>Total 4001 · Registration Fees</b>	<b>4,432,239.62</b>	<b>4,413,816.01</b>	<b>100.42%</b>
4002 · Interest Income	124,601.44	103,696.91	120.16%
4008 · Admin Fees			
4015 · Application Fees \$100	129,900.00	101,400.00	128.11%
4016 · Letter of Prof Stand / NSF \$50	10,600.00	6,374.97	166.28%
4017 · Wall Certificates \$25	1,700.00	1,687.50	100.74%
4018 · Late Fees \$225	2,925.00	2,250.00	130.0%
4019 · Prof Corp Application \$700	21,000.00	10,500.03	200.0%
<b>Total 4008 · Admin Fees</b>	<b>166,125.00</b>	<b>122,212.50</b>	<b>135.93%</b>
4030 · ETP Assessment Fees			
4033 · Reg Com - OCE Fee	284,655.00	19,500.00	1,459.77%
4032 · Reg Com Screening Interview Fee	4,050.00	0.00	100.0%
4031 · Reg Com Exemption Fees	385,600.00	442,400.00	87.16%
<b>Total 4030 · ETP Assessment Fees</b>	<b>674,305.00</b>	<b>461,900.00</b>	<b>145.99%</b>
<b>Total Income</b>	<b>5,397,271.06</b>	<b>5,101,625.42</b>	<b>105.8%</b>
<b>Gross Profit</b>	<b>5,397,271.06</b>	<b>5,101,625.42</b>	<b>105.8%</b>
<b>Expense</b>			
5000 · Committee Per Diem			
5018 · Exam Committee - per diem	1,374.00		
5001 · Chairs meeting - per diem	0.00	3,570.00	0.0%
5002 · ICRC - per diem	28,379.50	28,602.00	99.22%
5003 · Council - per diem	24,009.00	47,482.50	50.56%
5005 · Discipline Committee - per diem	19,544.50	17,692.50	110.47%
5006 · Executive - per diem	18,659.00	14,115.40	132.19%
5010 · Patient Relations - per diem	1,758.50	2,490.00	70.62%
5011 · QA Committee - per diem	4,493.00	7,908.00	56.82%
5012 · Registration Com. - per diem	3,129.50	6,152.00	50.87%
5017 · Finance Committee - per diem	6,722.50	3,300.00	203.71%
<b>Total 5000 · Committee Per Diem</b>	<b>108,069.50</b>	<b>131,312.40</b>	<b>82.3%</b>
5050 · Committee Reimbursed Expenses			
5051 · Chairs meeting - expenses	0.00	11,486.00	0.0%
5052 · ICRC - expenses	3,756.49	19,498.00	19.27%
5053 · Council - expenses	18,889.25	58,132.00	32.49%
5055 · Discipline Committee - expenses	865.50	3,258.00	26.57%
5056 · Executive Committee - expenses	5,508.72	5,949.00	92.6%
5061 · Patient Relations - expenses	0.00	1,583.00	0.0%
5062 · QA Committee - expenses	328.12	2,747.00	11.95%
5063 · Registration Comm. - expenses	0.00	2,217.00	0.0%
5075 · Finance Committee - expenses	1,075.25	1,054.00	102.02%
<b>Total 5050 · Committee Reimbursed Expenses</b>	<b>30,423.33</b>	<b>105,924.00</b>	<b>28.72%</b>
5100 · Information Management			
5101 · IT Hardware	13,434.50	17,163.25	78.28%
5102 · Software	64,192.52	83,063.93	77.28%
5103 · IT Maintenance	74,274.06	116,068.70	63.99%
5104 · IT Database	72,955.78	124,546.15	58.58%
<b>Total 5100 · Information Management</b>	<b>224,856.86</b>	<b>340,842.03</b>	<b>65.97%</b>
5200 · Insurance	14,424.21	11,068.03	130.32%
5300 · Networking	202.92	530.00	38.29%

College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actual  
April through December 2022

	TOTAL		
	Apr - Dec 22	Budget	% of Budget
5301 · Conferences and Travel	15,442.61	11,057.00	139.66%
<b>5400 · Office and General</b>			
5402 · Bank & service charges	46,276.33	28,672.61	161.4%
5405 · Memberships & publications	18,110.26	23,227.41	77.97%
5406 · CAPR Fees	171,381.86	179,487.09	95.48%
5407 · Office & kitchen supplies	3,338.62	900.00	370.96%
5408 · Postage & courier	3,954.22	3,060.00	129.22%
5409 · Rent	358,591.52	271,439.68	132.11%
5411 · Printing, Filing & Stationery	2,034.51	2,153.00	94.5%
5412 · Telephone & Internet	27,752.42	22,743.12	122.03%
5413 · Bad Debt	17,778.75	9,000.00	197.54%
<b>Total 5400 · Office and General</b>	<b>649,218.49</b>	<b>540,682.91</b>	<b>120.07%</b>
<b>5500 · Regulatory Effectiveness</b>			
5513 · Governance	0.00	35,136.00	0.0%
5506 · Entry to Practice - WG	14,755.71	36,527.00	40.4%
5502 · Strategic Operations	52,319.00	10,000.00	523.19%
5503 · Council Education	5,622.76	0.00	100.0%
5504 · Elections	3,550.00	0.00	100.0%
5505 · Policy Development	5,434.73	18,900.00	28.76%
<b>Total 5500 · Regulatory Effectiveness</b>	<b>81,682.20</b>	<b>100,563.00</b>	<b>81.23%</b>
<b>5600 · Communications</b>			
5630 · Consultants	5,191.33		
5605 · Translation Services	20,452.03	11,700.00	174.8%
5620 · Print Communication	192.43	470.00	40.94%
5621 · Online Communication	37,260.92	81,650.00	45.64%
5622 · In-Person Communication	2,014.23	1,300.00	154.94%
<b>Total 5600 · Communications</b>	<b>65,110.94</b>	<b>95,120.00</b>	<b>68.45%</b>
<b>5700 · Professional fees</b>			
4004 · Cost recovery from cost orders	-24,301.79	-55,000.00	44.19%
5702 · Hearing Expenses	18,454.61	3,325.59	554.93%
<b>5704 · Investigation Services</b>			
5710 · Undercover Assessment Fees	6,552.16	678.00	966.4%
5711 · External Investigators	115,705.44	30,000.00	385.69%
5712 · PC - Chart Review	4,055.55	18,000.00	22.53%
5713 · Summons - Conduct fees	0.00	300.00	0.0%
5714 · Fees to Secure Records	160.60	150.00	107.07%
5715 · Corporate Searches	0.00	94.00	0.0%
5716 · Transcripts	5,595.54	12,600.00	44.41%
5704 · Investigation Services - Other	62.09	0.00	100.0%
<b>Total 5704 · Investigation Services</b>	<b>132,131.38</b>	<b>61,822.00</b>	<b>213.73%</b>
5705 · Professional services - Other	11,675.74	10,328.00	113.05%
5706 · Investigator travel	0.00	300.00	0.0%
5707 · Decision writing	21,439.58	17,845.00	120.14%
5708 · Peer / Expert opinions	5,673.70	19,200.00	29.55%
<b>5750 · Legal</b>			
5756 · C & D Accrual Expense	-275,953.58	0.00	100.0%
5758 · Legal - Practice Advice	188.15	2,000.00	9.41%
5751 · Legal - QA	10,401.38	4,203.60	247.44%
5752 · Legal - Registration	73,128.53	22,100.00	330.9%
<b>5753 · Legal - Professional Conduct</b>			
5760 · General Counsel	36,150.96	0.00	100.0%
5761 · Independent Legal Advice	65,457.50	71,826.19	91.13%
5762 · Hearing Counsel	109,967.62	123,016.09	89.39%
5763 · Court Proceedings & Appeals	24,528.28	0.00	100.0%
<b>Total 5753 · Legal - Professional Conduct</b>	<b>236,104.36</b>	<b>194,842.28</b>	<b>121.18%</b>
5754 · Legal - Council Advice	0.00	13,560.00	0.0%
5755 · General Legal	9,856.31	5,273.34	186.91%
5757 · Legal - Executive Office	20.58	4,500.00	0.46%

College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actual  
April through December 2022

	TOTAL		
	Apr - Dec 22	Budget	% of Budget
Total 5750 · Legal	53,745.73	246,479.22	21.81%
Total 5700 · Professional fees	218,818.95	304,299.81	71.91%
5800 · Programs			
5830 · Entry to Practice - Projects	500,296.44	555,861.02	90.0%
5810 · Quality Program			
5811 · QA Program Development & Eval.	5,712.00	21,018.00	27.18%
5821 · Assessor Travel	887.86	2,292.00	38.74%
5823 · Assessor Training	19,689.50	19,411.00	101.44%
5824 · Assessor Onsite Assessment Fee	6,698.00	8,100.00	82.69%
5825 · Assessor Remote Assessment	52,936.00	123,800.00	42.76%
Total 5810 · Quality Program	85,923.36	174,621.00	49.21%
5802 · Jurisprudence	2,816.01	11,846.00	23.77%
5880 · Remediation			
5887 · Coach Training	5,695.30		
5871 · QA Practice Enhancement fees			
4029 · QA Remediation Chargeback	0.00	-400.02	0.0%
5871 · QA Practice Enhancement fees - Other	3,205.44	5,915.00	54.19%
Total 5871 · QA Practice Enhancement fees	3,205.44	5,514.98	58.12%
5882 · Remediation - ICRC			
4028 · ICRC Remediation Chargeback	-13,466.48	-17,440.01	77.22%
5882 · Remediation - ICRC - Other	17,553.06	17,440.01	100.65%
Total 5882 · Remediation - ICRC	4,086.58	0.00	100.0%
5883 · Remediation - Registration			
4027 · Registration Chargeback	-1,377.50	-500.01	275.49%
5883 · Remediation - Registration - Other	1,413.75	500.01	282.74%
Total 5883 · Remediation - Registration	36.25	0.00	100.0%
5884 · Remediation - Discipline			
4026 · Discipline Chargeback	-4,262.70	-15,960.00	26.71%
5884 · Remediation - Discipline - Other	5,634.05	15,960.00	35.3%
Total 5884 · Remediation - Discipline	1,371.35	0.00	100.0%
4025 · Office of Registrar Chargeback	0.00	-375.03	0.0%
5886 · Remediation - Office+Registrar	0.00	375.03	0.0%
Total 5880 · Remediation	14,394.92	5,514.98	261.02%
4022 · Recovery of Therapy Costs	-5,500.02	-3,000.00	183.33%
5890 · Therapy and Counselling Fund	22,775.01	24,877.50	91.55%
Total 5800 · Programs	620,705.72	769,720.50	80.64%
5900 · Staffing			
5901 · Salaries	2,751,027.36	2,780,567.14	98.94%
5902 · Employer Benefits	104,499.27	105,844.07	98.73%
5903 · Employer RRSP Contribution	136,119.33	148,983.91	91.37%
5904 · Consultant fees	27,001.93	65,939.76	40.95%
5905 · Staff Development	39,191.50	57,729.70	67.89%
5906 · Recruitment	38,848.98	3,881.55	1,000.86%
5907 · Staff Recognition	19,807.14	16,330.00	121.29%
5908 · Registrar & Requested Education	0.00	975.00	0.0%
5911 · CPP - Canadian Pension Plan	84,610.18	78,706.32	107.5%
5912 · EI - Employment Insurance	28,468.88	28,344.92	100.44%
5913 · EHT - Employer Health Tax	56,156.56	56,064.21	100.17%
Total 5900 · Staffing	3,285,731.13	3,343,366.58	98.28%
6001 · Amortization	123,516.19	123,612.30	99.92%
Total Expense	5,438,203.05	5,878,098.56	92.52%
Net Ordinary Income	-40,931.99	-776,473.14	5.27%
Net Income	-40,931.99	-776,473.14	5.27%

**College of Physiotherapists of Ontario**  
**Statement of Operations**  
**Prev Year Comparison**  
**April through December 2022**

	<u>Apr - Dec 22</u>	<u>Apr - Dec 21</u>	<u>\$ Change</u>	<u>% Change</u>
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>4001 · Registration Fees</b>				
4011 · Independent Practice - \$575	4,202,186.76	4,163,208.59	38,978.17	0.94%
4012 · Independent Practice - ProRated	145,322.71	41,287.41	104,035.30	251.98%
4013 · Prof Corp Fees \$250	77,250.00	77,500.00	-250.00	-0.32%
4014 · Provisional Practice Fees \$75	39,300.00	36,300.00	3,000.00	8.26%
4020 · Courtesy Registration Fee \$100	1,100.00	0.00	1,100.00	100.0%
4007 · Registration fee credits	<u>-32,919.85</u>	<u>-47,038.17</u>	<u>14,118.32</u>	<u>30.02%</u>
<b>Total 4001 · Registration Fees</b>	<u>4,432,239.62</u>	<u>4,271,257.83</u>	<u>160,981.79</u>	<u>3.77%</u>
4002 · Interest Income	124,601.44	81,240.44	43,361.00	53.37%
4010 · Miscellaneous Income	0.00	1,885.00	-1,885.00	-100.0%
<b>4008 · Admin Fees</b>				
4015 · Application Fees \$100	129,900.00	71,600.00	58,300.00	81.43%
4016 · Letter of Prof Stand / NSF \$50	10,600.00	10,100.00	500.00	4.95%
4017 · Wall Certificates \$25	1,700.00	1,475.00	225.00	15.25%
4018 · Late Fees \$225	2,925.00	2,700.00	225.00	8.33%
4019 · Prof Corp Application \$700	<u>21,000.00</u>	<u>23,100.00</u>	<u>-2,100.00</u>	<u>-9.09%</u>
<b>Total 4008 · Admin Fees</b>	<u>166,125.00</u>	<u>108,975.00</u>	<u>57,150.00</u>	<u>52.44%</u>
<b>4030 · ETP Assessment Fees</b>				
4033 · Reg Com - OCE Fee	284,655.00	0.00	284,655.00	100.0%
4032 · Reg Com Screening Interview Fee	4,050.00	0.00	4,050.00	100.0%
4031 · Reg Com Exemption Fees	<u>385,600.00</u>	<u>0.00</u>	<u>385,600.00</u>	<u>100.0%</u>
<b>Total 4030 · ETP Assessment Fees</b>	<u>674,305.00</u>	<u>0.00</u>	<u>674,305.00</u>	<u>100.0%</u>
<b>Total Income</b>	<u>5,397,271.06</u>	<u>4,463,358.27</u>	<u>933,912.79</u>	<u>20.92%</u>
<b>Gross Profit</b>	<u>5,397,271.06</u>	<u>4,463,358.27</u>	<u>933,912.79</u>	<u>20.92%</u>
<b>Expense</b>				
5709 · Registration - Other	0.00	3,361.75	-3,361.75	-100.0%
<b>5000 · Committee Per Diem</b>				
5018 · Exam Committee - per diem	1,374.00	0.00	1,374.00	100.0%
5001 · Chairs meeting - per diem	0.00	0.00	0.00	0.0%
5002 · ICRC - per diem	28,379.50	31,843.00	-3,463.50	-10.88%
5003 · Council - per diem	24,009.00	31,888.00	-7,879.00	-24.71%
5005 · Discipline Committee - per diem	19,544.50	13,230.00	6,314.50	47.73%
5006 · Executive - per diem	18,659.00	37,125.00	-18,466.00	-49.74%
5010 · Patient Relations - per diem	1,758.50	651.00	1,107.50	170.12%
5011 · QA Committee - per diem	4,493.00	4,521.50	-28.50	-0.63%
5012 · Registration Com. - per diem	3,129.50	3,072.00	57.50	1.87%
5017 · Finance Committee - per diem	<u>6,722.50</u>	<u>2,110.00</u>	<u>4,612.50</u>	<u>218.6%</u>
<b>Total 5000 · Committee Per Diem</b>	<u>108,069.50</u>	<u>124,440.50</u>	<u>-16,371.00</u>	<u>-13.16%</u>
5050 · Committee Reimbursed Expenses				

**College of Physiotherapists of Ontario**  
**Statement of Operations**  
**Prev Year Comparison**  
**April through December 2022**

	<u>Apr - Dec 22</u>	<u>Apr - Dec 21</u>	<u>\$ Change</u>	<u>% Change</u>
5051 · Chairs meeting - expenses	0.00	0.00	0.00	0.0%
5052 · ICRC - expenses	3,756.49	3,229.33	527.16	16.32%
5053 · Council - expenses	18,889.25	16,879.99	2,009.26	11.9%
5055 · Discipline Committee - expenses	865.50	0.00	865.50	100.0%
5056 · Executive Committee - expenses	5,508.72	10,488.31	-4,979.59	-47.48%
5062 · QA Committee - expenses	328.12	871.96	-543.84	-62.37%
5063 · Registration Comm. - expenses	0.00	0.00	0.00	0.0%
5075 · Finance Committee - expenses	1,075.25	-2,620.49	3,695.74	141.03%
<b>Total 5050 · Committee Reimbursed Expenses</b>	<b>30,423.33</b>	<b>28,849.10</b>	<b>1,574.23</b>	<b>5.46%</b>
<b>5100 · Information Management</b>				
5101 · IT Hardware	13,434.50	8,124.26	5,310.24	65.36%
5102 · Software	64,192.52	65,318.72	-1,126.20	-1.72%
5103 · IT Maintenance	74,274.06	56,256.54	18,017.52	32.03%
5104 · IT Database	72,955.78	65,363.53	7,592.25	11.62%
<b>Total 5100 · Information Management</b>	<b>224,856.86</b>	<b>195,063.05</b>	<b>29,793.81</b>	<b>15.27%</b>
<b>5200 · Insurance</b>	<b>14,424.21</b>	<b>9,632.52</b>	<b>4,791.69</b>	<b>49.75%</b>
<b>5300 · Networking</b>	<b>202.92</b>	<b>113.80</b>	<b>89.12</b>	<b>78.31%</b>
<b>5301 · Conferences and Travel</b>	<b>15,442.61</b>	<b>4,802.50</b>	<b>10,640.11</b>	<b>221.55%</b>
<b>5400 · Office and General</b>				
5402 · Bank & service charges	46,276.33	18,085.16	28,191.17	155.88%
5403 · Maintenance & repairs	0.00	1,876.41	-1,876.41	-100.0%
5405 · Memberships & publications	18,110.26	20,571.96	-2,461.70	-11.97%
5406 · CAPR Fees	171,381.86	161,489.04	9,892.82	6.13%
5407 · Office & kitchen supplies	3,338.62	2,044.11	1,294.51	63.33%
5408 · Postage & courier	3,954.22	5,801.56	-1,847.34	-31.84%
5409 · Rent	358,591.52	357,076.77	1,514.75	0.42%
5411 · Printing, Filing & Stationery	2,034.51	19,781.36	-17,746.85	-89.72%
5412 · Telephone & Internet	27,752.42	26,286.94	1,465.48	5.58%
5413 · Bad Debt	17,778.75	5,652.25	12,126.50	214.54%
<b>Total 5400 · Office and General</b>	<b>649,218.49</b>	<b>618,665.56</b>	<b>30,552.93</b>	<b>4.94%</b>
<b>5500 · Regulatory Effectiveness</b>				
5506 · Entry to Practice - WG	14,755.71	0.00	14,755.71	100.0%
5502 · Strategic Operations	52,319.00	27,459.00	24,860.00	90.54%
5503 · Council Education	5,622.76	38,698.41	-33,075.65	-85.47%
5504 · Elections	3,550.00	3,300.00	250.00	7.58%
5505 · Policy Development	5,434.73	41,831.54	-36,396.81	-87.01%
<b>Total 5500 · Regulatory Effectiveness</b>	<b>81,682.20</b>	<b>111,288.95</b>	<b>-29,606.75</b>	<b>-26.6%</b>
<b>5600 · Communications</b>				
5630 · Consultants	5,191.33	0.00	5,191.33	100.0%
5605 · Translation Services	20,452.03	16,988.35	3,463.68	20.39%
5620 · Print Communication	192.43	573.53	-381.10	-66.45%

**College of Physiotherapists of Ontario**  
**Statement of Operations**  
**Prev Year Comparison**  
**April through December 2022**

	<u>Apr - Dec 22</u>	<u>Apr - Dec 21</u>	<u>\$ Change</u>	<u>% Change</u>
5621 · Online Communication	37,260.92	46,324.53	-9,063.61	-19.57%
5622 · In-Person Communication	2,014.23	-273.97	2,288.20	835.2%
<b>Total 5600 · Communications</b>	<b>65,110.94</b>	<b>63,612.44</b>	<b>1,498.50</b>	<b>2.36%</b>
<b>5700 · Professional fees</b>				
4004 · Cost recovery from cost orders	-24,301.79	-68,500.00	44,198.21	64.52%
5701 · Audit	0.00	80.00	-80.00	-100.0%
5702 · Hearing Expenses	18,454.61	1,584.26	16,870.35	1,064.87%
<b>5704 · Investigation Services</b>				
5710 · Undercover Assessment Fees	6,552.16	0.00	6,552.16	100.0%
5711 · External Investigators	115,705.44	51,974.92	63,730.52	122.62%
5712 · PC - Chart Review	4,055.55	9,290.24	-5,234.69	-56.35%
5714 · Fees to Secure Records	160.60	120.59	40.01	33.18%
5716 · Transcripts	5,595.54	2,508.32	3,087.22	123.08%
5704 · Investigation Services - Other	62.09	0.00	62.09	100.0%
<b>Total 5704 · Investigation Services</b>	<b>132,131.38</b>	<b>63,894.07</b>	<b>68,237.31</b>	<b>106.8%</b>
5705 · Professional services - Other	11,675.74	18,063.73	-6,387.99	-35.36%
5707 · Decision writing	21,439.58	10,293.00	11,146.58	108.29%
5708 · Peer / Expert opinions	5,673.70	8,865.00	-3,191.30	-36.0%
5703 · Communications Consultant	0.00	23,984.25	-23,984.25	-100.0%
<b>5750 · Legal</b>				
5756 · C & D Accrual Expense	-275,953.58	-88,061.96	-187,891.62	-213.36%
5758 · Legal - Practice Advice	188.15	0.00	188.15	100.0%
5751 · Legal - QA	10,401.38	1,152.60	9,248.78	802.43%
5752 · Legal - Registration	73,128.53	23,520.95	49,607.58	210.91%
<b>5753 · Legal - Professional Conduct</b>				
5760 · General Counsel	36,150.96	44,183.16	-8,032.20	-18.18%
5761 · Independent Legal Advice	65,457.50	30,927.53	34,529.97	111.65%
5762 · Hearing Counsel	109,967.62	39,197.68	70,769.94	180.55%
5763 · Court Proceedings & Appeals	24,528.28	14,836.91	9,691.37	65.32%
<b>Total 5753 · Legal - Professional Conduct</b>	<b>236,104.36</b>	<b>129,145.28</b>	<b>106,959.08</b>	<b>82.82%</b>
5754 · Legal - Council Advice	0.00	22,307.34	-22,307.34	-100.0%
5755 · General Legal	9,856.31	6,516.71	3,339.60	51.25%
5757 · Legal - Executive Office	20.58	14,222.75	-14,202.17	-99.86%
<b>Total 5750 · Legal</b>	<b>53,745.73</b>	<b>108,803.67</b>	<b>-55,057.94</b>	<b>-50.6%</b>
<b>Total 5700 · Professional fees</b>	<b>218,818.95</b>	<b>167,067.98</b>	<b>51,750.97</b>	<b>30.98%</b>
<b>5800 · Programs</b>				
5830 · Entry to Practice - Projects	500,296.44	0.00	500,296.44	100.0%
<b>5810 · Quality Program</b>				
5811 · QA Program Development & Eval.	5,712.00	0.00	5,712.00	100.0%
5821 · Assessor Travel	887.86	0.00	887.86	100.0%
5823 · Assessor Training	19,689.50	7,836.00	11,853.50	151.27%

**College of Physiotherapists of Ontario**  
**Statement of Operations**  
**Prev Year Comparison**  
**April through December 2022**

	<u>Apr - Dec 22</u>	<u>Apr - Dec 21</u>	<u>\$ Change</u>	<u>% Change</u>
5824 · Assessor Onsite Assessment Fee	6,698.00	5,850.00	848.00	14.5%
5825 · Assessor Remote Assessment	52,936.00	71,060.00	-18,124.00	-25.51%
<b>Total 5810 · Quality Program</b>	<b>85,923.36</b>	<b>84,746.00</b>	<b>1,177.36</b>	<b>1.39%</b>
5802 · Jurisprudence	2,816.01	27,707.43	-24,891.42	-89.84%
<b>5880 · Remediation</b>				
5887 · Coach Training	5,695.30	0.00	5,695.30	100.0%
5881 · Remediation - QA	0.00	1,351.35	-1,351.35	-100.0%
5871 · QA Practice Enhancement fees	3,205.44	4,631.03	-1,425.59	-30.78%
<b>5882 · Remediation - ICRC</b>				
4028 · ICRC Remediation Chargeback	-13,466.48	-9,221.49	-4,244.99	-46.03%
5882 · Remediation - ICRC - Other	17,553.06	9,109.74	8,443.32	92.69%
<b>Total 5882 · Remediation - ICRC</b>	<b>4,086.58</b>	<b>-111.75</b>	<b>4,198.33</b>	<b>3,756.9%</b>
<b>5883 · Remediation - Registration</b>				
4027 · Registration Chargeback	-1,377.50	-1,764.00	386.50	21.91%
5883 · Remediation - Registration - Other	1,413.75	1,917.75	-504.00	-26.28%
<b>Total 5883 · Remediation - Registration</b>	<b>36.25</b>	<b>153.75</b>	<b>-117.50</b>	<b>-76.42%</b>
<b>5884 · Remediation - Discipline</b>				
4026 · Discipline Chargeback	-4,262.70	-10,558.34	6,295.64	59.63%
5884 · Remediation - Discipline - Other	5,634.05	13,820.11	-8,186.06	-59.23%
<b>Total 5884 · Remediation - Discipline</b>	<b>1,371.35</b>	<b>3,261.77</b>	<b>-1,890.42</b>	<b>-57.96%</b>
<b>Total 5880 · Remediation</b>	<b>14,394.92</b>	<b>9,286.15</b>	<b>5,108.77</b>	<b>55.02%</b>
4022 · Recovery of Therapy Costs	-5,500.02	-3,000.00	-2,500.02	-83.33%
5890 · Therapy and Counselling Fund	22,775.01	12,453.75	10,321.26	82.88%
<b>Total 5800 · Programs</b>	<b>620,705.72</b>	<b>131,193.33</b>	<b>489,512.39</b>	<b>373.12%</b>
<b>5900 · Staffing</b>				
5901 · Salaries	2,751,027.36	2,418,174.66	332,852.70	13.77%
5902 · Employer Benefits	104,499.27	88,182.11	16,317.16	18.5%
5903 · Employer RRSP Contribution	136,119.33	121,162.58	14,956.75	12.34%
5904 · Consultant fees	27,001.93	47,883.79	-20,881.86	-43.61%
5905 · Staff Development	39,191.50	20,783.69	18,407.81	88.57%
5906 · Recruitment	38,848.98	3,207.51	35,641.47	1,111.19%
5907 · Staff Recognition	19,807.14	12,351.07	7,456.07	60.37%
5911 · CPP - Canadian Pension Plan	84,610.18	64,295.14	20,315.04	31.6%
5912 · EI - Employment Insurance	28,468.88	21,680.24	6,788.64	31.31%
5913 · EHT - Employer Health Tax	56,156.56	49,601.86	6,554.70	13.22%
<b>Total 5900 · Staffing</b>	<b>3,285,731.13</b>	<b>2,847,322.65</b>	<b>438,408.48</b>	<b>15.4%</b>
6001 · Amortization	123,516.19	155,376.49	-31,860.30	-20.51%
<b>Total Expense</b>	<b>5,438,203.05</b>	<b>4,460,790.62</b>	<b>977,412.43</b>	<b>21.91%</b>
<b>Net Ordinary Income</b>	<b>-40,931.99</b>	<b>2,567.65</b>	<b>-43,499.64</b>	<b>-1,694.14%</b>
<b>Net Income</b>	<b>-40,931.99</b>	<b>2,567.65</b>	<b>-43,499.64</b>	<b>-1,694.14%</b>

College of Physiotherapists of Ontario  
Statement of Financial Position  
Prev Year Comparison  
As of 31 December 2022

	31 Dec 22	30 Sep 22	31 Dec 21
<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
1003 · CC Clearing - RBC - 100-999-2	1,645.01	6,416.71	464.41
1005 · Operating - RBC - 102-953-7	70,479.22	46,294.98	69,572.18
1103 · Savings - RBC - 100-663-4	2,383,247.11	3,921,649.82	2,850,826.41
<b>Total 1000 · Cash on Hand</b>	<b>2,455,621.34</b>	<b>3,974,611.51</b>	<b>2,921,113.00</b>
<b>1100 · Investments</b>			
1102 · Investments - Short Term	1,069,040.20	1,062,897.84	1,260,700.52
1104 · Investments - Long Term	4,259,640.93	4,233,338.94	3,954,758.80
<b>Total 1100 · Investments</b>	<b>5,328,681.13</b>	<b>5,296,236.78</b>	<b>5,215,459.32</b>
<b>Total Chequing/Savings</b>	<b>7,784,302.47</b>	<b>9,270,848.29</b>	<b>8,136,572.32</b>
<b>Accounts Receivable</b>			
1200 · Accounts Receivable	56,306.67	50,668.00	41,676.67
<b>Total Accounts Receivable</b>	<b>56,306.67</b>	<b>50,668.00</b>	<b>41,676.67</b>
<b>Other Current Assets</b>			
1206 · Accrued Receivable	73,600.00	70,400.00	41,274.98
1201 · Allowance for Doubtful Accounts	-50,126.67	-35,577.67	-34,620.67
<b>1400 · Prepaid Expenses</b>			
1412 · Prepaid OCE	88,268.32	0.00	0.00
1401 · Prepaid Software	5,246.31	8,014.75	8,266.70
1403 · Prepaid IT services	46,064.38	38,705.07	22,262.41
1405 · Prepaid Insurance	931.50	4,113.45	0.00
1406 · Prepaid Membership	248,728.19	67,660.62	1,725.00
1408 · Prepaid staff development	2,160.00	0.00	0.00
1411 · Prepaid Rent	0.00	43,111.00	43,111.00
<b>Total 1400 · Prepaid Expenses</b>	<b>391,398.70</b>	<b>161,604.89</b>	<b>75,365.11</b>
<b>Total Other Current Assets</b>	<b>414,872.03</b>	<b>196,427.22</b>	<b>82,019.42</b>
<b>Total Current Assets</b>	<b>8,255,481.17</b>	<b>9,517,943.51</b>	<b>8,260,268.41</b>
<b>Fixed Assets</b>			
1301 · Computer equipment	146,644.16	146,644.16	104,255.43
1302 · Computer Software	110,740.00	110,740.00	110,740.00
1305 · Computer equipment - Acc dep	-100,585.00	-91,413.17	-69,786.21
1306 · Computer Software - Acc Dep	-101,511.64	-92,283.31	-64,598.32
1310 · Furniture and Equipment	377,049.09	377,049.09	377,049.09
1312 · Furniture & Equipment -Acc Dep	-361,653.13	-359,870.13	-333,397.46
1320 · Leasehold Improvements	793,263.20	793,263.20	793,263.20
1322 · Leasehold Improvements -Acc dep	-446,374.41	-426,303.53	-366,090.89
<b>Total Fixed Assets</b>	<b>417,572.27</b>	<b>457,826.31</b>	<b>551,434.84</b>
<b>TOTAL ASSETS</b>	<b>8,673,053.44</b>	<b>9,975,769.82</b>	<b>8,811,703.25</b>
<b>LIABILITIES &amp; EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>			
2000 · Accounts Payable	112,482.50	116,941.88	75,336.09
<b>Total Accounts Payable</b>	<b>112,482.50</b>	<b>116,941.88</b>	<b>75,336.09</b>
<b>Other Current Liabilities</b>			
2011 · Vacation Accrual	224,088.63	224,088.63	207,119.34
2010 · Accrued Liabilities	203,202.97	486,564.34	619,269.33
2100 · Deferred Revenue			
<b>2101 · Deferred Registration Fees</b>			
2108 · Deferred Revenue - OCE Fee	383,105.00	175,480.00	0.00
2102 · Deferred Full Fee Revenue	1,386,063.64	2,772,127.27	1,378,878.75
2103 · Deferred Pro-Rated Fee Revenue	83,961.19	87,544.74	25,482.91
2107 · Deferred Reg Com Exemption Fee	103,200.00	80,400.00	0.00
<b>Total 2101 · Deferred Registration Fees</b>	<b>1,956,329.83</b>	<b>3,115,552.01</b>	<b>1,404,361.66</b>
2110 · Banked refunds	35,038.20	43,811.09	48,571.14
<b>Total 2100 · Deferred Revenue</b>	<b>1,991,368.03</b>	<b>3,159,363.10</b>	<b>1,452,932.80</b>
2150 · Other Payables			
2152 · Due to Manulife (RRSP)	0.00	29,330.25	0.00
<b>Total 2150 · Other Payables</b>	<b>0.00</b>	<b>29,330.25</b>	<b>0.00</b>
<b>Total Other Current Liabilities</b>	<b>2,418,659.63</b>	<b>3,899,346.32</b>	<b>2,279,321.47</b>
<b>Total Current Liabilities</b>	<b>2,531,142.13</b>	<b>4,016,288.20</b>	<b>2,354,657.56</b>
<b>Long Term Liabilities</b>			
2125 · Deferred Rent - Tenant Incentiv	117,465.25	124,242.08	144,572.57
<b>Total Long Term Liabilities</b>	<b>117,465.25</b>	<b>124,242.08</b>	<b>144,572.57</b>
<b>Total Liabilities</b>	<b>2,648,607.38</b>	<b>4,140,530.28</b>	<b>2,499,230.13</b>



College of Physiotherapists of Ontario  
**Statement of Financial Position**  
**Prev Year Comparison**  
 As of 31 December 2022

	<u>31 Dec 22</u>	<u>30 Sep 22</u>	<u>31 Dec 21</u>
<b>Equity</b>			
3000 · Unrestricted Net Assets	4,417,053.73	4,417,053.73	4,703,296.47
3001 · Invested in Capital Assets	536,198.47	536,198.47	506,609.00
<b>3010 · Restricted Reserves</b>			
3011 · Contingency Reserve / C&D	1,000,000.00	1,000,000.00	1,000,000.00
3012 · Fee Stab / Sex Abuse Therapy	<u>100,000.00</u>	<u>100,000.00</u>	<u>100,000.00</u>
<b>Total 3010 · Restricted Reserves</b>	<u>1,100,000.00</u>	<u>1,100,000.00</u>	<u>1,100,000.00</u>
<b>Net Income</b>	<u>-28,806.14</u>	<u>-218,012.66</u>	<u>2,567.65</u>
<b>Total Equity</b>	<u>6,024,446.06</u>	<u>5,835,239.54</u>	<u>6,312,473.12</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><b>8,673,053.44</b></u>	<u><b>9,975,769.82</b></u>	<u><b>8,811,703.25</b></u>

College of Physiotherapists of Ontario  
Statement of Cash Flows Prev Year Comparison  
October 2022 through January 2023

	Oct '22 - Jan 23	Oct '21 - Jan 22	\$ Change	% Change
<b>OPERATING ACTIVITIES</b>				
Net Income	59,541.85	-602,264.24	661,806.09	109.89%
Adjustments to reconcile Net Income to net cash provided by operations:				
1200 · Accounts Receivable	-17,473.30	-2,347.43	-15,125.87	-644.36%
1200 · Accounts Receivable:1207 · Employer Health Tax Receivable	0.00	10,478.84	-10,478.84	-100.0%
1206 · Accrued Receivable	-3,200.00	-1,887.49	-1,512.51	-89.63%
1201 · Allowance for Doubtful Accounts	14,549.00	-8,195.18	22,744.18	277.53%
1400 · Prepaid Expenses:1412 · Prepaid OCE	-88,268.32	0.00	-88,268.32	-100.0%
1400 · Prepaid Expenses:1401 · Prepaid Software	3,038.51	-160.56	3,199.07	1,992.45%
1400 · Prepaid Expenses:1403 · Prepaid IT services	-26,624.76	-9,132.45	-17,492.31	-191.54%
1400 · Prepaid Expenses:1405 · Prepaid Insurance	-321.30	-1,278.36	957.06	74.87%
1400 · Prepaid Expenses:1406 · Prepaid Membership	-181,067.57	60,192.68	-241,260.25	-400.81%
1400 · Prepaid Expenses:1408 · Prepaid staff development	-2,160.00	0.00	-2,160.00	-100.0%
1400 · Prepaid Expenses:1410 · Prepaid meetings	0.00	4,802.50	-4,802.50	-100.0%
1400 · Prepaid Expenses:1411 · Prepaid Rent	-1,459.13	-99.03	-1,360.10	-1,373.42%
2000 · Accounts Payable	-90,973.20	25,116.76	-116,089.96	-462.2%
2010 · Accrued Liabilities	-283,361.37	-13,411.68	-269,949.69	-2,012.8%
2100 · Deferred Revenue:2101 · Deferred Registration Fees:2108 · Deferred Revenue - OCE Fee	207,625.00	0.00	207,625.00	100.0%
2100 · Deferred Revenue:2101 · Deferred Registration Fees:2102 · Deferred Full Fee Revenue	-1,386,063.63	-1,370,943.75	-15,119.88	-1.1%
2100 · Deferred Revenue:2101 · Deferred Registration Fees:2103 · Deferred Pro-Rated Fee Revenue	-3,583.55	-1,140.22	-2,443.33	-214.29%
2100 · Deferred Revenue:2101 · Deferred Registration Fees:2107 · Deferred Reg Com Exemption Fee	22,800.00	0.00	22,800.00	100.0%
2100 · Deferred Revenue:2110 · Banked refunds	-8,772.89	10,066.14	-18,839.03	-187.15%
2150 · Other Payables:2151 · Due to Canada Life	0.00	11.71	-11.71	-100.0%
2150 · Other Payables:2152 · Due to Manulife (RRSP)	-29,330.25	-25,987.78	-3,342.47	-12.86%
Net cash provided by Operating Activities	-1,815,104.91	-1,925,979.54	110,874.63	5.76%
<b>INVESTING ACTIVITIES</b>				
1305 · Computer equipment - Acc dep	9,171.83	5,525.50	3,646.33	65.99%
1306 · Computer Software - Acc Dep	9,228.33	9,228.33	0.00	0.0%
1312 · Furniture & Equipment -Acc Dep	1,783.00	17,073.17	-15,290.17	-89.56%
1322 · Leasehold Improvements -Acc dep	20,070.88	20,070.88	0.00	0.0%
Net cash provided by Investing Activities	40,254.04	51,897.88	-11,643.84	-22.44%
<b>FINANCING ACTIVITIES</b>				
2125 · Deferred Rent - Tenant Incentiv	-6,776.83	-6,776.83	0.00	0.0%
Net cash provided by Financing Activities	-6,776.83	-6,776.83	0.00	0.0%
Net cash increase for period	-1,781,627.70	-1,880,858.49	99,230.79	5.28%
Cash at beginning of period	9,270,848.29	9,573,462.95	-302,614.66	-3.16%
Cash at end of period	<u>7,489,220.59</u>	<u>7,692,604.46</u>	<u>-203,383.87</u>	<u>-2.64%</u>

College of Physiotherapists of Ontario  
Statement of Operations  
Projections  
April 2022 through March 2023

	TOTAL												TOTAL			
	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr '22 - Mar 23	Apr '22 - Mar 23	Variance \$	Variance %
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Projected	Projected	Projected	Forecast	Budget		
<b>Ordinary Income/Expense</b>																
<b>Income</b>																
Total 4001 - Registration Fees	464,507.65	467,810.04	459,549.81	3,475.00	7,175.00	1,444,166.36	20,975.00	19,475.00	1,475,515.28	488,073.31	489,459.81	516,607.30	5,856,789.56	5,914,830.30	-58,040.74	-1%
4002 - Interest Income	11,937.61	11,873.02	11,717.56	3,592.17	4,245.72	39,552.47	5,476.06	5,107.69	36,972.89	11,060.35	11,263.78	12,256.32	165,055.64	138,277.36	26,778.28	19%
Total 4008 - Admin Fees	22,275.00	18,000.00	10,300.00	7,375.00	28,675.00	15,800.00	17,925.00	20,800.00	24,975.00	13,329.17	13,329.17	13,329.16	206,112.50	162,200.00	43,912.50	27%
4030 - ETP Assessment Fees																
4033 - OCE Fees - \$1,985	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	284,655.00	293,780.00	0.00	331,495.00	909,930.00	312,000.00	597,930.00	192%
4032 - Reg Com Screening Intv Fee - \$450	0.00	0.00	0.00	0.00	0.00	2,700.00	0.00	0.00	1,350.00	0.00	0.00	0.00	4,050.00	0.00	4,050.00	#DIV/0!
4031 - Reg Com Exemption Fees - \$600 / \$200	60,000.00	33,600.00	14,500.00	0.00	0.00	79,500.00	0.00	0.00	198,000.00	0.00	0.00	81,400.00	467,000.00	442,400.00	24,600.00	6%
Total 4030 - ETP Assessment Fees	60,000.00	33,600.00	14,500.00	0.00	0.00	82,200.00	0.00	0.00	484,005.00	293,780.00	0.00	412,895.00	1,380,980.00	754,400.00	626,580.00	83%
<b>Total Income</b>	<b>558,720.26</b>	<b>531,283.06</b>	<b>496,067.37</b>	<b>14,442.17</b>	<b>40,095.72</b>	<b>1,581,718.83</b>	<b>44,376.06</b>	<b>45,382.69</b>	<b>2,021,468.17</b>	<b>806,242.83</b>	<b>514,052.76</b>	<b>955,087.78</b>	<b>7,608,937.70</b>	<b>6,969,707.66</b>	<b>639,230.04</b>	<b>9%</b>
<b>Gross Profit</b>	<b>558,720.26</b>	<b>531,283.06</b>	<b>496,067.37</b>	<b>14,442.17</b>	<b>40,095.72</b>	<b>1,581,718.83</b>	<b>44,376.06</b>	<b>45,382.69</b>	<b>2,021,468.17</b>	<b>806,242.83</b>	<b>514,052.76</b>	<b>955,087.78</b>	<b>7,608,937.70</b>	<b>6,969,707.66</b>	<b>639,230.04</b>	<b>9%</b>
<b>Expense</b>																
Total 5000 - Committee Per Diem	-3,610.00	17,018.50	29,093.12	1,751.88	5,052.00	14,931.00	12,671.00	11,706.50	19,455.50	6,470.50	10,784.00	17,198.00	142,522.00	162,164.90	-19,642.90	-12%
Total 5050 - Committee Reimbursed Expenses	-6,372.80	6,177.13	13,682.20	2,007.19	67.57	4,629.05	2,603.28	2,990.19	4,639.52	2,817.00	4,765.00	16,534.00	54,539.33	130,040.00	-75,500.67	-58%
Total 5100 - Information Management	16,541.21	26,400.52	32,329.67	37,284.55	22,141.73	24,729.13	27,382.15	17,718.12	20,329.78	29,437.95	33,174.76	71,591.71	359,061.28	433,046.45	-73,985.17	-17%
5200 - Insurance	1,060.65	1,060.65	2,680.65	4,209.93	1,060.65	1,060.65	1,060.65	1,169.73	1,060.65	0.00	0.00	0.00	14,424.21	11,068.03	3,356.18	30%
Total 5300 - Networking	4.00	0.00	0.00	66.50	24.00	68.42	0.00	40.00	0.00	0.00	0.00	250.00	452.92	780.00	-327.08	-42%
5301 - Conferences and Travel	0.00	0.00	0.00	3,930.43	677.65	8,824.66	-292.94	2,302.81	0.00	0.00	0.00	0.00	15,442.61	11,057.00	4,385.61	40%
Total 5400 - Office and General	68,480.01	72,188.03	64,999.40	68,062.58	68,879.38	68,211.64	33,081.78	43,563.93	164,264.49	67,880.59	96,191.30	173,842.49	989,645.62	758,524.39	231,121.23	30%
Total 5500 - Regulatory Effectiveness	17,850.75	6,215.00	22,840.99	2,627.50	11,432.50	-5,286.74	22,973.70	2,750.00	278.50	6,600.00	10,103.00	25,600.00	123,985.20	120,266.00	3,719.20	3%
Total 5600 - Communications	9,127.09	10,632.45	11,966.54	142.20	7,478.69	3,811.54	-475.17	11,542.30	10,885.30	9,530.00	7,750.00	5,240.00	87,630.94	117,640.00	-30,009.06	-26%
Total 5700 - Professional fees	-1,780.52	52,366.34	-7,539.37	-7,884.55	26,250.43	183,942.29	54,000.33	88,476.62	-169,012.62	23,182.72	33,369.63	134,760.48	410,131.78	656,612.64	-246,480.86	-38%
Total 5800 - Programs	25,523.83	21,476.36	52,473.62	26,730.65	34,833.03	95,084.08	126,031.63	157,489.91	81,062.61	210,563.93	43,814.83	283,764.06	1,158,848.54	1,085,704.50	73,144.04	7%
Total 5900 - Staffing	352,611.00	365,461.63	341,779.76	358,402.15	372,793.40	352,541.23	402,103.35	367,844.93	372,193.68	377,019.34	400,303.68	417,404.17	4,480,458.32	4,608,990.63	-128,532.31	-3%
6001 - Amortization	18,457.74	13,144.32	13,144.32	0.00	0.00	39,995.07	0.00	0.00	40,254.04	13,144.32	13,144.32	13,144.32	164,428.45	163,045.26	1,383.19	1%
<b>Total Expense</b>	<b>497,892.96</b>	<b>592,140.93</b>	<b>577,450.90</b>	<b>497,331.01</b>	<b>550,691.03</b>	<b>792,542.02</b>	<b>681,139.76</b>	<b>707,595.04</b>	<b>545,411.45</b>	<b>746,648.34</b>	<b>653,400.52</b>	<b>1,159,329.24</b>	<b>8,001,571.19</b>	<b>8,258,939.80</b>	<b>-257,368.61</b>	<b>-3%</b>
<b>Net Ordinary Income</b>	<b>60,827.30</b>	<b>-60,857.87</b>	<b>-81,383.53</b>	<b>-482,888.84</b>	<b>-510,595.31</b>	<b>789,176.81</b>	<b>-636,763.70</b>	<b>-662,212.35</b>	<b>1,476,056.72</b>	<b>59,596.49</b>	<b>-139,347.75</b>	<b>-204,241.45</b>	<b>-392,633.49</b>	<b>-1,289,232.14</b>	<b>896,598.65</b>	<b>-70%</b>
<b>Net Income</b>	<b>60,827.30</b>	<b>-60,857.87</b>	<b>-81,383.53</b>	<b>-482,888.84</b>	<b>-510,595.31</b>	<b>789,176.81</b>	<b>-636,763.70</b>	<b>-662,212.35</b>	<b>1,476,056.72</b>	<b>59,596.49</b>	<b>-139,347.75</b>	<b>-204,241.45</b>	<b>-392,633.49</b>	<b>-1,289,232.14</b>	<b>896,598.65</b>	<b>-70%</b>

<b>Meeting Date:</b>	February 24, 2023
<b>Agenda Item #:</b>	3.3
<b>Issue:</b>	Ontario Clinical Exam Financial Update
<b>Submitted by:</b>	Zoe Robinson, VP Finance and Reporting

## Issue:

The Ontario Clinical Exam (OCE) was developed in 2022 and the first administration of the exam was delivered in late October 2022. The OCE was planned to be revenue neutral over 5 years which requires regular monitoring and reporting of the OCE financial performance to ensure the goal is met.

The financial reporting for the exam in the current fiscal year requires a modified approach since staff did not have full information about exam design and implementation at the time when the budget was approved, and therefore the approved budget does not fully capture the planned expenses and revenues for the exam.

## Background

In December 2021, Council directed the Registrar to develop a clinical exam. This was intended to be a short term solution until such time that CAPR was able to deliver the physiotherapy competency exam (clinical). The College was notified by CAPR in January 2022 that it would no longer be offering the clinical exam moving forward.

Since January 2022, staff have been working to develop this new exam. Once we learned that the Ontario initiative would be a long term solution, management identified several concerns about moving forward with the original initial design based on a behavioural-based interview format. Council agreed with the risk assessment presented by management and after March 2022 revisited the design to address the risks. The revised exam format based on structural interviews was presented to Council in May 2022. To establish the new exam, the College hired staff to manage the exam development and implementation, set up an exam program infrastructure, develop a technology platform, and provide logistical support for the delivery of the exam. The development of any exam is a resource-intensive activity.

The first delivery of the OCE took place on October 24, 2022. Six (6) more exam days are planned up to March 31, 2023. The OCE is delivered this fiscal year in a hybrid format with the candidates on site at the Touchstone Institute in Toronto and the examiners participating virtually. From April 2023 onward, the OCE will be delivered in a fully virtual format, with the examiners and candidates participating remotely.

The Council adopted an OCE fee of \$1,985 in August 2022 based on designing a financial model that is revenue neutral over a 5-year period.

## Exam Costs and Exam Fee

In Council's previous discussions about the exam, the approach has been to consider the exam as a self-funding activity, meaning that all costs associated with developing and administering the exam will be funded by the fees charged to candidates who will sit the exam.

To provide a basis for the determination of an exam fee, staff developed a financial model that captures the costs associated with developing and administering the Ontario Clinical Exam, including staffing costs, for its minimum expected life cycle (currently projected to the end of Fiscal Year 2027-2028).

The projected costs were developed on the assumption that the Ontario Clinical exam will be delivered in a hybrid format (candidates attend a testing centre, examiners located remotely) for the first seven (7) administrations which will occur in the current fiscal year. Starting in Fiscal 2023/2024, the exam will be delivered entirely virtually, where candidates and examiners are located remotely and connect through the exam technology platform.

The financial model includes the following major categories of costs:

- Exam development: exam consultant; blueprint development and item writing; IT development, translation
- Exam program overhead: staffing; exam committee; maintenance of exam content; payment processing; legal, psychometric and other consultant fees
- Exam delivery: examiners; computer equipment rental (for hybrid sessions only), proctoring (virtual only); exam software user fee
- Venue (for hybrid sessions only): space rental, venue support staff, CPO staff on-site
- Examiner onboarding and training
- Exam software annual subscription

The revenue used for the financial model was based on:

- 325 candidates in FY 2023
- 540 candidates per year between FY 2024 and FY 2028.

## Financial Model

The financial model was constructed based of several assumptions, some of which changed following its development, as noted below:

- Year 1 (2022-2023) would be held in a hybrid format with candidates on site and examiners participating virtually.
- Years 2 – 5 (2023 – 2028) would be held virtually
- Development costs would only be present in Year 1
- Item bank would be added to over time
- College exam staff (3 people) are included in the model
- Exam Committee is included in the model
- 325 candidates would participate in 2022-2023
- 540 candidates would participate annually between 2023 – 2028
- 2 examiners per candidate
- Exam platform would be created by a third-party vendor and include annual fees

Figure 1 - Original OCE financial model

Multi-year Presentation	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	Totals
Revenue	\$ 645,125	\$ 1,071,900.00	\$ 1,071,900.00	\$ 1,071,900.00	\$ 1,071,900.00	\$ 1,071,900.00	\$ 6,004,625.00
Expenses							
Exam Delivery							
Exam Delivery	\$ 263,444	\$ 313,804.00	\$ 313,804.00	\$ 313,804.00	\$ 313,804.00	\$ 313,804.00	\$ 1,832,464.00
Venue Costs	\$ 103,627	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 103,626.60
Meals & Misc.	\$ 2,700	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,700.00
Examiner Costs	\$ 140,018	\$ 269,990.00	\$ 269,990.00	\$ 269,990.00	\$ 269,990.00	\$ 269,990.00	\$ 1,489,967.50
Travel & Accommodation	\$ 29,150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29,150.00
<b>Total Exam Delivery</b>	<b>\$ 538,938</b>	<b>\$ 583,794</b>	<b>\$ 583,794</b>	<b>\$ 583,794</b>	<b>\$ 583,794</b>	<b>\$ 583,794</b>	<b>\$ 3,457,908</b>
Overhead							
Technology subscriptions	\$ 76,911	\$ 76,911.19	\$ 76,911.19	\$ 76,911.19	\$ 76,911.19	\$ 76,911.19	\$ 461,467.14
CPO Staffing	\$ 198,115	\$ 273,000.00	\$ 281,190.00	\$ 289,625.70	\$ 298,314.47	\$ 307,263.91	\$ 1,647,508.88
Exam Committee	\$ 14,432	\$ 14,432.00	\$ 14,432.00	\$ 14,432.00	\$ 14,432.00	\$ 14,432.00	\$ 86,592.00
Translation	\$ 10,000	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 60,000.00
Moneris	\$ 2,780	\$ 4,619.89	\$ 4,619.89	\$ 4,619.89	\$ 4,619.89	\$ 4,619.89	\$ 25,879.93
Legal	\$ 6,000	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00	\$ 36,000.00
<b>Total Overhead</b>	<b>\$ 308,238</b>	<b>\$ 384,963</b>	<b>\$ 393,153</b>	<b>\$ 401,589</b>	<b>\$ 410,278</b>	<b>\$ 419,227</b>	<b>\$ 2,317,448</b>
<b>Development Costs</b>	<b>\$ 151,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 151,000.00</b>
<b>Total Expenses</b>	<b>\$ 998,177</b>	<b>\$ 968,757</b>	<b>\$ 976,947</b>	<b>\$ 985,383</b>	<b>\$ 994,072</b>	<b>\$ 1,003,021</b>	<b>\$ 5,926,356</b>
<b>Surplus (Deficit)</b>	<b>\$ (353,052)</b>	<b>\$ 103,143</b>	<b>\$ 94,953</b>	<b>\$ 86,517</b>	<b>\$ 77,828</b>	<b>\$ 68,879</b>	<b>\$ 78,269</b>

The original model anticipated a loss of \$353,00 during the first year (2022-2023) since exam development costs are incurred upfront. This loss would be recouped over the next 5 years so the overall OCE program will be financially self sustaining.

Assumptions that have changed since the original financial model was prepared include:

- Increase the number of candidates taking the exam in FY 2023 from 325 to 490 (51% increase).

- The number of examiners required is increased in FY 2023 from 240 to 330. This increases the fees paid to examiners for delivering the exam and training.
- The addition of professional service fees from Fry IT Canada, who provided the exam platform, to support the exam administrations during FY 2023.
- The requirement for exam proctoring in the virtual administration.
- The annual subscription for the exam software platform, Practique, is amortized over 12 months in accordance with accrual accounting standards.
- A French version of the exam will be delivered in Q4 of fiscal year 2024.

## Budget for Ontario Clinical Exam

The budget approved by Council in March 2022 included revenue and expenses for a clinical exam based on a draft model.

The budget figures were not updated to reflect new information about the exam implementation, as it is a standard practice to not change a budget once it is approved. Due to the aggressive timelines to deliver the OCE in the Fall of 2022, Council confirmed the College would financially support the exam as required. The variances for the OCE will be explained in the quarterly financial management report and should be reviewed with the understanding the model for the OCE was developed and accepted following the approval of the FY 2023 operating budget.

A separate report on the OCE will be prepared each quarter to provide financial transparency about the program.

## OCE Financial Performance to December 31, 2022, and year-end forecast

The financial analysis of the OCE will compare actuals to the financial model not the approved budget. This is a more accurate reflection of the financial performance of the program.

Revenue and expenses will be reported on an accrual basis which means income and expenses will be recognized on the statement of operations when the activity is completed (as opposed to when the cash transaction happened).

Revenue is recognized in the period when the exam takes place. While OCE candidates pay in advance of the exam, this cash is recorded as deferred revenue and recognized when the exam is completed.

Expenses are treated in a similar manner. The College pays some expenses in advance of the activity taking place. The Fry-IT Canada software subscription agreement is an example of this. The Practique

exam platform annual subscription covers the period September 8, 2022, to September 7, 2023. The annual subscription covers 12 months of activity and expenses for the software subscription will be recognized on the statement of operations in 12 equal monthly amounts.

For the period April 1, 2022, to December 31, 2022, **revenue totalled \$284,655** from candidates registered for the October and November exams. **Expenses totalled \$500,296** for the period.

Figure 2 presents a summary of the forecast for the Ontario Clinical Exam to March 31, 2023.

Appendix 1 provides a detail summary of the forecast for the Ontario Clinical Exam to March 31, 2023.

Figure 2 - FY 2023 OCE Forecast

Item	Projected Totals FY 2023	Plan Totals FY 2023	Variance (\$)	Variance (%)
<b>Total Income</b>	\$ 975,350	\$ 645,125	\$ 330,225	51%
<b>Expenses</b>				
Exam Delivery	\$ 399,696	\$ 263,444	\$ 136,252	52%
Venue	\$ 64,010	\$ 103,627	\$ (39,617)	-38%
Examiner Training	\$ 154,831	\$ 140,018	\$ 14,813	11%
CPO Staff Expenses	\$ 30,690	\$ 31,850	\$ (1,160)	-4%
Exam Administration	\$ 262,299	\$ 231,327	\$ 30,972	13%
Technology	\$ 72,513	\$ 153,823	\$ (81,310)	-53%
Development	\$ 153,186	\$ 151,000	\$ 2,186	1%
<b>Exam Totals</b>	\$ 1,137,224	\$ 1,075,089	\$ 62,135	6%
<b>Total OCE FY 2023</b>	\$ (161,874)	\$ (429,964)	\$ 268,090	-62%

## Discussion of Forecast

The overall **projected deficit** for the OCE in FY 2023 is \$161,874 which is 62% less than we initially anticipated. Revenues are 51% higher than planned while expenses were 6% higher than planned. The



improved projected program deficit is driven primarily by improved revenue due to a higher number of candidates writing the exam than planned.

The original plan included 325 candidates in FY 2023. The current plan to March 31, 2023, is for 490 candidates to sit the exam. The anticipated revenue was \$645,125 compared to a now projected revenue of \$975,350. This is \$330,225 (51%) better than planned due to 165 more candidates sitting the exam than planned up to March 31, 2023.

The total projected expenses as of March 31, 2023, are \$62,135 (6%) higher than planned:

- Examiner fees are higher than planned.
- Additional expenses for support from Fry-IT Canada during the exam delivery days was not included in the original plan.
- The costs for extra staff from the Touchstone Institute are lower than planned.
- Examiners' training expenses are higher than planned.
- The Practique annual subscription costs are lower than planned due to accrual accounting treatment of the expenses. The amount paid by the College for the annual Practique subscription matches the planned amount.
- CPO staff costs are higher than planned.
- Costs related to non-exam team staff to support the OCE are not included (e.g., costs for communications and information technology teams to support the OCE).

The main driver for improved financial performance of the Ontario Clinical Exam in FY 2023 is from the higher than planned revenues due to more candidate sitting the exam up to March 31, 2023.

## **Long-term forecast**

Work is ongoing to establish a budget for the OCE for FY 2024. The preliminary budget for the OCE (subject to revision as of the date of this memo) anticipates a small surplus of \$53,361 based on \$1,071,900 of revenue and \$1,018,539 of expenses.

Figure 3 - Preliminary OCE budget for FY 2024

	FY 2024
Revenue	\$ 1,071,900.00
Expenses	
Exam Delivery	
Exam Delivery	\$ 348,988.00
Venue	\$ -
Examiner Training	\$ 142,112.25
CPO Staffing Expenses	\$ 338,707.90
Exam Administration	\$ 25,023.00
Technology	\$ 123,003.00
Consultants	\$ 40,705.00
Development	\$ -
<b>Total Expenses</b>	<b>\$ 1,018,539</b>
<b>Surplus (Deficit)</b>	<b>\$ 53,361</b>

Revenue is based on 540 candidates paying \$1,985.

Expense is based on 8 administrations of the exam, delivered virtually (i.e., candidates and examiners are virtual) and includes costs for: CPO staff salaries and expenses; technology; exam committee; consultants; exam day virtual proctors.

The long-term forecast to March 31, 2028, assumes no increase in the OCE fee and 3% increases in expenses. The long-term forecast between FY 2023 and FY 2028 anticipates an overall loss of \$171,912. Staff will provide recommendations regarding possible fees increases in line with inflation at a subsequent meeting.

Figure 4 - Projected OCE financial performance FY 2023 to FY 2028

	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	Totals
Revenue	\$ 975,350	\$ 1,071,900.00	\$ 1,071,900.00	\$ 1,071,900.00	\$ 1,071,900.00	\$ 1,071,900.00	\$ 6,334,850.00
Expenses							
Exam Delivery							
Exam Delivery	\$ 399,696	\$ 348,988.00	\$ 359,457.64	\$ 370,241.37	\$ 381,348.61	\$ 392,789.07	\$ 2,252,520.57
Venue	\$ 64,010	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 64,010.00
Examiner Training	\$ 154,831	\$ 142,112.25	\$ 146,375.62	\$ 150,766.89	\$ 155,289.89	\$ 159,948.59	\$ 909,323.85
CPO Staffing Expenses	\$ 30,690	\$ 338,707.90	\$ 348,869.14	\$ 359,335.21	\$ 370,115.27	\$ 381,218.73	\$ 1,828,935.81
Exam Administration	\$ 262,299	\$ 25,023.00	\$ 25,773.69	\$ 26,546.90	\$ 27,343.31	\$ 28,163.61	\$ 395,149.34
Technology	\$ 72,513	\$ 123,003.00	\$ 123,003.00	\$ 123,003.00	\$ 123,003.00	\$ 123,003.00	\$ 687,528.16
Consultants	\$ -	\$ 40,705.00	\$ 41,926.15	\$ 43,183.93	\$ 44,479.45	\$ 45,813.84	\$ 216,108.37
Development	\$ 153,186	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 153,186
<b>Total Expenses</b>	<b>\$ 1,137,224</b>	<b>\$ 1,018,539</b>	<b>\$ 1,045,405</b>	<b>\$ 1,073,077</b>	<b>\$ 1,101,580</b>	<b>\$ 1,130,937</b>	<b>\$ 6,506,762</b>
<b>Surplus (Deficit)</b>	<b>\$ (161,874)</b>	<b>\$ 53,361</b>	<b>\$ 26,495</b>	<b>\$ (1,177)</b>	<b>\$ (29,680)</b>	<b>\$ (59,037)</b>	<b>\$ (171,912)</b>

## Decision by the Finance Committee

For discussion only

## **Decision Sought**

For discussion only

## **Appendices**

- FY 2023 Projections – Ontario Clinical Exam vs. Financial Model

<b>Meeting Date:</b>	March 23-24, 2023
<b>Agenda Item #:</b>	9
<b>Category</b>	Other (External Reporting)
<b>Issue:</b>	College Performance Measurement Framework 2022 Report <i>For Information</i>
<b>Submitted by:</b>	Evguenia Ermakova, Policy Analyst

**Issue:**

The Ministry of Health formally launched the third iteration of the College Performance Measurement Framework (CPMF) report on January 12, 2023. This report covers the 2022 reporting year which covers January to December 2022, and it applies to all Ontario health regulatory Colleges. Colleges must submit completed CPMF reports to the Ministry as well as post them to their websites on or before March 31 every year.

Council is now provided with a copy of CPO's completed CPMF report for the 2022 year prior to submission on March 31, 2023.

**Public Interest Assessment:**

The CPMF report helps the public understand how well Ontario's regulatory health Colleges are meeting their mandate to act in the public interest. The report aims to strengthen accountability and oversight of Colleges and help improve their performance as public-focused health regulators. The report touches on all domains of public interest outlined by the Ministry of Health (equity, equality, accessibility, protection, accountability, and quality of care).

The CPO's completed report publicly demonstrates its performance against the Ministry's indicators and offers transparency around its successes and improvement commitments as a public interest regulator.

**Background:**

In 2018, the Ontario Ministry of Health developed the CPMF in collaboration with Ontario's health regulatory Colleges, subject matter experts, and the public. The goal of this reporting framework is to strengthen accountability and oversight, improve College performance and ensure that public confidence in the profession is maintained. The CPMF provides Colleges with a mechanism to report annually on a series of best practice indicators, which include key statutory functions, programs, and operations. The first iteration of the CPMF was released in December 2020. This is the third year Colleges are reporting on this framework.

The framework intends to address the following questions:

1. How well does a College ensure that only qualified individuals who demonstrate that they are competent and safe are practising?
2. How well does a College ensure that its governance and operations are transparent, effective, and efficient in serving and protecting the public interest?
3. How well does a College ensure sustained competence and quality of care is delivered by all registrants?
4. How well does a College help ensure that those in need of care can access qualified health professionals when and where they need them?
5. How responsive is a College in addressing the changing practice environment of its registrants?

### **CPMF Outline**

The CPMF is organized into seven measurement domains:

1. Governance
2. Resources
3. System Partners
4. Information Management
5. Regulatory Policies
6. Suitability to Practice
7. Measurement, Reporting, and Improvement

Each of the above measurement domains contains Standards, which are performance-based activities against which a College is measured. Each Standard contains Evidence items where Colleges must demonstrate that they meet the evidence in order to comply with the associated Standard.

An overview of CPO's responses to the CPMF measurement domains is attached here as Appendix 1. The full report is attached as Appendix 2.

### **Key Changes from 2021: Benchmarked Items**

With each new version of the CPMF, the Ministry has updated and refined the CPMF tool based on lessons learned from previous years. No new standards or evidence items were introduced in the 2022 report compared to the 2021 report. However, this year, eight pieces of Evidence have been highlighted as "Benchmarked Evidence." These benchmarks are noted in Appendix 1. Benchmarked pieces of evidence were identified as representing attributes of regulatory excellence, and the Ministry expects Colleges to meet or work towards meeting these benchmarked evidence items. Typically, if a College partially meets or does not meet an evidence item, they can state whether or not they plan to improve over the next year. With the eight new benchmarks, if a college does not fully meet these evidence items, they must provide an improvement plan including steps it will take, expected timelines, and any barriers to implementation. There is no special "scoring" for benchmarked items,

but in subsequent CPMF reports Colleges are expected to report on their progress in meeting those requirements.

Though not much is known regarding the future of benchmarks going forward, it may be noted that the Ministry may add to or replace the existing benchmarks in forthcoming years. The Ministry may benchmark new evidence items after it is satisfied that Colleges have had sufficient progress on improving current benchmarks.

## Overview of CPO's Improvement Commitments

Where a college does not fully meet the requirement for an evidence item, they are asked to indicate any improvement activities that they plan to undertake in the next year. The CPO has identified several items of improvement, which are indicated in the summary chart with full details in the report itself.

Of particular importance are the improvement plans for the benchmarked evidence items. Currently the College fully meets three out of the eight benchmarked evidence items, for the five that we do not currently meet fully, the following improvement plans have been identified:

Benchmarked Evidence	Improvement Activity
Professional members are eligible to stand for Council election after meeting pre-defined competencies and attending orientation.	<b>Partially Met:</b> The College does not currently have competency-based criteria for professional members of Council. The College will begin work on implementing competency criteria for professional members of Council in 2023 by developing a list of competency criteria, making corresponding changes to our By-laws and governance policies, and updating elections procedures. We aim to have the new competency criteria in place for the 2024 Council election cycle, which typically begins in January.
Statutory committee members have met pre-defined competency and suitability criteria.	<b>Partially Met:</b> The College does not currently have competency-based criteria for professional members of statutory committees (with the exception of non-Council committee members). The College will begin work on implementing competency criteria for members of statutory committees in 2023 by developing a list of competency criteria, making corresponding changes to our By-laws and governance policies, and updating the committee slate development procedures. We aim to have the new competency criteria in place for the 2024 committee appointment cycle, which typically begins in June.
Council is accountable for the success and sustainability of the organization it governs by ensuring that the organization has the staffing complement it needs to be successful now and in the future.	<b>Partially Met:</b> In March 2023, the College plans to present a Human Resources Plan to Council as part of the budget presentation. The College also plans to include human resources metrics in its Council dashboard in 2023 to provide regular updates. The College will also develop an operational policy in 2023 relating to the current and future staffing complement.

Benchmarked Evidence	Improvement Activity
College uses cybersecurity measures and policies, practices, and policies to protect against accidental and unauthorized disclosure of information.	<b>Partially Met:</b> The College will continue to implement recommendations from its previous internal cybersecurity audit in 2023. The College will also conduct an external cybersecurity audit in 2023.
Performance and risk review findings are used to identify improvement activities.	<b>Not Met:</b> The College will be implementing its Enterprise Risk Management (ERM) framework in the 2023 reporting year.

In general, the College aims to increase our alignment with CPMF requirements over time which translates into additional work and projects. In the coming year, our focus will be on the improvement activities related to the benchmarked evidence items. We will continue to hold ourselves accountable to our improvement activities as we work towards bringing ourselves into full compliance with the benchmarks, and the CPMF more broadly.

The Ministry is not currently evaluating whether a College does or does not meet its standards and benchmarked evidence. The information reported through the CPMF helps the Ministry understand areas of improvement that may warrant closer attention and potential follow-up and helps Colleges identify where improvements are required.

### Next Steps

Staff will be submitting the CPMF to the Ministry and posting the report to the College website no later than March 31, 2023. Staff will work on improvement projects coming out of the CPMF requirements in the coming months (some are already underway), and progress on these items will be reported to Council in an ongoing way.

### Decision Sought:

None, this item is for information only.

### Related Action Items:

Action item description	Required by date
Submit report to the Ministry and post to the College website	No later than March 31, 2023

### Attachments:

- Appendix 1: Summary Chart of CPO Responses to CPMF Measurement Domains
- Appendix 2: The College of Physiotherapist CPMF Report 2022

## Appendix 1: Summary Chart of CPO Responses to CPMF Measurement Domains

### CPO's 2022 Submission – Overview

<b>Domain 1: Governance</b>			
<i>Standard 1: Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
<b>BENCHMARKED EVIDENCE</b> Professional members eligible to stand for Council election after meeting pre-defined competencies and attending orientation.	9	Partially Met	✓
Professional members eligible to stand for Council election after attending an orientation training about the College's mandate and member expectations.	10	Met	
<b>BENCHMARKED EVIDENCE</b> Statutory committee members have met pre-defined competency and suitability criteria.	11	Partially Met	✓
Statutory committee members have attended an orientation training about the mandate of the Committee and member expectations.	11	Met	✓
Public members attend orientation prior to first meeting.	13	Partially Met	
Council has developed and implemented framework to regularly evaluate effectiveness of Council meetings and Council.	14	Met	
Council review framework includes a third-party assessment at a minimum of every three years.	15	Not Met	✓
Ongoing Council training based on outcomes of relevant evaluations and needs identified by Council and Committee members.	15	Partially Met	✓
Council training informed by evolving public expectations including risk management and Diversity, Equity, and Inclusion.	16	Not Met	✓
<i>Standard 2: Council decisions are made in the public interest.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Council has a Code of Conduct and Conflict of Interest Policy that is reviewed at least every three years.	17	Partially Met	
Code of Conduct and Conflict of Interest Policy are accessible to the public.	18	Met	
College enforces cooling off periods.	18	Met	
College has a conflict-of-interest questionnaire completed by all members annually.	20	Not Met	



Council meeting materials enable public to clearly identify public interest rationale.	20	Met	
The College has and regularly reviews a formal approach to risk assessment which is reflected in strategic planning.	21	Not Met	✓
<b>Standard 3: The College acts to foster public trust through transparency about decisions made and actions taken.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Council minutes are posted and include a status update on the implementation of decisions.	22	Met	
Executive Committee meeting information is publicly posted.	22	Met	
Notice of Council meeting and materials posted at least a week in advance and meeting materials are accessible for a minimum of 3 years.	23	Partially Met	
Notice of Discipline hearings and materials posted one month in advance and include a link to allegations on the Public Register.	24	Met	
The College has a Diversity, Equity, and Inclusion (DEI) Plan that is reflected in the Council's strategic planning activities and is appropriately resourced.	24	Not Met	✓
The College conducts Equity Impact Assessments.	25	Not Met	✓
<b>Domain 2: Resources</b>			
<b>Standard 4: The College is a responsible steward of its (financial and human) resources.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
College's strategic plan has been costed and resources allocated.	25	Partially Met	✓
College has a financial reserve policy and possess the set levels.	26	Met	
<b>BENCHMARKED EVIDENCE</b>			
Council is accountable for the success and sustainability of the organization it governs by ensuring that the organization has the staffing complement it needs to be successful now and in the future.	27	Partially Met	✓
Council regularly reviews and updates College's data and technology plan.	28	Not Met	✓
<b>Domain 3 System Partners (narratives for each of these standards are found in the report on pages 33-41)</b>			
<b>Standard 5: The College actively engages with other regulatory Colleges and system partners to align oversight of the profession and support execution of its mandate.</b>			
<b>Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</b>			
<b>Domain 4: Information Management</b>			
<b>Standard 7: Information collected by the College is protected from unauthorized disclosure.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement</i>	<i>Improvement Plans</i>

		(Met, Partially Met or Not Met)	
College demonstrates how it uses policies/processes to govern collection, use, disclosure, and requests for information.	33	Met	
<b>BENCHMARKED EVIDENCE</b> College uses cybersecurity measures and policies, practices, and policies to protect against accidental and unauthorized disclosure of information.	34	Partially Met	✓
<b>Domain 5: Regulatory Policies</b>			
<i>Standard 8: Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
<b>BENCHMARKED EVIDENCE</b> College has processes in place to evaluate and review policies, standards of practice and practice guidelines.	35	Met	
<b>BENCHMARKED EVIDENCE</b> Specific information/examples provided on how policies, standards and guidelines have been developed and updated.	36	Met	
College's policies, guidelines, standards, and Code of Ethics promote DEI.	37	Not Met	✓
<b>Domain 6: Suitability to Practice</b>			
<i>Standard 9: The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Processes are in place to ensure only those that meet registration requirements receive certification to practice.	37	Met	
College periodically reviews its criteria and processes for determining whether applicant meets registration requirements.	38	Met	
Checks are carried out to ensure currency and other competency requirements are continually met by using a risk-based approach.	39	Partially Met	
College addresses all recommendations from most recent OFC Audit.	40	Met	
<i>Standard 10: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>

Examples of how College assists registrants in implementing required changes to standard and guidelines.	41	Met	
College has processes and policies in place outlining how areas of practice in QA assessments are identified.	43	Met	
College has evidence-informed processes in place describing how the College determines which registrants undergo a QA assessment activity.	44	Met	
College has process and policies in place outlining criteria informing remediation activities based on QA assessment.	45	Met	
College tracks results of remediation activities as part of any College committee and assesses whether registrant demonstrates required knowledge, skill, and judgement.	46	Met	
<b>Standard 11: The complaints process is accessible and supportive.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Complaint process and support available to complainants are clearly communicated and out on the College website.	47	Met	
<b>BENCHMARKED EVIDENCE</b>			
Complaint process support is evaluated by the College to ensure the information provided to complainants is clear and useful.	48	Met	
College responds to 90% of inquiries within 5 business days.	48	Met	
College supports the public during complaints process to ensure inclusivity and transparency.	48	Met	
College ensures all parties are regularly updated on the progress of their complaint or discipline case.	49	Partially Met	
<b>Standard 12: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
College has documented guidance setting out framework for assessing risk and acting on complaints.	50	Met	
<b>Standard 13: The College complaints process is coordinated and integrated.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
College has policy outlining consistent criteria for information disclosure.	51	Partially Met	✓
<b>Domain 7: Measurement, Reporting and Improvement</b>			
<b>Standard 14: The College monitors, reports on and improves its performance.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>



College has KPIs with clear rationale for importance.	52	Met	
Council uses performance and risk information to regularly assess College's progress against strategic objective and regulatory outcomes.	52	Partially Met	✓
<b>BENCHMARKED EVIDENCE</b>			
Performance and risk review findings used to identify improvement activities.	53	Not Met	✓
Performance results are made public on College website.	54	Met	

# College Performance Measurement Framework (CPMF) Reporting Tool

College of Physiotherapists of Ontario  
2022 Reporting Year

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# Introduction

## The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “How well are Colleges executing their mandate which is to act in the public interest?” This information will:

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

**Table 1:** CPMF Measurement Domains and Components

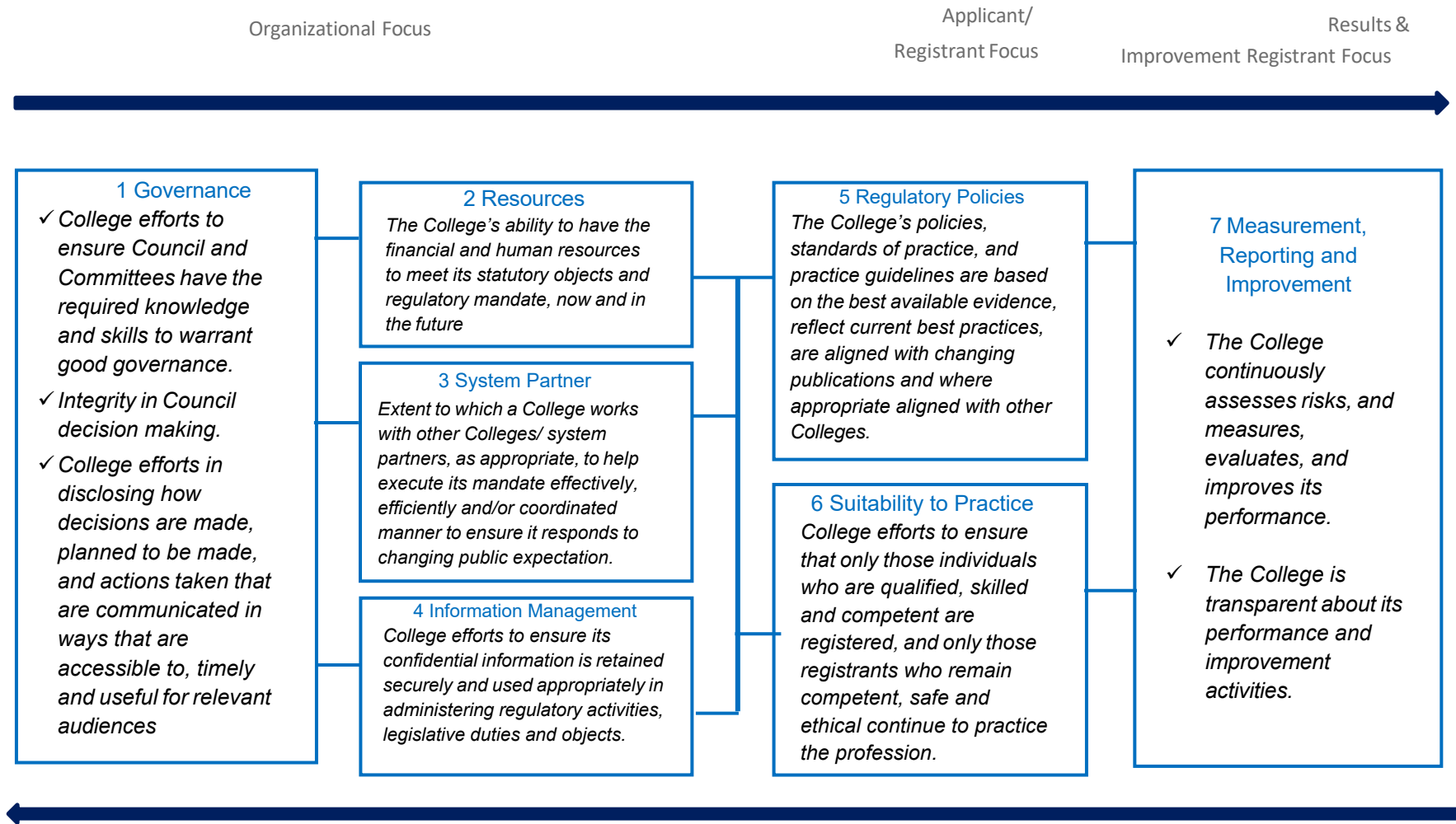
1	<b>Measurement domains</b>	?	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	<b>Standards</b>	?	Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	<b>Measures</b>	?	More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	<b>Evidence</b>	?	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	<b>Context measures</b>	?	Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	<b>Planned improvement actions</b>	?	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.



## CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

**Figure 1:** CPMF Model for Measuring Regulatory Excellence



**Figure 2:** CPMF Domains and Standards

<b>Domains</b>	<b>Standards</b>
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

## **The CPMF Reporting Tool**

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence

### **Completing the CPMF Reporting Tool**

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

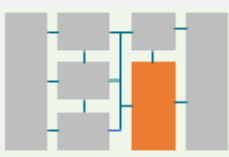
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

### **What has changed in 2022?**

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with ‘Met in 2021 and Continues to Meet in 2022’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

## Part 1: Measurement Domains

	<p><b>Measure:</b>  <b>1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</b></p>	
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 1: GOVERNANCE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 1</p>	<p><b>Required Evidence</b></p>
<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. Meeting pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>		<p>The College fulfills this requirement:</p> <p style="text-align: right;">Partially</p> <ul style="list-style-type: none"> <li>The competency and suitability criteria are public: Yes  <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p><b>What was met:</b> The College has suitability criteria in place for Council members prior to election. Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. They are as follows:</p> <ul style="list-style-type: none"> <li>The roles and responsibilities of a Council member are laid out in the <a href="#">College's Governance Manual</a> under Policy #1.2: Role of a Council Member (page 6). Further accountabilities are outlined in the College's <a href="#">Code of Conduct</a>.</li> <li>The College's <a href="#">Council Elections</a> webpage highlights a variety of skills prospective Council members must possess.</li> <li>Additional election suitability criteria can be found in the <a href="#">By-laws</a> (Part 3: Election or Appointment of Councillors, page 13) and as part of the candidate recruitment process on the <a href="#">College website</a>.</li> </ul> <p><b>What was not met:</b> The College does not have competency criteria outlining essential qualifications beyond the minimum requirements. The College does not currently have a core competency framework in place prior to being eligible to run for Council election.</p>
		<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>The College will begin work on implementing competency criteria for professional members of Council in 2023. This involves developing a list of competency criteria, making corresponding changes to our By-laws and governance policies and approving them, and updating elections procedures. We aim to have the new competency criteria in place for the 2024 Council election cycle (which typically begins in January).</p>

		<p>ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.</p> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>Prospective candidates are required to complete an election orientation module outlining the mandate of the College and the roles, responsibilities, and expectations of Council and Council members. It is called the <a href="#">Council Election Module</a>. The purpose of the module is to ensure that prospective candidates are aware of and committed to the mandate of public protection and have the skills and knowledge to effectively govern within their scope as Council members. As we do not currently have competency criteria beyond the minimum requirements, this module provides candidates with opportunities to self-reflect on the expectations of the role to ensure they can align with the College's mandate.</p> <p><u>Duration of Orientation Training</u></p> <p>This module takes approximately 2.5 hours to complete.</p> <p><u>Format of Orientation Training</u></p> <p>The module is completed online. It includes a self-reflection component designed for perspective candidates to assess if they align with the mandate of the College, expectations and duties required as a Council member.</p> <p><u>Training Topics</u></p> <p>The module is divided into the following sections:</p> <ul style="list-style-type: none"> <li>• Eligibility requirements: Outlines the eligibility criteria that must be met to qualify to run in the election.</li> <li>• The Role of the College: The focus is on public interest and protection, understanding what self-regulation is, the role and core functions of the College, explanation of governance and reinforcing public confidence in the profession through regulation and explanation of roles between Governance (Council and Committees) and Operations (Registrar and operational staff).</li> <li>• Understanding Council: Provides an overview of what fiduciary duties are, characteristics of an effective Council, explanation of the Council structure including the three types of Council members (elected, academic and public appointees), the roles, responsibilities and duties of Council members, and the time commitment required.</li> <li>• Becoming a Council Member: Outlines the election process and terms of office.</li> </ul> <p>This module will be evaluated and updated annually to ensure relevance of topics and information, and to make improvements that have been identified by new Council members and individuals who have completed the module.</p>	Yes
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		Not Applicable	

		<i>Additional comments for clarification (optional):</i>
b. Statutory Committee candidates have: <ul style="list-style-type: none"> <li>i. Met pre-defined competency and suitability criteria; and</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: Yes</li> <li>• <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p><b>What was met:</b> Statutory Committee candidates must meet pre-defined suitability criteria.</p> <p><b>What was not met:</b> The College does not have competency criteria outlining essential qualifications beyond the minimum requirements.</p> <p>The roles and responsibilities of Committee Chairs and Committee members are laid out in the College’s <a href="#">Governance Manual</a> under Policies #1.3: Role of a Committee Chairperson (page 8) and #1.4: Role of a Non-Council Committee Member (page 10), respectively.</p> <p>For Committee members, the College has some suitability requirements in place. Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. Information about Committee members eligibility for appointment is available in the College <a href="#">By-laws</a> (7.5: Appointment of Non-Council Committee Member, page 33). The College has some suitability requirements outlined in the By-laws; for example, not having any decision-making influence at a physiotherapy body or any other position with a conflict potential and not having been disqualified from Council or Committees in the past three years.</p> <p>The College typically recruits Committee members using recruitment advertisements on the College website and in our newsletter <i>Perspectives</i>. Like a staff recruitment, the recruitment of Committee members details any specified competencies within the notice. They are similar to job advertisements and include some competency provisions such as: understanding what is meant by public interest, the ability to make decisions in a collaborative forum, and possessing excellent listening, communication, and analytical skills. Committee specific criteria may also be included.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>The College will begin work on implementing competency criteria for members of statutory committees in 2023. This involves developing a list of competency criteria, making corresponding changes to our By-laws and governance policies and approving them, and updating the committee slate development procedures. We aim to have the new competency criteria in place for the 2024 committee appointment cycle (typically in June).</p>	
ii. attended an orientation	The College fulfills this requirement:	Yes

training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.

- Duration of each Statutory Committee orientation training.
- Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
- Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics for Statutory Committee.

Duration of Training

Orientation for newly appointed Committee members occurs as required and includes e-learning modules, an orientation session and ongoing training throughout the year.

Format of Training

Committee members also participate in online training sessions focusing on topics related to the Committee and emerging trends. Members are required to complete a test at the end of each module to confirm they have completed it and to test their understanding.

Committee members also participate in an annual orientation session that is scheduled after the new slate is approved in June. This session may be facilitated by a lawyer. The committee orientation session focuses on committee specific roles and responsibilities.

Training Topics

The Orientation program is set out in the College's [Governance Manual](#) under Policy #7.9: Council Education/Orientation (page 81). The Inquiries, Complaints and Reports Committee, Patient Relations Committee, Quality Assurance Committee, and Registration Committee sessions may include presentations by legal counsel on issues relevant to the Committee, such as bias and decision making. The orientation program for the Discipline and Fitness to Practice Committees is conducted by the Independent Legal Counsel to the Committee and occurs throughout the year.

The College implemented an orientation module that is completed by all new committee members once they have been appointed. The module outlines the mandate of the College, the roles and responsibilities of Committees and Committee members and the appointment process.

*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

Yes

*Additional comments for clarification (optional):*

The College will implement an orientation e-learning module for the Finance Committee (which is a non-statutory committee) in 2023. The module will cover committee member duties and responsibilities, the budget, financial reporting, financial management, and investment procedures, tips, and aids to help committee members understand the technicalities of finance, audit, and risk required for members of a finance, audit, and risk committee.

In 2022 the College created a new non-statutory committee to oversee the Ontario Clinical Exam which is administered by the College. In 2023 the College will implement an orientation e-learning module for the Examinations Committee to orient new members to the role of the Committee and of a Committee member.



		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p><b>What was met:</b> The College generally holds orientation training for public appointments to Council before their first Council meeting.</p> <p><b>What was not met:</b> On occasion, there are exceptions when the appointment is made is too close to an upcoming Council meeting. In that case, orientation takes place after the new public appointee attends their first meeting.</p> <p>The College makes its best effort to hold orientation for new public members before their first Council meeting. The College had a new public member in 2022, and all orientation and onboarding materials were sent prior to their first Council meeting. However, the College was not able to schedule a formal orientation session due to the date of the appointment in relation to the date of the Council meeting.</p> <p><u>Duration of Training</u></p> <p>Orientation sessions are typically half day to full day depending on the public member availability.</p> <p><u>Format of Training</u></p> <p>Orientation is provided in-person or in a hybrid format before the public member's first Council meeting, and is led by the President and Registrar. The New Council Members orientation module is completed online, and in-person training sessions are added as needed.</p> <p><u>Training Topics</u></p> <p>The Orientation program is set out in the <a href="#">College's Governance Manual</a> under Policy #7.9: Council Education/Orientation (page 81). Council members are also required to complete a series of e-learning modules on a variety of topics.</p>	<p>Partially</p> <p>No</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>No</p>	

			<p><i>Additional comments for clarification (optional):</i></p> <p>The College does its best to provide orientation for new public members ahead of their first Council meeting. However, appointments are made by the Public Appointment Secretariat and do not fall within the College’s jurisdiction. We understand that there is a new onboarding program being created to support public appointees however we have not seen the content to date. This makes it difficult to provide a fulsome orientation to the expectations of the role and responsibilities of a public member. The College does not have the ability to contribute to defining the competency needs for appointment. In addition, public appointees do not consistently have the scheduling availability to commit to all the College work. The College supports any governance reform that sees us increasing the number of public members that can be available to support the work of Committees and Council.</p>
<p><b>Measure:</b> 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>			
<p><b>Required Evidence</b></p>		<p><b>College Response</b></p>	
<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: Yes</li> <li>• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></li> </ul> <p>The College has an assessment framework to evaluate Council and Council meeting effectiveness. The high-level summary of the results of the Council meeting surveys is included in the President’s Report which is also presented verbally during Council meetings.</p> <p><u>Year developed/last updated</u></p> <p>The measurement and reporting framework was developed in June 2002 and last updated in March 2015.</p> <p><u>Link to Framework and Description of Evaluation</u></p> <p>The organizational measurement and reporting framework is laid out in the <a href="#">College’s Governance Manual</a> under Policy #8.1: Measurement and Reporting (page 89).</p> <p><b>Council Meeting Evaluation:</b> Following each Council meeting, a meeting specific evaluation survey is sent to all Council members and the results are shared with the President and Registrar. This process is informal and generally deals with the different aspects of the meeting. The President reviews the information, and the results are reported to Council in an aggregate form as part of the President’s Report and/or provided to all Councilors ahead of the next meeting. These are not anonymous surveys. Evaluations were last presented at Council during their <a href="#">December Council meeting</a>.</p>	<p>Yes</p>	

[\(page 57\)](#).

**Council Operations Evaluation:**

As part of the Council Performance Assessment, Council members are required to complete a yearly Council Operations evaluation. This is an electronic survey sent to each Council member that focuses on seven domains:

- Council Activity
- Mission and Mandate
- Governance/Partnership Alignment
- Organization
- Meetings
- Council Membership
- Administration and Staff Support

Council members are also provided with an opportunity to give comments and feedback on the work and effectiveness of Council outside of these domains. The results of this survey are reviewed by the President and Registrar and help inform changes and/or improvements to governance processes and overall planning for Council meetings, training, and education.

Council Operations Evaluations were last presented at Council during their [September 2022 meeting](#) (page 7).

**Mid-Year Check-in Calls**

As part of the Council Performance framework, Council and Committee members were asked to complete a self-assessment which includes a mid-year check-in call with the President. The questions on the self-assessment include:

- How do you assess your contribution to Council and committees? (You might want to include such things as: attendance at meetings, participation, committee or working group work, or any other areas on which you would like to comment)
- Are there opportunities to enhance Council or committee performance? If so, what does this look like.
- Is there specific Council/committee training you feel Council/Committee needs at this time?
- Thinking back to the education you have received on Council and/or committees, what do you continue to apply today to your college work? If you could change one thing about Council meetings what would it be and why?
- Is there anything else you would like to share?

The information collected helps inform the President check-in calls, in-service education sessions and governance activities such as improvements to our Council member orientation. This information is tracked in an internal document and reviewed periodically.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Not Applicable
			<i>Additional comments for clarification (optional):</i> The Council Operations Evaluation is part of a larger Council Performance Assessment Framework that was last updated in March 2015. The College recognizes that the current process may benefit from a review.	
		b. The framework includes a third- party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	No
			<ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? No</li> <li>• <i>If yes, how often do they occur?</i></li> <li>• Please indicate the year of last third-party evaluation.</li> </ul>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> The College may be retaining a consultant to conduct a third-party, independent review of Council effectiveness in 2023.	
		c. Ongoing training provided to Council and Committee members has been informed by:	The College fulfills this requirement:	Partially
		<ul style="list-style-type: none"> <li>i. the outcome of relevant evaluation(s);</li> <li>ii. the needs identified by Council and Committee members; and/or</li> </ul>	<ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p><b>What was met:</b> Council members have an opportunity to identify learning needs after each Council meeting as part of the post Council meeting evaluations. The College also evaluates education sessions to determine if additional education on the specific topic is required.</p> <p><b>What was not met:</b> While the College started collecting consistent feedback from Council members in late 2022; the integration of the feedback with upcoming Council planning will take effect in 2023.</p> <p>The Executive Committee is tasked with approving an annual Education plan that identifies specific learning sessions for Council. In early 2022 the Executive Committee approved a formalized Education Strategy which includes Core Education and Supplementary Training.</p> <p>The Core Education is divided into two areas: Onboarding and Orientation and In-service Education Sessions. The In-service Education Sessions include principles of governance, public interest, risk management, communication, Equity, Diversity and Inclusion and governance best practices. The intent of having the core education identified is to ensure that all Council members receive education on a rotating schedule for each of these topics over the course of three years. Council also receives annual training on sexual abuse awareness and financial literacy.</p> <p>Supplementary training is divided into two areas, ad hoc education, and external education opportunities. Ad hoc education are the topics that are identified by Council members or staff that support a specific activity or gap in knowledge. External education consists of targeted education and</p>	

		<p>governance related conferences that are identified to support individual Council member needs.</p> <p>While Council members contribute to the identification of education topics, consideration is also given to other factors such as emerging governance trends, alignment with strategic priorities and College mandate and financial resources.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Yes
		<p><i>Additional comments for clarification (optional):</i></p> <p>The College will integrate Council identified education topics that will be captured throughout the year into the education strategy.</p>	
		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <p>No</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>The College does not currently hold Equity, Diversity, and Inclusion (EDI) topics on a regular basis however it has held education sessions on sexual abuse awareness which have included education regarding gender, identity and inclusion and in the fall of 2022 the College facilitated a two part education series facilitated by Future Ancestors on anti-racism and equity. This was open to Council, committee members and staff from the CPO and other regulators were invited to attend.</p> <p>The College has not, to date held training on enterprise risk management.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Yes
		<p><i>Additional comments for clarification (optional):</i></p> <p>The College plans to implement an Enterprise Risk Management (ERM) framework in 2023. The rollout of this framework will be accompanied by education and training to Council and staff around risk management. The College is launching its EDI formal education series in March 2023.</p>	
	STANDARD 2	<p><b>Measure:</b></p> <p>2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	
		<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>
		<p>a. The College Council has a</p>	<p>The College fulfills this requirement:</p>

	<p>Code of Conduct and 'Conflict of Interest' policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<ul style="list-style-type: none"> <li>Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated.</li> <li>Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review.</li> </ul> <p><b>What was met:</b> The College has reviewed its Code of Conduct and Conflict of Interest Policy within the last three years. Current legislation, practices, public expectations, and other issues were considered in the last review cycle.</p> <p><b>What was not met:</b> The Code of Conduct and Conflict of Interest Policy were reviewed as part of a larger update to the By-laws and governance policies. There is currently no formalized framework to include the relevant considerations in (i.) into the broader by-law and governance review.</p> <p><u>Year last evaluated/updated</u></p> <p>In 2020, the Executive Committee reviewed the College's governance framework, By-laws and policies, including the Code of Conduct and Conflict of Interest Policy. Council approved the proposed changes at their <a href="#">June 23, 2021 meeting</a> (page 71).</p> <p><u>Changes made resulting from last review</u></p> <p>No substantive revisions to the Code of Conduct or Conflict of Interest policies were proposed as part of this review.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>   No</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>No specific improvement activities are planned for the 2023 reporting period.</p>
	<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:   Yes</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul> <p>The Code of Conduct and Conflict of Interest policy are found in the <a href="#">College By-laws</a> (Part 5: Conduct of Councillors and Committee Members). The By-laws are accessible through the <a href="#">College website</a>.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>   Not Applicable</p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College enforces a</p>	<p>The College fulfills this requirement:   Met in 2021, continues to meet in 2022</p>

		<p>minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<ul style="list-style-type: none"> <li>• Cooling off period is enforced through: By-law</li> <li>• Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>• Please provide the length of the cooling off period.</li> <li>• How does the College define the cooling off period? <ul style="list-style-type: none"> <li>– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> <li>– Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <b>OR</b></li> <li>– Where not publicly available, please briefly describe the cooling off policy.</li> </ul> </li> </ul> <p><u>Year Last Updated</u></p> <p>Eligibility criteria, including cooling off periods, for elected Council members are laid out under section 3.1 (9) of the <a href="#">College By-laws</a> (page 13). The By-laws were last updated in 2021. Term limits for Council and Committee members are laid out in By-laws and Governance policies.</p> <p><u>Length of Cooling Off Period</u></p> <p>The length of the cooling off period is 12 months.</p> <p><u>Definition of Cooling Off Period</u></p> <p>The cooling off period is outlined in the <a href="#">College By-laws s. 3.1(9)</a> (page 13). To be eligible to run for Council election, the registrant must not have been in the previous 12 months:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College; or</li> <li>• an employee of the College</li> </ul> <p>The cooling off period applies to elected professional members and appointed academic professional members.</p>
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>   Not Applicable</p> <p><i>Additional comments for clarification (optional)</i></p>

		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.  <u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. The completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No</li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <b>Not Applicable</b></li> </ul> <p>While the College has provisions to address conflicts of interest, the College does not have a Conflict of Interest questionnaire.</p>	<p>No</p>
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>No</p>
			<p><i>Additional comments for clarification (optional)</i>  There are no plans to implement a conflict of interest questionnaire in 2023.</p>	
		<p>d. Meeting materials for Council</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>



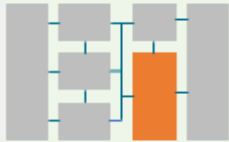
		<p>enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.</li> </ul> <p><u>Accessibility of Public Interest Rationale in Council Materials and Example Links</u></p> <p>College Council materials enable the public to identify the public interest rationale in two areas:</p> <ol style="list-style-type: none"> <li>1) All Council agendas begin with a statement of commitment to the public interest. (Example: <a href="#">September 2022</a>, page 1)</li> <li>2) Where applicable, individual Council briefing items highlight and describe the relevant public interest considerations, which are understood in relation to the Ministry of Health’s matrix: Accessibility, Accountability, Equality, Equity, Protection of the Public, and Quality of Care. (Example: <a href="#">September 2022</a>, page 113).</li> </ol>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Not Applicable
<i>Additional comments for clarification (if needed)</i>			
		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or process which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year that the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</li> </ul> <p>The College does not currently have a formal approach to risk management.</p>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Yes

DOMAIN 1: GOVERNANCE	STANDARD 3	<p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p><i>Additional comments for clarification (if needed)</i></p> <p>The College is in the process of developing a risk management policy for approval by Council and an Enterprise Risk Management (ERM) program. The ERM program will be rolled out in the 2023 reporting year. An ERM approach will take into consideration the risks related to regulation and the public interest in addition to strategic, operational, reputational, and financial risks. The ERM program will include the development of risk registers for departments that are rolled up to a College risk registry for presentation to Council. The risk registry will consider internal and external risks that impact the ability of the College to fulfill its mandate and impact the ability of management to conduct operations. Risk dashboards will be shared within management and presented to Council during regular reporting.</p>	
		<p><b>Measure:</b></p> <p><b>3.1 Council decisions are transparent.</b></p>		
		<b>Required Evidence</b>	<b>College Response</b>	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the webpage where Council minutes are posted.</li> <li>Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>Council minutes and meeting materials are available on the <a href="#">College's website</a> and updated after each meeting when approved. Shortly after each meeting, the College also posts <a href="#">highlights</a> of what was discussed at that meeting.</p> <p>Status updates on the implementation of Council decisions are provided as part of the list of Action Items in the Registrar's Report. The most recent list of Action Items is found in the <a href="#">December 2022 Council materials</a> (page 63).</p>	Yes
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Not Applicable
			<i>Additional comments for clarification (optional)</i>	
		b. The following information	The College fulfills this requirement:	Yes

		<p>about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ol>	<ul style="list-style-type: none"> <li>Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul> <p>The College publishes Executive Committee minutes to the <a href="#">College website</a>.</p>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			<p>Not Applicable</p>
<p><i>Additional comments for clarification (optional)</i></p>			
<p><b>Measure:</b> 3.2 Information provided by the College is accessible and timely.</p>			
<p><b>Required Evidence</b></p>		<p><b>College Response</b></p>	
<p>a. With respect to Council meetings:</p> <ol style="list-style-type: none"> <li>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and</li> <li>ii. Council meeting materials remain</li> </ol>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> <p><b>What was met:</b> The College provides notice of meetings on the College website at least one week in advance for all meetings that fall within an established meeting schedule. Meeting materials for Council are published at least one week in advance on the College website. Council meeting materials are accessible on the website for a minimum of three years, and archived materials are available upon request. This requirement is listed in By-law 4.4(4) (Notice of Meetings) in the <a href="#">College By-laws</a> (page 24). It states that “the College shall post the date of every Council meeting on its website at least 7 days before the meeting as well as the meeting materials.”</p>	<p>Partially</p>	

		<p>accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.</p>	<p><b>What was not met:</b> Some Council meetings may fall outside of the published schedule (such as special meetings). In this case, meeting notices and relevant materials may not be posted one week in advance. The College had three Special Meetings of Council in 2022 (in February, May, and August), and notices of the meeting and materials were published less than seven days in advance.</p> <p>Meeting materials are housed in the <a href="#">College website</a>.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>No</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>The College continues to make its best effort to post notices of meetings and the meeting materials at least seven days in advance.</p>	
		<p>b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul> <p>The College provides Discipline hearing notices and relevant materials on the <a href="#">College website</a> as soon as the matter is referred to the Discipline Committee for a hearing.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Not Applicable</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b></p>				
<p><b>3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.</b></p>				
<p><b>Required Evidence</b></p>		<p><b>College Response</b></p>		
		<p>a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).</p>	<p>The College fulfills this requirement:</p>	<p>No</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the College's DEI plan.</li> <li>Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</li> </ul>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>In 2022, the College ran two EDI webinars and invited registrants of the CPO, registrants of other Colleges, Council and Committee members, and assessors and examiners. The College also shares resources through its <a href="#">EDI page</a> as well as <a href="#">blog posts</a> that address implicit bias, advancing welcoming care for gender diverse patients, and mental health support for physiotherapists. The College also conducts internal education and awareness activities for its staff, such as learning about the use of gender-neutral communication and Indigenous reconciliation. The College also continues to</p>	

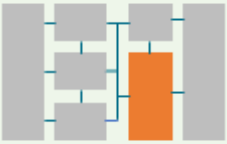
			<p>conduct research into the experiences of registrant physiotherapists trained outside of Canada. The College looks forward to engaging in further EDI activities that align with a broader strategic plan around EDI.</p> <p>The College’s <a href="#">Strategic Plan</a>, which was approved in March 2022, prioritizes Equity, Diversity, and Inclusion as an ongoing strategic priority. In accordance with this priority, the College is working to create an Equity, Diversity, and Inclusion plan over the next reporting year. This was highlighted to Council as part of the Dashboard in <a href="#">December 2022</a> (page 74).</p> <p>Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators undertake efforts to audit their practices and embed equity and anti-racism related monitoring and performance metrics into their operations. For resourcing, Dr. Sukhera recommended that regulators must consider how to embed resourcing and infrastructure for equity and anti-racism within their organizations. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in developing a comprehensive DEI plan and integrating it with our strategic and operational planning efforts.</p>								
		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	<table border="1"> <tr> <td data-bbox="741 711 2053 764">The College fulfills this requirement:</td> <td data-bbox="2053 711 2553 764">No</td> </tr> <tr> <td colspan="2" data-bbox="741 764 2553 1019"> <ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.</li> </ul> </td> </tr> <tr> <td data-bbox="741 1019 2053 1073"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2053 1019 2553 1073">Yes</td> </tr> <tr> <td colspan="2" data-bbox="741 1073 2553 1443"> <p><i>Additional comments for clarification (optional)</i></p> <p>Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews within the context of an Equity Impact Assessment.</p> <p>Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next reporting period to enable a customized assessment of equity impact, reflecting our particular needs. The College hopes to use those tools to assess our current practices and use the findings to inform future improvement actions and to develop an EDI plan.</p> </td> </tr> </table>	The College fulfills this requirement:	No	<ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.</li> </ul>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes	<p><i>Additional comments for clarification (optional)</i></p> <p>Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews within the context of an Equity Impact Assessment.</p> <p>Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next reporting period to enable a customized assessment of equity impact, reflecting our particular needs. The College hopes to use those tools to assess our current practices and use the findings to inform future improvement actions and to develop an EDI plan.</p>	
The College fulfills this requirement:	No										
<ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.</li> </ul>											
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes										
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	<p><b>Measure:</b></p> <p><b>4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</b></p>			
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 2: RESOURCES</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 4</p>	<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>
<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>			<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <b>AND</b> a link to the most recent approved budget and indicate the page number.</li> <li>• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul> <p><b>What was met:</b> The College identifies projects and activities through its strategic planning process, and a typical budgeting cycle directly allocates resources towards those activities.</p> <p><b>What was not met:</b> The College underwent a review of its strategic plan which was approved by Council in March 2022 at the same time as the approval of the annual operating budget. As a result, the strategic plan and the budget do not directly link to one another, although the activities outlined in the budget do still support the new strategic plan.</p> <p><u>Links to relevant materials</u></p> <p>The College has a strategic plan and strategic initiatives, and the budgeting process allocates resources for strategic initiatives. The College underwent a review of its strategic plan in 2022, and the new plan was approved during the <a href="#">March 2022 Council meeting</a> (page 242).</p> <p>The College’s fiscal year is from April 1 to March 31. In a typical year, the College budget is approved at the March Council meeting. The most recent approved budget took place during the <a href="#">March 2022 Council meeting</a> (page 226).</p> <p><u>How resources are allocated to support strategic activities</u></p> <p>Resources are allocated based on strategic initiatives identified during the strategic planning process. At their <a href="#">June 2022 meeting</a> (page 103), Council approved an initial list of strategic projects to prioritize in the next budgeting cycle. The budget typically complements these projects, however in Reporting Year 2022 the strategic plan was approved at the same time as the annual operating budget. The College will be able to establish a direct link between strategic projects and the budget in the 2023 reporting year.</p>	<p>Partially</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>

			<i>Additional comments for clarification (optional)</i>
			Given the approval of the new strategic plan, the budget in subsequent years will directly incorporate strategic planning and priorities. The College will be able to meet this measure in the 2023 reporting period.
		b. The College:	The College fulfills this requirement:
		i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and	<ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? Yes</li> </ul>
		ii. possesses the level of reserve set out in its “financial reserve policy”.	<p><u>Link to Policy and Date of Last Review</u></p> <p>The Finance Committee presented the last fulsome review of the financial reserve policy during the <a href="#">December 2017 Council Meeting</a> (page 33), and the review was approved in <a href="#">June 2019</a> (page 92). The Reserve Policy is found on page 96 of these public materials. The revised policy includes recommendations from the Auditor to maintain an undesignated reserve within the range of 25-50% of operating costs. The reserve policy is used as a metric by the College to manage its long-term finances.</p> <p><u>Review by Financial Auditor</u></p> <p>The financial reserve policy was reviewed by an external financial auditor, and the Finance Committee reviewed the financial reserve policy in November 2021 following the external Auditor’s comments.</p> <p><u>Current level of reserves</u></p> <p>As indicated in the most recent quarterly financial report presented in <a href="#">December 2022</a> (page 80), the College has the required level of reserve as set out in the financial reserve policy.</p>
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			Not Applicable
			<i>Additional comments for clarification (if needed)</i>
		c. Council is accountable for the	The College fulfills this requirement:
			Partially

		<p>success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p><b>What was met:</b> Key operational updates are regularly provided to Council as part of the Registrar’s Report on an as-needed basis.</p> <p><b>What was not met:</b> It is not currently standard practice at the CPO for Council to regularly review the College’s written operational policies. In addition, the College does not currently have a written policy addressing the current and future needs of its staffing complement.</p> <p>The College’s HR needs are assessed each year during the budgeting process when each department is consulted to determine their HR needs for the next fiscal year. Departmental HR needs are based on the department’s assessment of ongoing regulatory work and special projects for the next year. There may not be resources available to support these needs.</p> <p>The College completed a review of its human resources requirements with the assistance of an external consultant in 2022. The new organizational structure was approved by Council and implemented in October 2022.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>In March 2023, the College plans to present a Human Resources Plan to Council as part of the budget presentation. The College also plans to include human resources metrics in its Council dashboard in 2023 to provide regular updates. The College will also develop an operational policy in 2023 relating to current and future staffing complement.</p>
		<p>ii. regularly reviewing and</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">No</p>



		<p>updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<ul style="list-style-type: none"> <li>Please insert a link to the College's data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>While Council receives updates on major changes to the College's technology as part of the regular operational updates from the Registrar, the College does not yet have a formalized data and technology plan that was reviewed or updated by Council.</p> <p>The College's <a href="#">2022-2026 Strategic Plan</a> highlights the importance effective data and technology use in achieving the strategic priority of Performance and Accountability. The College completed an audit of its internal information technology system in 2022 and identified gaps in the systems with recommended steps to mitigate these gaps. The College is implementing the recommendations from the internal cyber audit and is planning an external cyber security audit in 2023.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>The College plans to begin work to develop an organizational data strategy in 2023.</p>			
<p><b>DOMAIN 3: SYSTEM PARTNER</b></p>			
<p><b>STANDARD 5 and STANDARD 6</b></p>			
	<p><b>College response</b></p>		

<p><b>Measure / Required evidence:</b> N/A</p>	<p><b>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</b></p> <p><b>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</b></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li>• <i>How has it engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul> <p>The College works with its system partners to ensure that physiotherapy is regulated with oversight and accountability, and to ensure the practice is governed with quality, safety, and ongoing improvement in mind. This section will expand on the College’s response from 2021 and will identify any new partnerships or new initiatives undertaken by existing regulatory partners with the goal of strengthening practice expectations for Ontario physiotherapists.</p> <p>The College collaborated with its key system partners in 2022 to strengthen the execution of its mandate and ensure all stakeholders continue to be informed of salient developments.</p> <ul style="list-style-type: none"> <li>• In Q1 of 2022, the College met with representatives from the Ministry of Health to discuss the upcoming regulation amendments in response to Bill 106. This helped College staff to understand Ministry expectations for implementing the new amendments and ensuring that the development process is responsive to stakeholder views. In September 2022 the College then met with the Canadian Alliance of Physiotherapy Regulators (CAPR) to discuss the implications of Bill 106 on their language and credentialing assessment processes.</li> <li>• In May 2022, the CPO met with the Ontario Fairness Commissioner (OFC) to discuss the risk rating for the CPO according to their new Risk Informed Compliance Framework (RICF). This framework assists Colleges in meeting their regulatory mandate according to a risk-based profile. The College was assessed as a “medium risk” regulator due to the lack of a clinical exam at the time and the salience of that rating was discussed, as well as next steps. During this meeting, the College also discussed the development of a provincial clinical exam given the unavailability of a clinical exam at the national level.</li> </ul> <p>The College engaged the <b>Health Profession Regulators of Ontario (HPRO)</b> in 2022. Collaboration activities through HPRO include:</p>

- HPRO colleges continued to meet regularly to discuss the CPMF and identify potential areas of cross-College collaboration. Information sharing between Colleges was helpful in clarifying the interpretation of and data requirements for the CPMF report. Through discussions within the group, Colleges have identified opportunities to collaborate on initiatives such as the third-party governance review and Equity Impact Assessment framework.
- The Quality Assurance department continued to be involved with a Quality Assurance HPRO Working Group to share information about their Quality Assurance programs. The CPO consulted this group in May and August 2022 to share information regarding complex Specified Continuing Education or Remedial Programs (SCERPs), as well as the education resources Colleges use to create a greater array of options for potential remediation activities. In October 2022, an information sharing meeting was held.
- The College of Physiotherapists of Ontario has a representative on the Health Profession Regulators of Ontario (HPRO) Communications Committee. The committee is dedicated to raising awareness for the services offered by Ontario’s 26 health regulators through public outreach including social media, online advertising, and strategic messaging. CPO assisted these efforts by drafting social media posts for Ontario Health Regulators in 2022–2023. The HPRO Communications Committee also facilitates and supports learning, engagement, and collaboration between communications professionals at Ontario’s 26 health regulatory colleges. This year, a CPO representative helped plan a Communicators Day Conference for health regulatory communications teams. The conference focused on equity, diversity and inclusion, accessibility in communications, using the CPMF framework to drive key decisions, governance communications and planning a public outreach campaign.

Other collaboration activities with system partners in 2022 include:

- The Practice Advice team collaborated with the University of Toronto to assist in developing a Digital Professionalism e-learning module. The module is used to teach students and as a remediation tool for registrants.
- The Practice Advice team supported Physiotherapy Education Accreditation Canada (PEAC) in 2022. PEAC conducts accreditation reviews of Canada's fifteen physiotherapy education programs. Currently, a representative is collaborating with PEAC to accredit a university in Quebec. The College is kept current on physiotherapy training and can provide a regulatory perspective on the process.
- Quality Assurance: In January, the Quality Assurance Manager met with QA Staff at the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) to get a demo of their E-Portfolio platform for tracking continuing education and other QA activities. Information about continuing education and self-assessment was also exchanged.
- Compliance Monitoring: In February and May 2022, the CPO led the cross-College working group to identify opportunities to discuss regulatory issues, resources, and education plans. In February, the College hosted a workshop with staff from different Colleges to discuss what their compliance monitoring teams look like, ongoing trends, and the tools they use for education in remediation programs. Guest speakers were invited. In May, staff from the College of Physicians and Surgeons of Ontario (CPSO) and the College of Nurses of Ontario (CNO) presented on how compliance monitoring is run at their Colleges. Guest speakers were invited to discuss common reasons for referrals, what to expect after a registrant completes a course, and how referrals are made.

- Hearings Office: In May 2022, the CPO met with the Hearings Manager of the College of Massage Therapists of Ontario (CMTO) to discuss their experience, process, and resources for using amicus counsel as well as supporting unrepresented registrants. In July, CPO met with the CMTO and the College of Early Childhood Educators (CECE) Hearings Office staff to discuss each of the College’s approaches to conducting contested hearings, in-person hearings, and resource sharing.
- Finance department: In September 2022, the CPO finance department reached out to other colleges through the HPRO Corporate Services group to receive information on internal control policies related to financial authority limits. The finance department also reached out to the same group in December 2022 to gather information on other colleges’ approach to risk management.

**Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

The College responds to changing public and societal needs through ongoing and targeted stakeholder engagement.

The College is a member of the Citizen Advisory Group (CAG), a panel of patients and caregivers focused on bringing patient perspectives to health regulation. The objective of the CAG is to support public participation and consultation in the regulatory work of Ontario health colleges. In 2022, CPO co-sponsored a CAG session together with the College of Nurses (CNO), Royal College of Dental Surgeons of Ontario (RCDSO), College of Massage Therapists (CMTO), and the College of Occupational Therapists (COTO) around inclusive engagement. The goal of this session was to understand the public perspective on how Colleges can develop meaningful, respectful, and inclusive engagement opportunities with the public, patients, and their caregivers to inform our regulatory work and decisions. The Colleges received recommendations on how we can engage with and communicate information to the public in a clear, transparent, and accessible way.

In 2022, CPO’s Practice Advice and Communications teams met with other colleges (CASPLO, CDO, CPO and COTO) frequently to discuss responses and issues related to the COVID pandemic and providing updates on regulatory trends and issues. Through such regular meetings, resource sharing and COVID updates, CPO leveraged the opportunity to collaborate with other health colleges. The information also helps to inform the ongoing stakeholder communications around COVID.

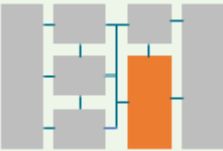
In March 2022, the CPO Practice Advice department met with representatives from the Canadian Life Health Insurance Association (CLHIA). CLHIA shared resources with the College around instances of insurance fraud and resources about how healthcare providers can protect their workplaces from improper business practices.

The College used this information to respond to increasing trends around using incentives in physiotherapy, as well as to assist with the broader development of the College’s business practice standards.

The Practice Advice and Policy teams developed a statement around the use of incentives in response to a growing number of inquiries and concerns submitted to PC. The incentive statement was published on the website in April 2022.

In September 2022, CPO engaged consultants Future Ancestors to lead two Equity, Diversity, and Inclusion workshops. The CPO partnered with the College of Occupational Therapists (COTO), the College of Dietitians (CDO), and the College of Massage Therapists (CMTO) to run these workshops for registrants of Ontario’s health Colleges.

Finally, the CPO continued to engage in work around the experience of Internationally Educated Physiotherapists (IEPTs) in 2022. In October, the CPO began planning to develop IEPT learning modules together with Dr. Zubin Austin from the University of Toronto. These learning materials are expected to be released in 2023.

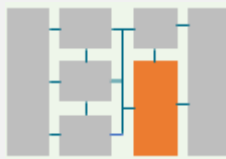


**Measure:**

**7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**

DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	<b>Required Evidence</b>	<b>College Response</b>		
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:		Yes
			• Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes that addresses disclosure and requests for information.  The College has policies governing the disclosure of and requests for information. They are as follows: <ul style="list-style-type: none"> <li>• Governance Policy – Privacy Code: Details reasons for collection, use and disclosure of data. Underwent update as part of Governance Review in 2019 and published in June 2021 (<a href="#">Found under About, College Privacy</a>). Policy #3.2: Privacy Procedures – Requests for Access or Corrections and Compliance Concerns in the <a href="#">College’s Governance Manual</a> (page 38) further outlines the procedures around requests to access, corrections, and compliance with respect to College-held personal information.</li> <li>• Confidentiality declaration: Staff, Council, Committee members, contractors, experts: Under Policy #3.1: Confidentiality – General of the <a href="#">College’s Governance Manual</a> (page 37), everyone this policy applies to must sign a confidentiality agreement to confirm their understanding of the RHPA’s rules regarding the confidentiality of matters that come to their attention as part of their College-related work.</li> <li>• Council and Committee orientation and manuals: Confidentiality policies and the Code of Conduct are included as part of Council and Committee trainings. Both the College’s Code of Conduct declaration of office are included in the College’s By-laws.</li> </ul>		

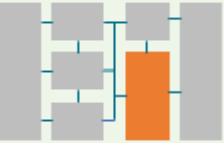
			<ul style="list-style-type: none"> <li>• <a href="#">Human Resource Policy #2.09</a>: Public Register Information and College Data describes the scope of information shared through the Public Register and defines how the College responds to information sharing requests. This policy protects against the release of unauthorized information of College registrants through the Public Register and more.</li> </ul>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Not Applicable
<i>Additional comments for clarification (optional)</i>			
		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p><b>What was met:</b> The College has policies, practices, and processes to address the accidental or unauthorized disclosure of information. In addition, the College has several security measures in place to protect its data and access to its IT systems, such as multi-factor authentication and spam filters.</p> <p><b>What was not met:</b> The College’s policies and processes around cybersecurity are currently under review. The College is currently addressing the action items of an audit that took place in the 2022 reporting year, and we expect that the recommendations from that audit will be fully implemented in 2023. The College also plans to engage in an external cybersecurity audit in 2023 to identify further improvements to our cybersecurity systems and measures.</p> <p><u>Description of cybersecurity policies and processes:</u></p> <ul style="list-style-type: none"> <li>• <a href="#">Code of Conduct</a>: Sets out confidentiality rules (section 10) and provides a mechanism to manage concerns from Council, staff or members of the public if there is a breach (section 5e). It is posted to the College website.</li> <li>• Training modules on digital security and protecting sensitive information for staff: Staff receive ongoing online training on a variety of digital security topics including essential knowledge related to cybersecurity, ransomware and malware and internet security when working from home. Staff training modules consistently have 97-100% completion rates.</li> <li>• Human Resource Policies: <ul style="list-style-type: none"> <li>○ <a href="#">HR Policy #1.05</a>: Confidentiality guards against the unauthorized disclosure of information to anyone outside of the organization. This applies to anyone who performs a duty or service for the College</li> <li>○ <a href="#">HR Policy #1.07</a>: Employee Records and Personal Information Protection is the internal framework for managing employee personal and confidential information. The document outlines employee responsibilities with respect to personal information management and highlights the preservation of privacy of employees and confidentiality of their records.</li> </ul> </li> <li>• Governance Policy – In Camera Minutes: Policy #7.13: Council <i>In Camera</i> Minutes – Storage and Access in the <a href="#">College’s Governance Manual</a></li> </ul>

			<p>(page 87) outlines how in-camera minutes are recorded, reviewed and archived to ensure confidentiality of information.</p> <ul style="list-style-type: none"> <li>The College has an internal Privacy Breach Protocol policy, as well as Standard Operating Procedures around what to do in case of a privacy breach. These are implemented when breaches of information occur and outline the steps necessary for resolution.</li> </ul>
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>Over the next reporting year, the College expects to have a more rigorous and ongoing approach to the prevention and management of cybersecurity threats. The College will continue to implement recommendations from its previous cybersecurity audit in 2023. The College will also conduct an external cybersecurity audit in 2023.</p>
	<p><b>Measure:</b></p> <p><b>8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</b></p>		
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 5: REGULATORY POLICIES</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 8</p>	<p><b>Required Evidence</b></p>
<p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>			<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) <b>OR</b> please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).</li> </ul> <p><u>Link to Policy</u></p> <p>Policy #5.1: College Policy Review Schedule of the College’s <a href="#">Governance Manual</a> (page 62) outlines the procedures for reviewing its various policies. The College aims to review By-laws and governance policies annually and other documents (policies, standards of practice, regulations) on a three-year rolling cycle. The College also reviews and makes changes to documents as needed. In <a href="#">December 2019</a> (page 28), Council approved a new review process designed to ensure that standards remain current going forward. The Standards Review Process was updated and approved by Council in <a href="#">June 2021</a> (page 256).</p> <p>An example would be that the College developed new social media guidance for physiotherapists in response to a need we identified in the environment and conducted the necessary research and consultation to develop the draft guidance. The draft guidance was considered by Council at their <a href="#">December 2022 meeting</a>.</p>

		<p><u>Description of Practice Monitoring Process</u></p> <p>The College monitors the practice environment in several ways: results from the Quality Assurance Program, contacts made to the Practice Advisory team, complaints received through the Professional Conduct area, and responses to the Professional Issues Self-Assessment (PISA) form and Jurisprudence Module. The College also monitors website metrics, such as page visits and length of visits and search terms entered on the site. By monitoring trends, issues can be raised to management team level and the associated Committees and Council. Monitoring trends is an ongoing process in all areas so the College can initiate reviews and updates to associated policies, standards, or practice guidelines.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				
	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> </ul>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="741 545 2056 602">The College fulfills this requirement:</td> <td data-bbox="2056 545 2553 602">Yes</td> </tr> <tr> <td colspan="2" data-bbox="741 602 2553 1333"> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>The College’s policies, standards, and guidance documents typically account for all six components. The College uses an internal policy development and review template to ensure all six components are accounted for when engaging in policy, standards, and guidance development.</p> <p>The internal template includes the following components to ensure all six areas are accounted for:</p> <ul style="list-style-type: none"> <li>• Collect data around the body of evidence, practice trends, and program area data</li> <li>• Conduct a risk assessment</li> <li>• Hold consultations with the physiotherapy profession</li> <li>• Conduct an environmental scan of how the issue is addressed in relevant jurisdictions</li> <li>• Incorporate feedback from the public, such as the Citizen Advisory Group</li> <li>• Consult with professional associations, insurance organizations and financial regulators, and legal counsel.</li> </ul> <p>One example of how this was done in practice is the College’s new Social Media guidance document, which was discussed during the <a href="#">December 2022 Council meeting</a> (page 140). The briefing note highlights that the College developed the guidance with data, risk, practice trends, regulatory College alignment, and public expectations in mind.</p> <p>During the <a href="#">December 2022 Council meeting</a> (page 127), Council also participated in a workshop to review how the College approaches standards development more broadly. The goal for this workshop was to refresh the ways the College undergoes standards development to better align with public and stakeholder expectations and the practice environment for physiotherapists.</p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>The College’s policies, standards, and guidance documents typically account for all six components. The College uses an internal policy development and review template to ensure all six components are accounted for when engaging in policy, standards, and guidance development.</p> <p>The internal template includes the following components to ensure all six areas are accounted for:</p> <ul style="list-style-type: none"> <li>• Collect data around the body of evidence, practice trends, and program area data</li> <li>• Conduct a risk assessment</li> <li>• Hold consultations with the physiotherapy profession</li> <li>• Conduct an environmental scan of how the issue is addressed in relevant jurisdictions</li> <li>• Incorporate feedback from the public, such as the Citizen Advisory Group</li> <li>• Consult with professional associations, insurance organizations and financial regulators, and legal counsel.</li> </ul> <p>One example of how this was done in practice is the College’s new Social Media guidance document, which was discussed during the <a href="#">December 2022 Council meeting</a> (page 140). The briefing note highlights that the College developed the guidance with data, risk, practice trends, regulatory College alignment, and public expectations in mind.</p> <p>During the <a href="#">December 2022 Council meeting</a> (page 127), Council also participated in a workshop to review how the College approaches standards development more broadly. The goal for this workshop was to refresh the ways the College undergoes standards development to better align with public and stakeholder expectations and the practice environment for physiotherapists.</p>	
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		vi. stakeholder views and feedback.  <hr/> <i>Benchmarked Evidence</i> <hr/>	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>								
		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	<table border="1"> <tr> <td data-bbox="741 456 2053 521">The College fulfills this requirement:</td> <td data-bbox="2053 456 2534 521">No</td> </tr> <tr> <td colspan="2" data-bbox="741 521 2534 805"> <ul style="list-style-type: none"> <li>Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p>The College recently underwent a strategic planning process. The new <a href="#">Strategic Plan</a>, which was approved by Council in March 2022, focuses on incorporating Equity, Diversity, and Inclusion considerations into College initiatives and processes. The College is currently working on several areas to promote Equity, Diversity, and Inclusion within the organization. These initiatives include looking at ways to apply an equity lens to the College’s standards, policies, and guidelines. However, work in this area has not formally commenced in this reporting year.</p> </td> </tr> <tr> <td data-bbox="741 805 2053 857"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2053 805 2534 857">Yes</td> </tr> <tr> <td colspan="2" data-bbox="741 857 2534 1297"> <i>Additional comments for clarification (optional)</i>   <p>Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within policies, guidelines, standards, etc. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, including an inclusive approach to policy co-design with racialized and minoritized stakeholders. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews, including engagement with stakeholders.</p> <p>Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next reporting period to ensure we apply a DEI lens in reviewing, developing and amending our practices, prioritized according to our particular needs. 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	<b>Measure:</b> <b>9.1 Applicants meet all College requirements before they are able to practice.</b>	
	<b>DOMAIN 6: SUITABILITY TO PRACTICE</b> <b>STANDARD 9</b>	<b>Required Evidence</b> a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) <sup>1</sup> .

<sup>1</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<ul style="list-style-type: none"> <li>An overview of the registration process for individuals who do not meet eligibility criteria is presented in the <a href="#">Registrar's Review flowchart</a>, which is posted to the <a href="#">website</a>.</li> </ul>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Not Applicable
			<p><i>Additional comments for clarification (optional)</i></p>	
		b. The College periodically	The College fulfills this requirement:	Yes

		<p>reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p><a href="#">The Canadian Alliance of Physiotherapy Regulators</a> (CAPR), the national credentialing and assessment agency for Canadian physiotherapy regulators, sets the requirements for and reviews the education qualification of international applicants, including language proficiency and ensuring documents are not fraudulent. Essential competencies are prepared by the <a href="#">National Physiotherapy Advisory Group</a>.</p> <p>The Canadian Alliance of Physiotherapy Regulators has also begun work with The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) on benchmarking new language proficiency assessments to meet the new Ontario Bill 106 Regulation Requirements.</p> <p>The College has also developed our own clinical exam: the Ontario Clinical Exam (OCE). Candidates can register directly <a href="#">online</a>. Before results are released to candidates, all exam scores go through multiple levels of verification and quality assurance. This is to ensure that each candidate's performance is appropriately assessed, and their scores are accurately reported. Successful candidates are then eligible to apply for an Independent Practice Certificate of Registration.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Not Applicable</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b> <b>9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</b></p>			
		<p>c. A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p><b>What was met:</b> Currency and other competency requirements are regularly monitored.</p>
		<p>Partially</p>	

<sup>2</sup> A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

			<p><u>Currency and competency requirements</u></p> <ul style="list-style-type: none"> <li>• PTs must declare their professional development during annual renewal.</li> <li>• They must successfully complete a Jurisprudence Module after initial registration and then every five years.</li> <li>• PTs must complete PISA every year as a self-reflection exercise and identify areas where more learning is required.</li> <li>• PTs can be selected every 9 or 10 years for a screening interview as part of the Quality Assurance program to assess ongoing competency.</li> <li>• PTs are required to answer self-reporting questions related to various professional conduct issues during annual renewal.</li> <li>• PTs are required to declare whether they have liability insurance during annual renewal. The College follows up with those who provide patient care and declare that they do not have insurance.</li> </ul> <p><u>How currency and competency requirements were identified</u></p> <p>Currency requirements are laid out in regulation (Section 21 of the Ontario Regulation 532/98 under the <a href="#">Physiotherapy Act</a>). The Annual Renewal process is available through the PT Portal which is on the <a href="#">College website</a>. PTs are required to have practice hours – 1,200 hours every five years or to have completed the national exam (both written and clinical components) within the last five years. Registrants are required to report their practice hours annually during renewal. Practice hours are defined on the College’s <a href="#">website</a>. Those who do not have sufficient practice hours are required to engage in various activities to address this issue such as undergoing a practice assessment, or they agree to stop delivering patient care.</p> <p><u>Process for monitoring currency requirements</u></p> <p>The College undertakes currency and practice hour checks to some extent based on a self-declaration as part of the annual renewal process. However, currency checks are not typically undertaken except for what is required by regulation.</p> <p><b>What was not met:</b> Currency and competency checks are not typically undertaken outside of what is required by regulation. The College also does not currently use formal risk tools when undertaking currency checks.</p> <table border="1" data-bbox="747 1027 2569 1081"> <tr> <td data-bbox="747 1027 2059 1081"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2059 1027 2569 1081">No</td> </tr> </table> <p><i>Additional comments for clarification (optional)</i></p>	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No				
		<p><b>Measure:</b></p> <p><b>9.3 Registration practices are transparent, objective, impartial, and fair.</b></p>			
		<p>a. The College addressed all</p>	<p>The College fulfills this requirement: <span style="float: right;">Met in 2021, continues to meet in 2022</span></p>		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	<p>recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<ul style="list-style-type: none"> <li>• Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>• Where an action plan was issued, is it: No Action Plan Issued</li> </ul> <p>The College posts OFC assessment reports on Fair Registration Practices on the <a href="#">College website</a>. The <a href="#">OFC website</a> also archives College reports.</p> <p>In April 2022, the OFC formally launched its new <a href="#">Risk-Informed Compliance Framework (RICF)</a>. The RICF catalogs Colleges according to levels of risk and issues compliance activities in keeping with its risk profile. The OFC classified the CPO as a “medium risk” regulator. The OFC identified a couple of factors for this rating. The first relating to the overall control that a regulator exerts over its assessment and registration processes. At that time the relationship between the College and CAPR was strained. The College has since remained on the CAPR membership roster. As such the College continues to receive assessment services from CAPR. The second factor relates to the College’s organizational capacity to address CAPR’s decision to no longer undertake clinical examinations. To address this gap, the College developed its own clinical exam: the Ontario Clinical Exam (OCE). Three exam sittings have already been held in 2022. Successful candidates were able to apply for an Independent Practice Certificate of Registration. Lastly, the third risk factor was around the College’s response to the COVID-19 Pandemic and the inability to find a registration solution for internationally trained applicants who had been unsuccessful at a previous attempt at the national clinical exam. The regulation confirms that when an individual has been unsuccessful at the clinical exam they are no longer eligible to practice. Priority seating for the OCE was given to those who were unsuccessful at a previous attempt of the PCE-Clinical and had been waiting for a new examination to be available.</p> <p>The College submitted the 2022 Fair Registration Practices Report to the OFC in December of 2022. The College is currently looking forward to the OFC’s response.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Not Applicable
		<i>Additional comments for clarification (if needed)</i>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	<b>Measure:</b> <b>10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</b>		
		<b>Required Evidence</b>	<b>College Response</b>	
		<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> <li>– Name of Standard</li> <li>– Duration of period that support was provided</li> <li>– Activities undertaken to support registrants</li> <li>– % of registrants reached/participated by each activity</li> </ul> </li> </ul>	
		Met in 2021, continues to meet in 2022		

	<p>of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<ul style="list-style-type: none"> <li>- Evaluation conducted on effectiveness of support provided</li> </ul> <ul style="list-style-type: none"> <li>• Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i></li> </ul> <p>The College did not introduce changes to our standards and practice guidelines in 2022.</p> <p>When we do make updates to our standards and guidelines, we typically undertake the following activities to help registrants and other stakeholders understand and implement the required changes:</p> <ul style="list-style-type: none"> <li>• We highlight the new Standard or practice guideline in our monthly newsletter with accompanying commentary to highlight key changes.</li> <li>• We create supporting materials such as FAQs, checklists, or e-learning modules to assist in understanding and application of the new expectations.</li> <li>• We monitor questions about the standard received through practice advice, and for commonly asked questions, we will create and publish FAQs.</li> <li>• We may hold webinars and outreach events with PTs to introduce a new Standard or practice guideline if the changes are significant, to help highlight the key changes, explain how they could be implemented, and to answer questions.</li> <li>• We may highlight the Standard in our annual Professional Issues Self Assessment (PISA), which is a short online exercise that all registrants must complete.</li> </ul> <p>In 2022, we undertook the following activities to assist registrants and other stakeholders in understanding and applying our existing standards and practice guidelines:</p> <p><b>Practice Advice Correspondence</b> The advice team receives over 8,000 inquiries from stakeholders per year related to practice expectations. To gain an understanding of the nature and trends from inquiries to the College, a coding taxonomy is used. The top identified domains from the taxonomy drive which FAQs are published on the College website or in the monthly newsletter to stakeholders. In 2022 there is a continued increase in inquiries related to business practices, consent, record keeping, boundaries and patient communication.</p> <p><b>E-Learning Modules:</b> The College is leading an initiative with other Canadian PT Regulators to develop a communication eLearning module for registrants. The College is also participating in the development of a record keeping eLearning module. The type of inquiries suggested boundaries, consent and record keeping as major trends where registrants required learning.</p> <p>The College uses the <b>PISA</b> (<a href="#">Professional Issues Self Assessment</a>) tool to raise awareness to physiotherapists about rules and standards that are either new or have been identified by Practice Advisors as areas in need of additional support. In 2022, the PISA activity highlighted the Working with PTA Standard.</p> <p><b>Communications:</b> Ongoing e-newsletter and social media posts, and online advertising, to highlight our various Standards and reminding stakeholders of the expectations.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Not Applicable</p>

		<i>Additional comments for clarification (optional)</i>
<b>Measure:</b>		
<b>10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation<sup>3</sup>.</b>		
a. The College has processes and policies in place outlining:	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
i. how areas of practice are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	<ul style="list-style-type: none"> <li>Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>Is the process taken above for identifying priority areas codified in a policy: Yes <i>If yes, please insert link to policy</i></li> </ul> <p><u>Areas of focus for QA assessment</u></p> <p><u>The assessment process includes two parts, physiotherapists go through a screening interview and when unsuccessful are required to go through a practice assessment.</u></p> <p>Priority areas include:</p> <ul style="list-style-type: none"> <li>For the screening interview, there are six or seven behaviour-based interview questions that focus on competency (informed consent, assessment, boundaries, controlled acts, patient safety, ethics, working with support personnel and scholarship). Screening interview topics and questions are posted to the <a href="#">College website</a>.</li> <li>For the assessment, there are 13 to 14 behaviour-based interview questions that focus on written policies required by College Standards, and patient records are reviewed. Assessment topics and questions are posted to the <a href="#">College website</a>. Half of the assessment is case based on based on the care provided to one patient. The remaining interview questions are situation-based questions.</li> </ul> <p>How the priority areas have been identified:</p> <ul style="list-style-type: none"> <li>During the development and pilot test phase of our screening interview and assessment tools (2018-2020), the College engaged several focus groups of physiotherapists representing different practice settings and patient populations. From this work, two blueprints were created. The first blueprint identified core areas where all physiotherapists should demonstrate competency, regardless of practice. The expectation was that most PTs should score highly across these topics. The second blueprint was created to identify the additional areas of practice that the College would need to explore if a physiotherapist did not meet the expected pass score of the screening interview. The second blueprint</li> </ul>	

<sup>3</sup> "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).



			<p>represented a longer assessment with more topics and a more in-depth review of some of the core topics covered in the screening interview.</p> <ul style="list-style-type: none"> <li>In the case of both blueprints, the focus groups considered risks to the public when determining the areas to develop. Once the blueprints were created by the consultant and approved by Council, the College engaged different subject matter experts for an item writing exercise. These sessions resulted in the questions and probing questions for the screening interview and assessments.</li> </ul> <p><u>Link to QA policies</u></p> <p>Development of the screening interview tool and assessment tool are explained in Council Briefing Notes in <a href="#">March 2018</a> and <a href="#">June 2018</a>. These documents refer to the processes involved to create the current tools.</p>
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>			Not Applicable
<i>Additional comments for clarification (optional)</i>			
		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach and indicate page number(s). <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>Public Yes</li> <li>Employers Yes</li> <li>Registrants Yes</li> <li>other stakeholders Yes</li> </ul> </li> </ul> <p><u>Description of Evidence-Informed Approach</u></p> <p>The College's Quality Assurance Program underwent a re-design in 2018-2019. Previously, about 5% of practicing physiotherapists were randomly selected to undergo a four-hour onsite practice assessment. Upon a review of the historical program data, we found that very few physiotherapists were found to require remediation and education following the assessment.</p> <p>In the re-designed program, the College aims to give a larger number of physiotherapists an opportunity to be assessed while being resource efficient. We introduced a two-step process whereby about 10% of practicing physiotherapists are selected per year to undergo a screening interview, which is a one-hour structured interview focusing on key competency indicators, and those who are below a pre-established pass score will undergo the full assessment.</p> <p>Based on research on risks to professional competence, the program selects physiotherapists to participate in the screening interview based on who</p>

		<p>has been in practice the longest without being assessed, and we prioritize those who have never been assessed before.</p> <p>For decision making, the Committee uses a decision-making tool that helps the Committee identify risk to the public to ensure decisions are based on no, low, moderate, and high risk. The actions under each category help to ensure right touch regulation.</p> <p><u>Year Approach was Last Updated:</u></p> <p>As the new program was launched in January 2021, the approach for selecting PTs to participate in a screening interview has not been revisited. The passing score of the screening interview was reviewed via an equating study completed by the tool developer and a psychometrician. It was determined that the pass score could be retained for the following year. For future study, the QA Program is planning to study the profile of physiotherapists who do not pass the screening interview and a second profile of PTs who must complete a SCERP following a full assessment. This will not likely occur until towards mid to end of 2024.</p>	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>   Not Applicable</p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <b>OR</b> list criteria.</li> </ul> <p>The Quality Assurance Committee formally approved a decision-making tool to help guide their discussions and final decisions. It received final approval at the Committee's February 2022 Committee meeting. The decision tool is not currently available on the College's website however this resource helps the Committee to determine if the physiotherapist's assessment results are no risk, low risk, moderate risk, or high risk. Additionally, the tool guides the Committee to determine how the file should be managed based on the level of risk to the public that is identified.</p> <p>Files considered low risk indicate that one or more areas of concern were noted but the items pose little risk and the physiotherapist can address these concerns independently of the Committee's oversight. Moderate to high-risk issues are apparent gaps in the PT's knowledge, skills, abilities or judgement and these problem areas need to address the problem areas to ensure safe and quality patient care. In some cases, if the concerns are related to higher risk concerns, the PT may have terms, conditions, or limitations on their practice until they accomplish specific learning activities to address the higher risk concerns.</p> <p>Finally, if corrective action is not sufficient due to serious/significant concerns, the Committee may decide to refer the PT to the Inquiries, Complaints and Reports Committee (ICRC). For example, if an assessment suggests that a patient was abused or the PT was unwilling to participate in learning activities, a referral to ICRC would be appropriate.</p>	<p>Met in 2021, continues to meet in 2022</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>   Not Applicable</p> <p><i>Additional comments for clarification (optional)</i></p>

Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.		
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p>College staff track the completion of remediation activities and provide registrants with frequent updates throughout the process. An initial email introducing the registrant to their remediation program is typically sent after the committee’s written decision and reasons have been released. This email provides a description of what is required in each remediation activity including the due date. If requirements have special aspects, such as a course that has limited space, these are flagged in the description. After a requirement has been met, this email is updated to reflect its completion, including the completion date, and sent to the registrant to confirm where they are in their remediation program. If there is a delay between the time one requirement is completed and the deadline of the next, this email may be sent again as a reminder as to where the registrant is in their program.</p> <p>The criteria for successful completion are outlined in the Order, Specified Continuing Education or Remediation Program (SCERP) or Term, Condition and Limitation (TCL). Confirming completion may involve:</p> <ul style="list-style-type: none"> <li>• The registrant submitting completion certificates.</li> <li>• The registrant submitting written confirmation that they have reviewed certain resources.</li> <li>• The College downloading quiz results following completion of eLearning modules. The software confirms completion of the quiz along with the PT’s performance to ensure the PT passed.</li> <li>• When required, receiving reports and evaluations from practice enhancement coaches, practice monitors, facilitators of specialized programs (e.g. PROBE) and following spot audits.</li> <li>• In some cases, the registrant completing a second assessment to show if the concerns have been addressed.</li> </ul> <p>For Quality Assurance files, if the report from this final assessment identifies additional remediation needs, the case goes back to the Quality Assurance Committee for further consideration and a decision. Other breaches or concerns are referred to the Registrar for assessment.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Not Applicable
	<i>Additional comments for clarification (if needed)</i>	

**Measure 11.1**

**The College enables and supports anyone who raises a concern about a registrant.**

Required Evidence	College Response	
<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.</li> <li>• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul> <p><u>Policies and Procedures</u></p> <p>The College’s Professional Conduct team has internal templates and procedures to ensure the receipt of relevant information, key considerations, and actions to be taken at each stage of the complaints process. These include the following internal documents which have been recently revised and updated:</p> <ul style="list-style-type: none"> <li>• Complaints Process (2018) template – explains the complaints process and the potential decision outcomes.</li> <li>• Intake Process (2019) template – provides staff with procedures to handle incoming inquiries, complaints, and concerns.</li> <li>• Investigators Manual (2019) – provides process and legislative information on conducting professional conduct investigations.</li> <li>• Standard Operating Procedure for the Intake Process on opening new files (2021) – provides internal procedures and processes for opening new files, triaging, and assigning cases.</li> <li>• Appointment of Investigators (2022) – Policy and Standard operation procedure for obtaining an appointment of investigators.</li> <li>• Assignment of External Investigator (2022) – process for retaining external investigators.</li> <li>• Complaint Abandonment (2022) – process for handling complaints that are abandoned by the complainant.</li> <li>• Complaint Confirmation (2022) – policy and process for confirming formal complaints.</li> <li>• Withdrawal of Complaint Policy (2022) – process for withdrawal of complaints.</li> <li>• Concerns Beyond a Scope of Investigation (2022) – process to manage issues that go beyond a scope of an investigation.</li> <li>• Data Coding Categories (2022) – Process of categorizing issues for complaints and investigations.</li> <li>• Funding for Therapy and Counseling for Sexual Abuse Complaints (2022) – process of handling funding for therapy and counselling.</li> <li>• Interim Orders (2022) – Policy and process for managing cases requiring and interim order.</li> <li>• Misuse of Registration Number or Registrant Name (2022) – process of managing misuse of registrant number or name.</li> <li>• Peer and Expert Opinion Provider (2022) – Process for retaining a peer or expert opinion provider.</li> <li>• RPG Process (2022) – a process to determine reasonable and probable grounds for an investigation.</li> <li>• Unregulated Practitioners (2022) – a process to manage unauthorized practitioners.</li> </ul> <p>Policies approved by the Committee in 2022 include Appointment of Investigators, Complaint Confirmation, Interim Orders and Withdrawal of a</p>	<p>Yes</p>

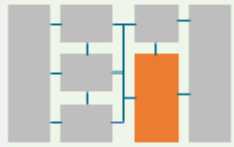
		<p>Complaint.</p> <p><u>Communications to Complainants</u></p> <p>The College’s complaints process webpage outlines the different stages of this process, answers FAQs, and links to relevant resources. The FAQs help to clarify expectations for complainants in terms of timelines. Further information on <a href="#">how to submit a complaint</a> is available the College website and is accessible in <a href="#">11 different languages</a>. Information about <a href="#">funding for therapy and counselling for sexual abuse patients</a> is also listed on this webpage. Complaints can be submitted online, by mail, through email and over the phone if accommodations are required. The College also provides links to other organizations that can provide victims of sexual abuse/complainants with support.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Not Applicable
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>Starting in March 2021, the College included with the decision and reasons released for complaints, surveys to both complainants and registrants seeking feedback on the complaints process. To date, the College has received three responses to the complaints survey and zero for the registrant’s survey.</p>	Yes
		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p>	Met in 2021, continues to meet in 2022
		<p>Please insert rate (<a href="#">see Companion Document: Technical Specifications for Quantitative CPMF Measures</a>).</p> <p>The College meets this rate. The College has received 331 inquiries in 2022 and has a rate of 100%. The College has responded to all inquiries within three business days in 2022.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Not Applicable
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. Demonstrate how the College</p>	<p>The College fulfills this requirement:</p>	Yes

	<p>supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<ul style="list-style-type: none"> <li>• Please list supports available for the public during the complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>The College provides updates to the complainant upon request and whenever cases are expected to be presented to the ICRC. Complainants are apprised of the process ahead of intake and ICRC review, and the College is responsive to complainant inquiries. The College provides information on both <a href="#">support and funding for sexual abuse allegations</a> on its website.</p> <p>Most frequently provided supports in the current year 2022 include:</p> <ul style="list-style-type: none"> <li>• Information for complainants about the Inquiries, Complaints and Reports Committee processes and procedures, and decisions.</li> <li>• Live translation services. The College has offered to translate the complaints process to languages other than English or French to facilitate the complaints process for those with a different first language than English or French.</li> <li>• The College has its decision making tool on the <a href="#">website</a>, which provides a flowchart of the process in which the ICRC makes their decisions.</li> <li>• For continuity, each complainant is assigned to an Investigator who is then their primary point of contact.</li> <li>• For sexual abuse cases, if the decision outcome is an undertaking for resignation of their certificate of registration, staff would advise the complainant of that potential outcome before the decision is released. The goal is to provide context to the decision and discussion with College staff instead of learning the result from a written decision.</li> <li>• When the College learns of criminal charges of sexual abuse of a member, the College connects with the police for regular updates in that process. The College will provide information to the victim or through the police the College’s funding for counselling.</li> </ul> <p>Complainants are offered the opportunity to speak to College staff outside of business hours. The option for complainants to include support person(s) when speaking to the College about their complaints and concerns. This is something that the College encourages.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>   Not Applicable</p> <p><i>Additional comments for clarification (optional)</i></p>
	<p><b>Measure:</b>  <b>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</b></p>	
	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul> <p><b>What was met:</b> The College has procedures to ensure all parties are updated throughout the complaints process.</p>

		and accessibility to relevant information, translation services etc.).	<p><b>What was not met:</b> Parties are updated only upon request, when there are delays under the statutory requirements, or when the complaint is ready to be presented to the ICRC. The College does not currently have a process or resources to provide more regular updates.</p> <p>The College sends communication to all parties when the complaint is ready to be presented to Inquiries, Complaints and Reports Committee (ICRC). The College also provides the required status update letters. The College’s Professional Conduct team is very responsive to complainants whenever they have questions or require support, and updates are always provided upon request.</p> <p>Details around contacting the College’s before and during the complaints process can be found on the <a href="#">College website</a>. This webpage aims to provide complainants with a complete picture of the College’s complaints process to proactively support their understanding of the process. The College encourages complainants to reach out to the College at any time for additional support. Complainants are made aware of the name of the investigator working on their file and how to contact them during the process.</p>		
			<table border="1"> <tr> <td data-bbox="747 639 2053 704"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2053 639 2550 704">No</td> </tr> </table>	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No				
			<i>Additional comments for clarification (optional)</i>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	<p><b>Measure:</b> 12.1 The College addresses complaints in a right touch manner.</p>			
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
			<ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> <p>The ICRC <a href="#">Decision Making Flowchart</a> is posted to the College website. This tool is used to broadly set out the considerations for acting on complaints. This was developed in response to the College’s 2014 zero tolerance position on inappropriate business practices and the College’s zero tolerance approach to sexual abuse of patients by physiotherapists. The ICRC also uses an <a href="#">Interim Order Assessment Tool</a> (originally from the Royal College of Dental Surgeons), also posted to the website, which helps determine the appropriate intervention measures for immediate and higher risk cases.</p> <p>The decision-making flow chart was last updated in 2019.</p> <p>The ICRC has been working on a tool that will provide panels with guidance as to when an undertaking versus a SCERP may be more appropriate given that publication of one outcome is time sensitive and the other is indefinite.</p>		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Not Applicable	
			<i>Additional comments for clarification (optional)</i>		

<b>Measure:</b>			
<b>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</b>			
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> <li>Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li> </ul>	Partially	
	<p><b>What was met:</b> The College engages in the process of disclosure and information sharing between Colleges and other system partners.</p> <p><b>What was not met:</b> The College does not have a policy related to this practice although the College is leading work regarding disclosure and publication of information with HPRO colleges.</p>		
	<p><u>Description of the information sharing process and relevant system partners</u></p> <p>When a physiotherapist is suspended or has their license revoked, the College sends an email with the pertinent details to key stakeholders such as all PT regulator Registrars, third party payors, PT employers, and PT supervisors. The College does not presently have a formal tracking method for sharing formation with other bodies.</p> <p>Additional sharing is also generally informal and ad hoc. For example, when the College had a member that was performing acupuncture outside of the scope of physiotherapy and was not registered with CTCMPAO (College of Traditional Chinese Medicine and Acupuncturists), the College shared this information with that College. The College attempts to conduct joint investigations with other health regulatory colleges when there may be a shared interest in doing so, though this did not take place during the 2022 reporting year.</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Yes
	<p><i>Additional comments for clarification (if needed)</i></p> <p>A quality improvement goal of the College is to develop a formal policy on information sharing. The College initiated a special project this year in collaboration with other Colleges through Health Profession Regulators of Ontario (HPRO), with the goal to develop a consistent approach across all Colleges as it relates to proactive and reactive disclosure of registrant specific information. This working group will be finalizing the report in the spring of 2023.</p>		





**Measure:**

**14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.**

DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT

STANDARD 14

Required Evidence	College Response	
<p>a. Outline the College’s KPIs, including a clear rationale for why each is important.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>The College uses KPIs to track progress against the College’s strategic priorities and initiatives. The College last reported on their KPIs during the <a href="#">December 2022 Council meeting</a> (page 64).</p> <p>The current dashboard includes KPIs in three categories:</p> <ul style="list-style-type: none"> <li>KPIs about the performance of the statutory program areas show the volume of cases in each program area, College’s status in meeting either statutory requirements or internal benchmarks regarding process timelines, and to highlight risks and challenges encountered in these program areas and actions being taken to address them.</li> <li>The Strategic Projects indicators report on the College’s progress in completing strategic projects identified in the current fiscal year, and where there are barriers to the work progressing, what actions are being taken to address them.</li> <li>The financial health indicator is a composite indicator to show the overall financial health of the organization.</li> </ul> <p>The College is in the process of reviewing its KPIs and plans to introduce an updated dashboard in 2023.</p>	<p>Yes</p>
<p>b. The College regularly reports</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

Not Applicable

*Additional comments for clarification (if needed)*

		<p>to Council on its performance and risk review against:</p> <ul style="list-style-type: none"> <li>i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan);</li> <li>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</li> <li>iii. its risk management approach.</li> </ul>	<ul style="list-style-type: none"> <li>• Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.</li> </ul> <p><b>What was met:</b> Data on the College’s regulatory work is presented annually to Council through a detailed program report and presentation. The College has a dashboard as a tool to monitor progress against strategic objectives and regulatory outcomes.</p> <p>The last performance dashboard was discussed at Council during the <a href="#">December Council meeting</a> (page 64).</p> <p><b>What was not met:</b> The College does not yet formally report on its risk management approach, as a risk management plan is still being developed.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>The College plans to implement an Enterprise Risk Management policy and begin reporting on risks using a risk registry in the next reporting year.</p>	
		<p><b>Measure:</b></p> <p><b>14.2 Council directs action in response to College performance on its KPIs and risk reviews.</b></p>	
		<p>The College fulfills this requirement:</p>	<p>No</p>

<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</li> </ul> <p>Financial risk is reported quarterly to the Finance Committee and Council. The College does not have a current Enterprise Risk Management (ERM) policy and approach to regularly review risks and identify mitigation strategies. The College is currently developing a new ERM policy and process. Council does raise questions related to the risks identified in the program area reports and action is taken where warranted however this is a relatively new area for the College.</p> <p>Even though the College does not currently use a formal risk management framework, risk is still being assessed and identified in an ongoing way and addressed as needed. A few examples in 2022 include:</p> <ul style="list-style-type: none"> <li>During the development of the new Ontario Clinical Exam, staff identified potential risks with exam cheating and <a href="#">re-designed the format of the exam</a> to mitigate that risk;</li> <li>As summarized in the most recent <a href="#">dashboard report</a>, where operational risks were identified in the statutory program areas, particularly in terms of meeting statutory timelines, actions were taken to address those risks (such as increasing resources or improving efficiency of our processes.)</li> </ul> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>The College will be finalizing its ERM framework in the 2023 reporting year. At that time, the College will be prepared to fully meet this measure.</p>	
<p><b>Measure:</b>  <b>14.3 The College regularly reports publicly on its performance.</b></p>		
<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the College’s dashboard or relevant section of the College’s website.</li> </ul> <p>The College reports on performance on regulatory activities and strategic initiatives during public Council meetings with the use of a dashboard. The most recent dashboard was presented at the <a href="#">December 2022 Council meeting</a> (page 64). The <a href="#">strategic plan and our strategic priorities</a> are also available on the website.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>	<p>Yes</p> <p>Not Applicable</p>

## Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

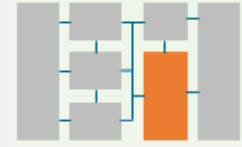
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

**Table 1 – Context Measure 1**

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 10	
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*			<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
Type of QA/QI activity or assessment:	#		
i. Screening Interview	933		
ii. Assessment	28		
iii. Professional Issues Self-Assessment	10693		
iv. Continuing Professional Development Declaration	9652		
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

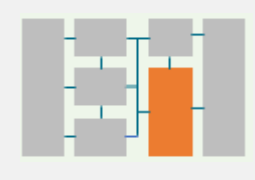
\* *Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

[NR](#)

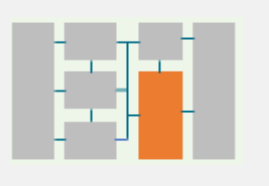
*Additional comments for clarification (if needed)*

In 2022, two groups of physiotherapists participated in the quality assurance assessment process. The first are those who were selected to participate in the assessment process based on pre-determined criteria in the Quality Assurance program. The second are physiotherapists who applied for an independent practice certificate under the [Exam Exemption Policy](#) who were also required to undergo the quality assurance assessment process after they receive their certificate for registration.

**Table 2 – Context Measures 2 and 3**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: College Method  <i>If a College method is used, please specify the rationale for its use:</i>  The Professional Issues Self-Assessment and Continuing Professional Development Declaration activities are required of all active registrants. For the purpose of this question, we include registrants who were selected to do a Quality Assurance Screening Interview as the “Total number of registrants who participated in the QA Program CY 2022”.			
Context Measure (CM)			
	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2022	933		<i>What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	NR	NR	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i>
<a href="#"><u>NR</u></a>			
<i>Additional comments for clarification (if needed):</i>  The high number of screening interviews reflects a combined number of participants who participated in this process as a result of the normal quality assurance selection process and referrals to the process via a Registration Committee policy. This resulted in 387 participants through the quality assurance stream and 546 participants referred due to the Registration Committee policy. As a result, a lower number of quality assurance cases were reviewed by the Quality Assurance Committee. Six assessment results were considered by the Registration Committee as part of their policy.			

**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b>  <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2022:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	0	0	
II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	
<p><a href="#">NR</a>                      * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.                      **This measure may include any outcomes from the previous year that were carried over into CY 2022.</p>			
<p><i>Additional comments for clarification (if needed):</i></p> <p>The new Quality Assurance program launched in January 2021. We originally anticipated that 5–10% of the participants would be referred for an assessment. In January 2022, the program began receiving referrals for screening interviews and assessments via a Registration Committee policy that was implemented. This is not a part of the QA program. This resulted in assessments that were referred back to the Registration Committee.</p>			



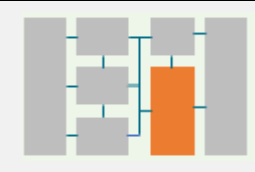
**Table 4 – Context Measure 5**

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar Investigations	initiated
Themes:	#	%	#	%
I. Advertising	0	0	0	0
II. Billing and Fees	6	6.5	18	12.2
III. Communication	17	18.3	10	6.8
IV. Competence / Patient Care	22	23.7	27	18.2
V. Intent to Mislead including Fraud	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	16	17.2	24	16.2
VII. Record keeping	8	8.6	18	12.2
VIII. Sexual Abuse	8	8.6	10	6.8
IX. Harassment / Boundary Violations	see VIII	see VIII	see VIII	see VIII
X. Unauthorized Practice	0	0	17	11.5
XI. Other: Professionalism, Controlled Act, Practice Management, Adverse Reaction, Consent, Supervision, Infection Control, Conflict of Interest, Excessive Treatment, Human Rights, Privacy, Professional Obligations	19	19.2	22	14.9
<b>Total number of formal complaints and Registrar’s Investigations**</b>	99	<b>100%</b>	148	<b>100%</b>

*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.*

<p><a href="#">Formal Complaints</a> <a href="#">NR</a> <a href="#">Registrar's Investigation</a></p> <p><i>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

**Table 5 – Context Measures 6, 7, 8 and 9**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
			
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2022	88	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.</i>	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	52		
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	62		
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2022**:	<b>#</b>		<b>%</b>
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0		0
II. Formal complaints that were resolved through ADR	0		0
III. Formal complaints that were disposed of by ICRC	74		84
IV. Formal complaints that proceeded to ICRC and are still pending	12		14
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>12</p>	<p>9</p>	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></p> <p># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.  ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

**Table 6 – Context Measure 10**

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
<b>Context Measure (CM)</b>							
<b>CM 10.</b> Total number of ICRC decisions in 2022		74					
Distribution of ICRC decisions by theme in 2022*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	NR
II. Billing and Fees	NR	NR	NR	5	NR	NR	NR
III. Communication	6	8	NR	6	0	0	NR
IV. Competence / Patient Care	12	20	6	10	6	NR	NR
V. Intent to Mislead Including Fraud	0	NR	0	0	0	0	0
VI. Professional Conduct & Behaviour	9	NR	NR	6	NR	NR	NR
VII. Record Keeping	5	9	6	7	NR	NR	NR
VIII. Sexual Abuse	NR	NR	0	NR	NR	NR	NR
IX. Harassment / Boundary Violations	See VIII	See VIII	See VIII	See VIII	See VIII	See VIII	See VIII

X. Unauthorized Practice	0	0	0	0	0	NR	0
XI. Other: Infection Control, Supervision, Conflict of Interest, Collaborative Care, Regulatory Obligations, Practice Management, Misuse of Title	NR	14	9	5	NR	7	NR

\* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.

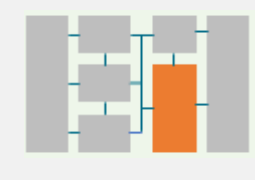
++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.

[NR](#)

*What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.*

*Additional comments for clarification (if needed)*

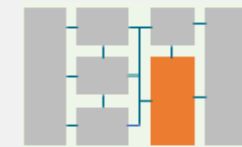
**Table 7 – Context Measure 11**

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
Statistical data collected in accordance with the recommended method or the College own method: <b>Recommended</b> If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.  The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
I. A formal complaint in working days in CY 2022	364		
II. A Registrar’s investigation in working days in CY 2022	646		
<a href="#">Disposal</a>			
Additional comments for clarification (if needed)			
The average time of complaints resolution was 239 days. The average for Registrar investigations was 392 days. Cases that required longer timelines were for more complex cases related to fraud, fees and billing and investigations of multiple registrants or entire clinics.			
To address the long timelines, the College has hired two new staff members this year, one investigator to help manage the increased caseloads and one intake staff to manage the volume of inquiries at the initial stages. Twenty-three (eight complaints and 15 RI’s) long standing cases that were more than a year old were disposed of this year.			
However, these improvements cannot address all reasons for delays. There are several other reasons that a matter might be delayed, including:			

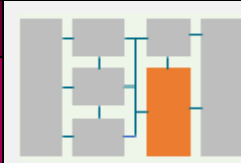
- Parallel criminal and regulatory investigations/proceedings. The College waits until the criminal matter is resolved, which can take years.
- Defence counsel requests additional time to make submissions.
- Documents need to be translated to other languages.
- The investigation uncovers significant evidence, and the physiotherapist is provided with the opportunity to respond to the evidence.
- The matter includes financial irregularities, which take more time to investigate.
- The College must go back to the complainant/patient to obtain additional information or to confirm evidence.
- The College requires records from third parties such as health care facilities, phone companies, or insurance companies.
- The Committee seeks to negotiate an outcome with the physiotherapist that includes a learning, practice enhancement or remediation program.



**Table 8 – Context Measure 12**

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 12.</b> 90th Percentile disposal of:	Days		<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i>  <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2022	286		
II. A contested discipline hearing in working days in CY 2022	514		
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>			
<i>Additional comments for clarification (if needed)</i>  During the reporting period, the College concluded two contested hearings for which decisions have been released, the longer of the two took 514 business days from date of referral to date the decision was released. One of the hearings experienced a delay when one of the parties in the hearing could not attend due to a personal emergency. The hearing had to be re-scheduled to a later date as a result.			

**Table 9 – Context Measure 13**

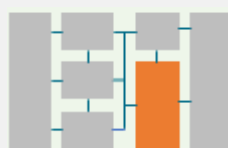
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d  <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
II. Incompetence	0	
III. Fail to maintain Standard	9	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	10	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	NR	

\* *The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

*Additional comments for clarification (if needed)*

**Table 10 – Context Measure 14**

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>			
<b>Context Measure (CM)</b>			
<b>CM 14. Distribution of Discipline orders by type*</b>		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>	
Type	#		
I. Revocation	0		
II. Suspension	10		
III. Terms, Conditions and Limitations on a Certificate of Registration	10		
IV. Reprimand	10		
V. Undertaking	NR		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> <a href="#">Revocation</a>  <a href="#">Suspension</a>  <a href="#">Terms, Conditions and Limitations</a>  <a href="#">Reprimand</a>  <a href="#">Undertaking</a>  <a href="#">NR</a> </p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>The undertakings were physiotherapists who signed an undertaking to resign from the profession.</p>			

## Glossary

**Alternative Dispute Resolution (ADR):** Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

**Contested Discipline Hearing:** In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

**Disposal:** The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

**Formal Complaint:** A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

**Formal Complaints withdrawn by Registrar at the request of a complainant:** Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

**NR:** Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

**Registrar's Investigation:** Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

**Revocation:** Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

**Suspension:** A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

**Reprimand:** A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

**Terms, Conditions and Limitations:** On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

**Uncontested Discipline Hearing:** In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

**Undertaking:** Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 10.0**

**Council Meeting  
March 23-24, 2023**

**Agenda # 10: Approval of the 2023-2024 Budget**

It is moved by

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and seconded by

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that:

Council approves the 2023-2024 budget.



<b>Meeting Date:</b>	March 23-24, 2023
<b>Agenda Item #:</b>	10
<b>Issue:</b>	Budget for Fiscal Year 2023-2024
<b>Submitted by:</b>	Anita Ashton, Interim Registrar Zoe Robinson, Vice President Finance & Reporting

## Issue

A budget for 2023-2024 has been prepared by staff and reviewed by the Finance Committee and the Executive Committee. The budget includes the resources required to ensure that the College can fulfill its core business and statutory requirements. These activities result in a deficit of \$212,707.

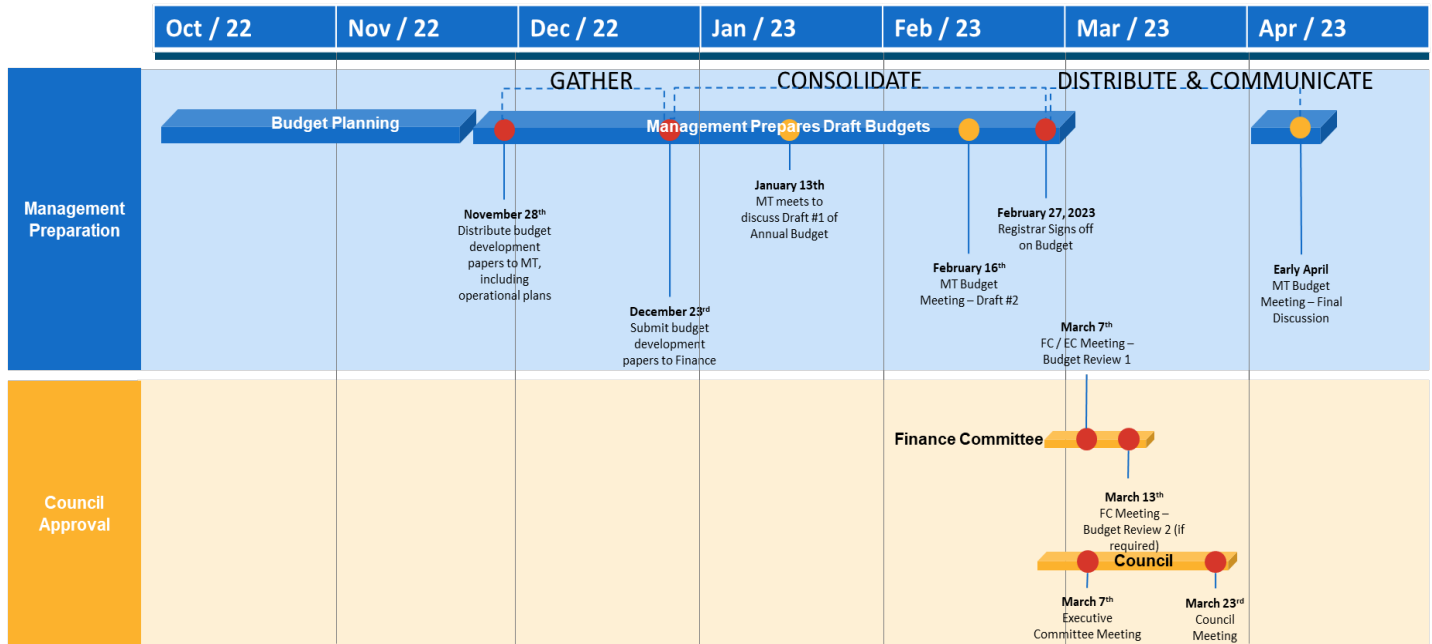
## Decisions to Be Made:

1. Council is being asked to consider if the Committee Chairs Education Program should be added to the budget, and
2. Council is being asked to approve the proposed budget for FY 2023-2024



**Process**

# FY 2023-2024 Budget Timeline



The budget development process takes approximately 6 months to complete from the initial planning stages to Council approval. College staff are directly involved by providing program operating plans with assumptions and estimates to determine expenses. The Finance Team gathers the information from budget owners, prepares a draft of the budget, and consults again with the budget owners to affirm their assumptions and estimates. The Senior Leadership Team reviews the draft budget and the Registrar provides the final direction for the budget and supporting material to be presented to the Finance Committee.

The review of the budget by staff included considering items that could be removed from earlier drafts in order to reduce the higher than desired projected deficits in the earlier budget drafts. The budget presented to the Finance Committee and Executive Committee did not include resources for certain projects and the two committees were asked if they wished to consider having these projects added back into the budget.

New this year was a joint meeting of the Finance Committee and Executive Committee to review the budget. This was done because a majority of the members of the Finance Committee also serve on the Executive Committee. This meeting was held on March 7, 2023. Following detailed discussions, the Finance Committee and Executive Committee decided to add some but not all projects back into the budget.

The Finance Team updated the budget following the directions from the meeting and the Finance Committee and Executive Committee jointly recommend the proposed budget to be approved by the Council.



## Context Setting

The College protects the public interest by ensuring physiotherapists provide competent, safe and ethical care. As an organization, we must be a responsible steward of our financial resources and, as per the requirements set out in the College Performance Measurement Framework, we must provide evidence that this is the case.

The legislative mandate requires that the College conduct statutory and non-statutory work. A summary of the work performed by the College is outlined in the College's annual operating plan. This operating plan provides a high-level overview of the key objectives and activities of the organization for FY2023-2024, and how they contribute to the College's overall strategic goals and priorities. The operating plan is included in Appendix 4.

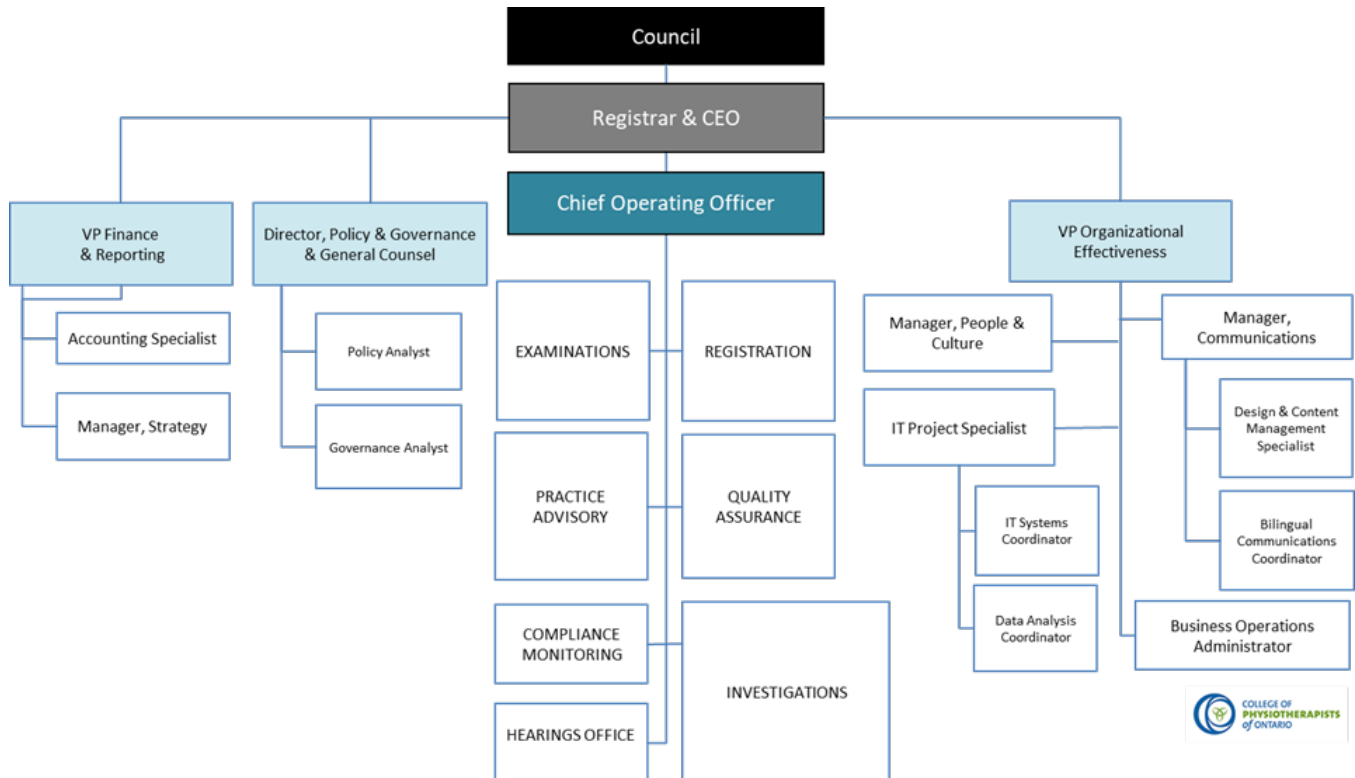
Council established a strategic plan that directs the work of the College. The strategic plan is executed through an annual operating plan for each program area of the College. Execution of the annual operating plan requires both financial and human resources and an annual operating budget is prepared for approval by Council. To support this work, the College uses a zero-based budgeting approach, which means the budget is built each year based on the planned and anticipated work for the coming year (as opposed to taking last year's budget and increase it by a certain percentage amount).

The regulatory environment is increasing in complexity and volume of work. The volume of inquiries to the College, complaints and investigations, discipline hearings, remediation activities, referrals to the Registration Committee and quality assurance activities has been increasing since 2019.

In addition to increased statutory work, the College developed and has implemented a clinical exam due to the Canadian Alliance of Physiotherapy Regulators' (CAPR) decision to stop delivering a clinical exam in January 2022. The higher volume of these activities impacts the work of the administrative and operational teams at the College to support these new requirements and increasing statutory work. For example, members of the communication, information technology, and finance teams have contributed significant time to support the Registration Committee's Exam Exemption Policy and the Ontario Clinical Exam over the past year.

The College Performance Measurement Framework (CPMF) defines many new deliverables for the College, and this has also added to current workload requirements.

The increasing volume of work at the College requires different human and financial resources to meet the growing demand and needs. The organization went through an organizational review in 2022 and is currently staffed to the appropriate level once the Registrar has been hired. The staffing complement did not result in a net change as a result of the organizational review.



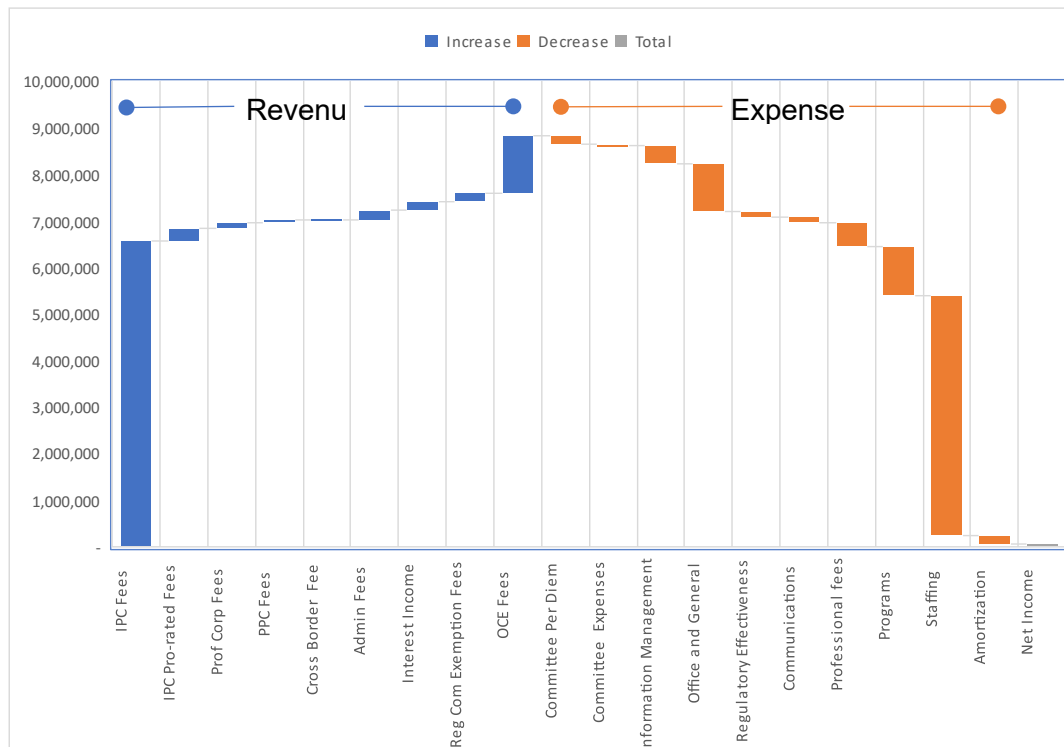
The revised structure is scalable meaning that future positions can be added to meet the needs of the organization. Ensuring that we have sufficient human resources to carry out our work is important from an organizational health and employee retention strategy. This requirement is also set out in the CPMF.

Notwithstanding the increased registration and administrative fees approved by Council in 2022, the projected revenues for fiscal year 2023-2024 are less than the resources required to complete a fully realized operating plan to meet the evolving needs of the College. As a reminder, the registration fee was \$635 in 2014. Two subsequent fee decreases were approved by Council and the recent fee increase brought us back to \$635. Despite being the seventh largest health regulator in Ontario, the CPO has one of the lowest fees for an Independent Practice Certificate of registration.

For the long-term, Council will need to consider how to bring revenue and expenses into better alignment so that the College remains fiscally sustainable into the future. This will be considered by Council at their June 2023 meeting.

## Highlights from the Proposed Budget

The budget plan for fiscal year 2023-2024, covering the period April 1, 2023, to March 31, 2024, is based on \$8,668,615 in revenue to cover \$8,881,322 in expenses. This plan results in a **deficit of \$212,707**. The waterfall graph presents a visual representation of revenue and expenses. The blue bars increase and represents revenue while the orange bars decrease and represent expenses. The main drivers of revenue and expenses are shown as the largest bars. Our largest source of income is registrant fees, followed by the OCE fees and the largest categories of expenses include staffing, program areas and general office expenses including rent.



In line with the zero-based budgeting approach, staff initially developed a draft budget based on the full scope of work that is necessary to meet our statutory mandate and advance our strategic goals, which resulted in a draft budget with a deficit of \$668,000. To achieve an overall budget that was close to being balanced, where revenues cover expenses and results in a break-even or small surplus, College staff considered what is required to support the statutory and core business requirements of the College. The current proposed budget also includes both strategic projects and operational projects which support the College's strategic plan. A summary list of planned projects for fiscal year 2023-2024 can be found in Appendix 3.

Following consultation with the Finance Committee and Executive Committee several strategy-related projects and operational projects are being delayed by one year to fiscal year 2024-2025. In cases where hiring an external consultant was part of the project cost and the decision was not to engage a consultant this fiscal year, CPO staff will still work on these projects so they are not completely delayed but may take longer to execute due to lack of resources.



The following project initiatives were discussed with the Finance Committee and Executive Committee and **have not** been included in the 2023-2024 budget and **are delayed** until fiscal year 2024-2025.

Item	Amount	Item	Amount
• Hiring an external consultant to assist with the development of a data strategy.	\$77,300	• Hiring an external consultant to assist with the development of an equity, diversity, and inclusion strategy.	\$23,500
• External 3 <sup>rd</sup> party review of the Professional Conduct program area.	\$28,500	• Creation of a new and modernized website.	\$75,000
• Equating study for the Quality Assurance program area and updating the screening interview questions.	\$49,200	• Attendance by Council, committee members at CLEAR or CNAR conferences.	\$18,300
• Committee Chairs' training program	\$32,200	• Delay in hiring a business analyst to support the CPO strategy program area.	\$99,000

These recommended cost savings will delay the College's strategic plan implementation and will slow the progress of the College towards modernizing its operations.

The proposed Fiscal Year 2023-2024 annual operational budget is presented below and the expenses are broken down by program area. More detail on the revenue and expenses is provided following the presentation of the budget.

### FY 2023-2024 Operating Budget

Income	
Registration Fees	7,023,285
Administration Fees	228,196
Exam Fees	1,243,100
Interest Income	174,034
<b>Total Income</b>	<b>8,668,615</b>
Expense	
<b>Statutory Programs</b>	
Compliance Monitoring	16,215
Council & Executive	160,045
Exam	
Program Costs	752,197
Staff Costs	321,818
Exam Total	1,074,015
Professional Conduct	
Hearings (including cost order payments)	264,072
Investigation costs	264,937
Staff Costs	1,054,871

Professional Conduct Total		1,583,879
Patient Relations Program		
Program Costs	64,677	
Staff Costs	-	
Patient Relations Total		64,677
Practice Advice		
Program Costs	7,170	
Staff Costs	450,474	
Practice Advice Total		457,643
Quality Assurance		
Program Costs	221,743	
Staff Costs	372,609	
Quality Assurance Total		594,353
Registration		
Program Costs	290,637	
Staff Costs	521,678	
Registration Total		812,316
<b>Sub Total Statutory Programs</b>		<b>4,763,143</b>
<b>Non-Statutory Programs</b>		
Executive Office		
Program Costs	17,211	
Staff Costs	943,862	
Executive Office Total		961,073
Finance & Reporting		
Program Costs	910,130	
Staff Costs	267,998	
Finance & Reporting Total		1,178,128
Organizational Effectiveness		
Business Operations	21,240	
Communications	118,155	
Information Technology	392,051	
People & Culture	105,510	
Staff Costs	842,376	
Organizational Effectiveness Total		1,479,333
Policy & Governance		
Program Costs	136,000	
Staff Costs	363,645	
Policy & Governance Total		499,645
<b>Sub Total Non-Statutory Programs</b>		<b>4,118,179</b>
<b>Total Expenses</b>		<b>8,881,322</b>
<b>Surplus (Deficit)</b>		<b>(212,707)</b>



## Revenue

The College forecasts fiscal year total revenues to equal \$8,688,615.

The College's largest source of revenue is from fees paid by physiotherapists to maintain their certificates of registration. The second largest source is from fees collected from candidates who take the Ontario Clinical Exam.

In September 2022, the Council approved a 10.5% increase in registration and administration fees. The Independent Practice Certificate fee increased to \$635 per registrant. The table below provides a summary of the projected fiscal year 2024 revenue based on the new fees.

Income	Fee	Description	Amount
<b>4001 • Registration Fees</b>			
4011 - Independent Practice	\$ 635.00	10,351 registrants	6,572,885
4012 - Independent Practice - Prorated		844 registrants pay percentage of \$635	321,135
4013 - Prof Corp Fees	\$ 277.00	430 professional corporations	121,880
4014 - Provisional Practice Fee	\$ 83.00	600 registrants	49,800
4021 - Cross Border Registration Fee	\$ 111.00	4 registrants	444
4007 - Registration fee credits		Registration Fee Credits	-42,860
<b>Total 4001 • Registration Fees</b>			<b>7,023,285</b>
<b>4008 • Admin Fees</b>			
4015 - Application Fees	\$ 111.00	600 PPCs and 958 IPCs	172,971
4016 - Letter of Prof Standing	\$ 56.00	250 letters	14,000
4017 - Wall Certificates	\$ 28.00	95 certificates	2,660
4018 - Late Fee	\$ 249.00	15 late fees	3,735
4019 - Prof Corp Application fee	\$ 774.00	45 application fees	34,830
<b>Total 4008 • Admin Fees</b>			<b>228,196</b>
<b>Total 4002 • Interest Income</b>			<b>174,034</b>
<b>4030 • ETP Assessment Fees</b>			
4031 - Reg Com Exemption Fees	\$ 800.00	214 exam exemptions	171,200
4032 - Ontario Clinical Exam Fee	\$ 1,985.00	540 candidates	1,071,900
<b>Total 4030 • ETP Assessment Fees</b>			<b>1,243,100</b>
<b>Total 4010 - Rental Income</b>		Office space for Rent	<b>0</b>
<b>Total Income</b>			<b>8,668,615.02</b>



## Expenses

The total expenses are projected to be \$8,881,322. This includes the costs associated with Staffing, Information Technology, Committee and Council activities, Communications, Policy and Governance and our statutory and non-statutory program areas. The Operating Plan document in Appendix 4 describes the scope of work that is planned for fiscal year 2023-2024 and the associated human and financial resources that is required to support that work.

For the 2023-2024 budget we have also included the 100% of the costs associated with the rent that we are obligated to pay. We are hopeful that we will be able to arrange a sublease in 2023-2024 but the market and our location both pose a challenge.

Additional details regarding specific program expenses can be found in the Appendix 1 included at the end of this document.

The following table provides a summary of the expenses by the subdivided by statutory and non-statutory program areas which are included in the recommended budget.

<b>Statutory Programs</b>	<b>Total</b>	<b>Staff</b>	<b>Program</b>
Compliance Monitoring	\$16,215	\$0	\$16,215
Council & Executive Committee	\$160,045	\$0	\$160,045
Exam	\$1,074,015	\$321,818	\$752,197
Professional Conduct & Hearings	\$1,583,879	\$1,054,871	\$529,009
Quality Assurance	\$594,353	\$372,609	\$221,743
Patient Relations	\$64,677	\$0	\$64,677
Practice Advice	\$457,643	\$450,474	\$7,170
Registration	\$812,316	\$521,678	\$290,637
<b>Total Statutory Programs</b>	<b>\$4,763,143</b>	<b>\$2,721,450</b>	<b>\$2,041,693</b>
<b>Non-Statutory Programs</b>	<b>Total</b>	<b>Staff</b>	<b>Program</b>
Executive Office	\$961,073	\$943,862	\$17,211
Finance & Reporting	\$1,178,128	\$267,998	\$910,130
Organizational Effectiveness	\$1,479,333	\$842,376	\$636,956
Policy & Governance	\$499,645	\$363,645	\$136,000
<b>Total Non-Statutory Program</b>	<b>\$4,118,179</b>	<b>\$2,417,882</b>	<b>\$1,700,297</b>
<b>Total</b>	<b>\$8,881,322</b>	<b>\$5,139,332</b>	<b>\$3,741,990</b>

## Discussion Item

When the Executive Committee and Finance Committee met on March 7, they considered a number of different initiatives which could be delayed. This was felt to be reasonable given that there would be a new Registrar and a new CPO President in 2023. There was one area where the group was unable to make a



decision. During the last year there was an interest expressed in formalizing a Committee Chairs program. This program would include 2 sessions a year for current Chairs and those who were interested in becoming Chairs. It was anticipated that these sessions would be held in person at the College and facilitated, in part, by external service providers. The costs incurred would be allowances and expenses for up to 12 individuals in addition to the costs for facilitators. Council is being asked to consider whether this item should be added back into the budget at an anticipated cost of \$32,200 which would increase the overall budget to a deficit of \$244,953.

## Decision Sought

1. That Council include the addition of the Committee Chairs training program in the 2023-2024 budget or that Council defer adding the Committee Chairs training program to fiscal year 2024-2025.
2. That the Council approve the fiscal year 2023-2024 budget.

## Appendices

- Appendix 1 – Detail discussion of budget by program area
- Appendix 2 – Detailed FY 2024 Budget
- Appendix 3 – FY 2023-2024 Projects allocated by Strategic Pillar
- Appendix 4 – CPO Operating Plan for FY 2023-2024

## Appendix 1 Detailed Explanation of Program Expenses

### Statutory Programs and Supports: The increasing workload for statutory programs

The workload of the statutory programs and the work required to support these activities is increasing and has steadily increased since 2019. These areas of the College are overseen by the Chief Operating Officer – Deputy Registrar. They include:

- Examinations
- Registration
- Quality Assurance
- Professional Conduct
- Hearings Office
- Funding for Therapy and Counseling
- Compliance Monitoring
- Practice Advisory Service

#### Registration

In January 2022, the College implemented the Registration Committee’s exam exemption policy which allowed some Residents to move to an Independent Practice certificate of registration without having taken a practical exam. The pre and post registration requirements were extensive. Applications will continue to be processed in the spring and the screening interviews will continue into the summer and fall of 2023. The introduction of this policy in addition to the introduction of the exam will see close to 1400 applications for an Independent Practice certificate of registration come through the door this fiscal year.

As a reminder the College is a member of the Canadian Alliance of Physiotherapy Regulators (CAPR). CAPR conducts the credentialing process and the administration of the written exam in addition to providing national policy support. The College pays a membership fee to CAPR each year which is based on the number of registrants. This year the fee is \$239 316.

Item	Amount
Registration Committee per diem & expenses	\$9,366
CAPR Fees	\$239,316
Decision Writing for Registration	\$1,890
Legal – Registration	\$27,600
Jurisprudence	12,465
<b>Total</b>	<b>\$290,637</b>

At its full complement, the Registration team is supported by 5 FTE. The staff complement in this area has increased by 2 staff members since 2020.

Planned Budget:

- Program activities: \$290,637
- Staff costs: \$521,678
- Total: \$812,316

Staff Complement: 5

## Examinations

In addition, the College developed and implemented the Ontario Clinical Exam (OCE) which was administered in October, November 2022, January and March 2023. This aggressive scheduling resulted in us being able to schedule dates for the higher than planned volume of candidates who were waiting to take the clinical exam. For fiscal year 2024, the OCE is scheduled for delivery 16 times in a virtual format. The OCE is scheduled four times per year (June, October, January, and March) with 2 days of examinations per period and 2 examinations per day. The operating plan anticipates 540 candidates to take the OCE although this is scalable depending on the number of examiners available. The following table breaks down the costs to deliver the OCE.

Item	Amount
Examiner Costs	491,100
Technology Costs	123,003
Exam administration	37,856
Consultant Fees	40,705
CPO Staff Overtime	21,462
Legal - Exam	25,000
Exam Committee	12,167
Total - Exam	751,293

As per Council's direction, the OCE is designed to be revenue-neutral from its inception through to fiscal year 2028. In fiscal year 2024, the costs to deliver the OCE are \$751,293 plus \$314,132 in direct staff costs, and the OCE is anticipated to generate \$1,071,900 in fees from 540 candidates paying \$1,985 each. The financial performance for the OCE in fiscal year 2024 projects a small deficit of \$1,211

A major initiative this year is to deliver the OCE in French. This initiative requires all questions and materials for both candidates and examiners to be translated. Francophone examiners must be hired and trained. IT support must be provided in French during the live exams. The planned date to deliver the French OCE is January 2024.



Item	Amount
OCE Revenue	\$ 1,071,900
Expenses	
Delivery	\$ 751,293
Staff	\$ 321,818
Total Expenses	\$ 1,073,111
<b>Surplus/(Deficit)</b>	<b>-\$ 1,211</b>

The OCE requires significant resources from other College teams to support its delivery in an ongoing way. The communications team, IT team, the Finance and HR must all provide additional ongoing support services to ensure the OCE runs smoothly for each exam administration. These are indirect costs and are not reflected in the costs to deliver the OCE. The following table provides a summary of the revenues, expenses, and surplus or deficit for the OCE.

The Exam team is supported by 3 FTE and all staff were hired in 2022.

Planned Budget:

- Program activities: \$752,197
- Staff costs: \$321,818
- Total: \$1,074,015

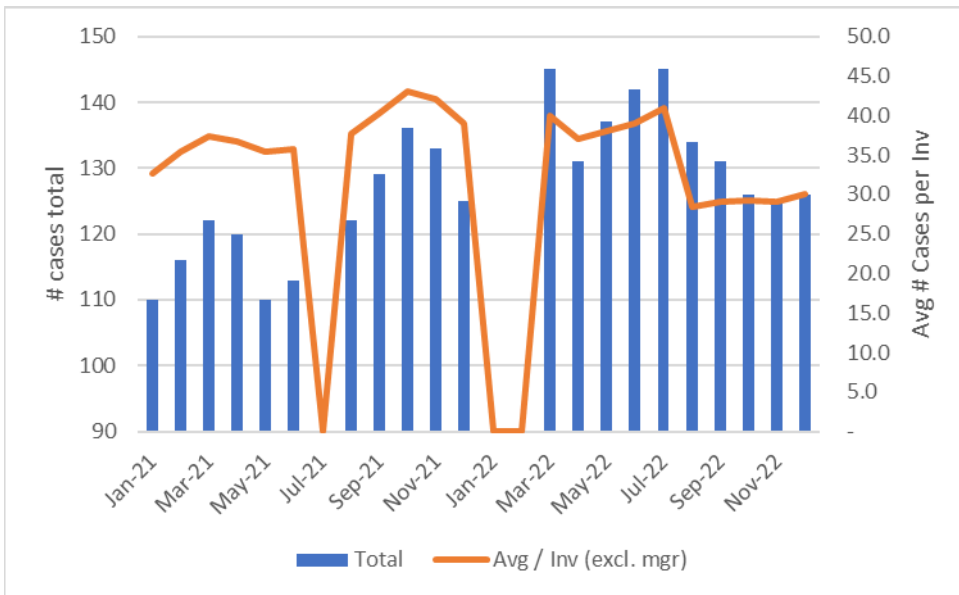
Staff Complement: 3

### Professional Conduct and Hearings

The Professional Conduct area of the College which includes investigations and hearings is the largest program area. It includes 2 staff supporting intake, 5 investigators, a manager and a .5 hearings officer and .5 committee support specialist. The decision writing services are contracted out. The number of concerns brought to the College’s attention and their complexity has increased over the years. We have received more cases involving inappropriate business practices and cases involving allegations of boundary violations and sexual abuse many of which are in the court system. This has resulted in an increase in the referrals to the Discipline Committee for a hearing. In addition, there have been more requests for pre-hearing conferences and the College has held more contested hearings. The Committee Support Specialist oversees all remediation / coaching programs at the College in addition to the funding for therapy and counseling.

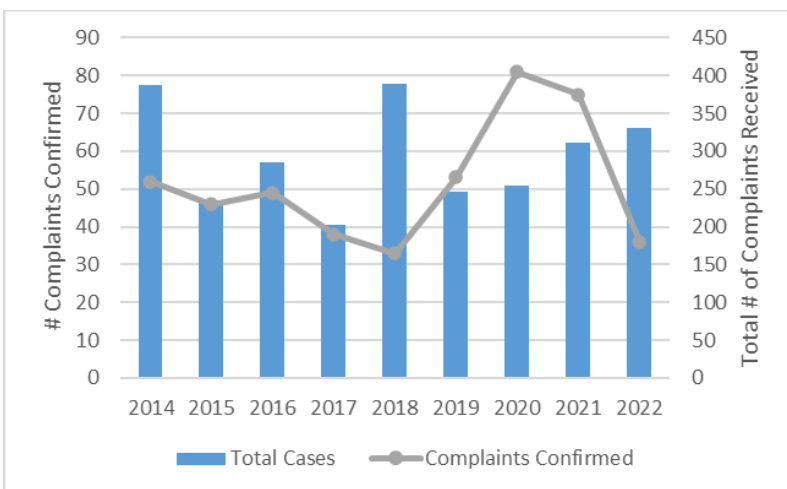
The chart below provides an overview of the number of open files in the professional conduct team in that given month. For a period of time the manager was also carrying a case load as one investigator was on leave and the workload was continuing to increase. With the addition of a new investigator the manager is no longer carrying an active caseload and the average caseload per investigator is hovering around 30 which is a realistic caseload as opposed to 45+.

Figure 1 - Professional Total Cases Received and Assigned per Investigator



The table below presents the number of concerns received at the College each fiscal year. You will see that the College has seen a steady increase in the number of concerns being reported to the College since fiscal year 2019. These cases include complaints and Registrar’s Inquiries. In Fiscal Year 2022 the College received close to 70 complaints. Our intake team has been working with complainants to explore resolution options where possible and as a result the number of complaints that go through the formal complaint process has drastically decreased. If a matter does not go through the formal complaints process and it is not resolved, it is treated as a Registrar’s Inquiry. Between fiscal years 2019 and 2022, the number of complaints and inquiries received has continued to increase. Since fiscal year 2019, the number of complaints received by the intake team in professional conduct and Registrar Inquiries have increased 34% from 247 to 331.

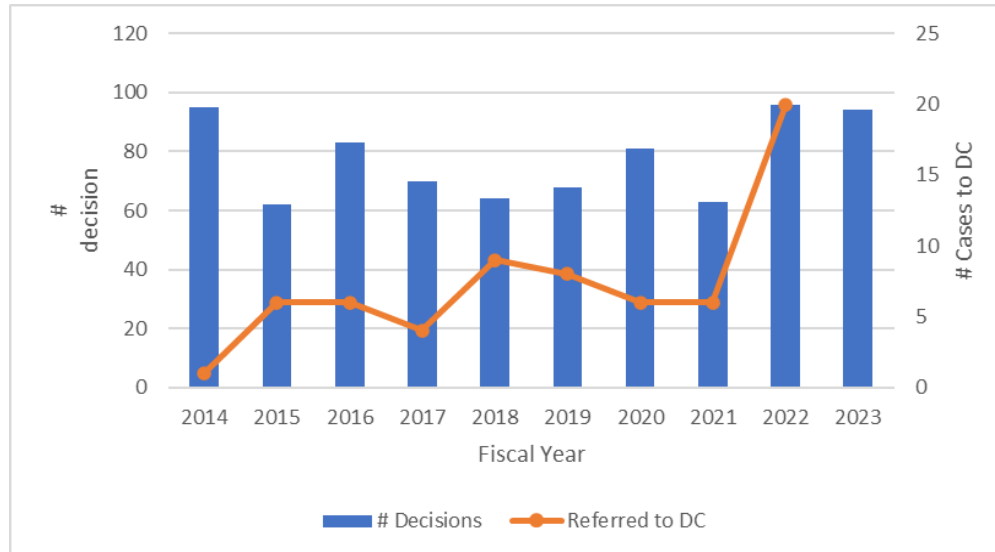
Figure 2 - Number of Complaints Received and Confirmed



As noted above the College continues to receive more cases that are deemed to be high risk. As a result the number of referrals to the Discipline Committee have also increased. Over the last two years there have been close to 20 referrals to the Discipline Committee each year.

The table below highlights the percentage of cases referred by the ICRC to the Discipline Committee.

Figure 3 - ICRC Decision per fiscal year



At its full complement, the Professional Conduct team is supported by 9 FTE, an increase of 2 since 2020.

Planned Budget for 2023/2024:

- Program activities: \$529,009
- Staffing costs: \$1,054,871
- Total: \$1,583,879

Staff complement: 9

Item	Amount
ICRC Committee per diem & expenses	\$56,625
External Investigator, Peer / Expert Opinion costs	\$141,704
Decision Writing	\$34,620
PC Chart Review	\$24,000
Miscellaneous (court fees, corporate searches, transcripts)	\$7,988
Legal – General Counsel	\$108,367
Discipline Committee per diem & expenses	\$37,524



<b>Item</b>	<b>Amount</b>
<b>Hearing Expenses</b>	\$11,470
<b>Legal – Discipline Hearings</b>	\$340,711
<b>Cost Recovery from cost orders</b>	-\$234,000
<b>Total</b>	<b>\$529,009</b>

### Quality Assurance

The Quality Assurance area of the College supports the screening interviews and practice assessments conducted for registrants. Each year approximately 10% of registrants are required to go through a screening interview and those who achieve a score that is below a pre-determined threshold are required to participate in a practice assessment. The Quality Assurance team plans to conduct 845 screening interviews over the fiscal year. It is estimated that 4% (i.e., 34) of registrants will require a practice assessment. The Quality Assurance Committee reviews the results of assessments.

In 2020 the Quality Assurance program supported the Exam Exemption policy by performing screening interviews for registrations who went through the exam exemption pathway.

The Quality Assurance Program is currently supported by 4.3 FTEs however this will revert to 3 FTEs once the Exam Exemption Policy has come to an end.

#### Planned Budget:

- Program activities: \$221,743
- Staff costs: \$372,609
- Total: \$594,353

Staff Complement: 3

<b>Item</b>	<b>Amount</b>
<b>QA Committee per diem &amp; expenses</b>	\$9,633
<b>Membership &amp; Publications</b>	\$1,157
<b>Legal – Quality Assurance</b>	\$8,927
<b>Quality Assurance Program</b>	\$200,106
<b>Decision Writing for Quality Assurance</b>	\$1,920
<b>Total</b>	<b>\$221,743</b>

### Patient Relations

Patient Relations is a statutory program that implements measures for preventing and dealing with sexual abuse of patients. The program also approves and administers applications for funding for therapy and counselling for people who have been sexually abused by a physiotherapist. There are currently 10 files open for therapy and counselling funding. The Patient Relations program is supported by professional staff from various departments who support the Patient Relations Committee and coordinate the therapy and counselling funding.

## Planned Budget for 2023/2024:

- Program activities: \$64,667
- Staffing costs: \$0
- Total: \$64,667

Staff complement: 0 (the Patient Relations program does not have a dedicated staff team but rather is supported by staff from a few different program areas)

Item	Amount
Therapy & Counselling	\$60,927
Patient Relations Committee	\$3,750
<b>Total</b>	<b>\$64,677</b>

## Compliance Monitoring

The Compliance Monitoring program supports registrants who have been ordered by one of the College's committees to complete remediation or education activities to ensure that they understand and complete the required activities. This area also monitors revocations, and suspensions. The expenses for Compliance Monitoring include costs for coaches, monies received from registrants as a chargeback for the coaching, and coach training. There are currently 64 files managed through compliance monitoring, but not all files requiring coaching.

## Planned Budget for 2023/2024:

- Program activities: \$16,215
- Staffing costs: \$0
- Total: \$16,215

Staff complement: 0 (the Compliance Monitoring program is supported by staff who work with the Hearings Office and Patient Relations programs as well)

Item	Amount
Remediation (net costs)	\$4,790
Coach Training	\$11,425
<b>Total</b>	<b>\$16,215</b>

## Practice Advisory Service

The Practice Advisory service includes three physiotherapists (one bilingual) who provide support to internal and external stakeholders. They respond to phone and email inquiries from members of the public and members of the profession (close to 8,000 a year), support the ICRC, Quality Assurance Committees, Patient Relations Committee and the College's prosecutor, in addition to providing advice to our communications team and our policy team. The Practice Advisors are actively engaged in stakeholder outreach, working on provincial and national initiatives and engaging with students at all five University programs.



Members of the Practice Advice team are all physiotherapists and they provide the organization with information and profession specific expertise. They act as subject matter experts when creating content for things like Perspectives, learning modules for PTs and others.

The service is supported by 3 FTEs.

Planned Budget:

- Program activities: \$7,170
- Staff costs: \$450,474
- Total: \$457,643
- Staff Complement = 3

Item	Amount
Legal Advice	\$2,050
Advisor support	\$5,120
<b>Total</b>	<b>\$7,170</b>

## *Non-Statutory Programs: Supporting the core work of the College*

The non-statutory areas of the College include the Office of the Registrar, Finance & Reporting, Organizational Effectiveness and Policy & Governance. These programs perform vital roles to support the core statutory work of the College. As the statutory program area workload increases, the work of the non-statutory departments increases as well to meet the increasing demand.

These areas of the College are overseen by the Registrar & CEO. The Registrar liaises with regulatory partners, oversees the statutory and non-statutory work at the College, works closely with Council and the Council President, liaises with the Ministry of Health and other stakeholders, and provides direction on policy development within the College. The Registrar is ultimately responsible for leading the implementation of the College's strategic plan.

The Registrar oversees:

- Council and Executive Committee
- Policy and Governance
- Finance and Reporting, and
- Organizational Effectiveness

### **Council & Executive Committee**

Council provides oversight for all the College's operations. The Executive Committee is a statutory Committee and acts as Council in emergency situations where Council cannot meet. The Council plans to meet four (4) times per year in a hybrid format. The Executive Committee plans to meet four (4) times in a hybrid format. Education activities will be planned to use in-house and external experts. Council may require specific legal advice from time-to-time and this is provided for in the budget. The Council and Executive Committee are supported by the Registrar and the Governance Analyst who is a member of the Policy and Governance team.



The Council and Committee member per diem are increased annually by a cost of living adjustment. This year the increase was 4%.

Planned Budget:

- Program activities: \$160,045
- Staff costs: \$0 (supported by the Registrar and the Governance Analyst)
- Total: \$160,045

Item	Amount
<b>Council per diem &amp; expenses</b>	\$100,247
<b>Executive Committee per diem &amp; expenses</b>	\$27,903
<b>Legal – Council advice</b>	\$18,080
<b>Council education</b>	\$13,815
<b>Total</b>	<b>\$160,045</b>

**Finance & Reporting**

Finance & Reporting is a new team created following the organization redesign completed in fiscal year 2023. This team provides financial planning and analysis, accounting, auditing, financial reporting services, processing payroll, and support to the Finance Committee. The Finance & Reporting team leads the College’s execution of the approved strategic plan, creating and implementing a plan to measure performance, including the maintenance of corporate College and departmental performance dashboards. A key focus will be on strategy and using data to inform the work of the College. The work in this area is supported by the VP Finance and Reporting, the Manager Strategy and the Accounting Specialist.

The finance and reporting budget includes rent payments, bank charges, and amortization as the largest drivers of program costs:

*Table 1 – Finance & Reporting Program Expense Budget*

Item	Amount
<b>Finance Committee per diem &amp; expenses</b>	\$10,980
<b>Insurance</b>	\$19,199
<b>Bank &amp; Service Charges</b>	\$161,746
<b>Membership &amp; Publications</b>	\$6,240
<b>Rent</b>	\$507,733
<b>Audit</b>	\$21,188
<b>Professional Services</b>	\$10,000
<b>Bad Debt</b>	\$10,000
<b>Amortization</b>	\$163,044
<b>Total</b>	<b>\$910,130</b>

## Planned Budget:

- Program activities: \$910,130
- Staff costs: \$267,998
- Total: \$1,178,128

Staff Complement: 3 (note: VP Finance & Reporting compensation captured in Executive Office)

## Organizational Effectiveness

The Organizational Effectiveness department is a new department following the organizational redesign completed in fiscal year 2023. The department includes communications, information technology, people and culture (HR), and business operations.

### Budget:

- Program activities: \$636,856
- Staff costs: \$842,376
- Total: \$1,479,333

Staff Complement: 9 (note: VP Organizational Effectiveness compensation captured in Executive Office)

The following sections provide detailed expenses for each of the programs under the Organizational Effectiveness department.

### **Communications**

The communications team performs a critical role in supporting all statutory and non-statutory departments. The communications team's expenses this fiscal year include maintaining the College's website, coordinating on-line advertising on the world-wide web, coordinating translation of College documents and transcripts for multiple languages, creating e-learning modules, coordinating PISA, and managing various software subscriptions required to perform their work (e.g., Survey Monkey, etc.).

The communications team includes a bilingual communications coordinator who will assist with the French website content, document translations and fully supporting the French Ontario Clinical Exam.

Item	Amount
Software	\$10,183
Translation	\$22,400
Print communication	\$800
Online communications (e.g., website)	\$81,272
In-person communication (e.g., campus visits)	\$3,500
<b>Total</b>	<b>\$118,155</b>

### **Information Technology**

Information technology manages and coordinates the IT systems that support the College's operations and collection of data and information. The IT departments expenses include maintaining the College's database and registration system, supporting the Public Register and the PT Portal, managing the College's internal



communication platform, Microsoft 365, purchasing and maintaining the College's computers, coordinating software for the IT systems, and managing the College's phone system.

<b>Item</b>	<b>Amount</b>
<b>IT Hardware (e.g., computers, accessories)</b>	\$16,727
<b>IT Software</b>	\$70,515
<b>IT Maintenance</b>	\$140,104
<b>IT Data (e.g., Atlas costs)</b>	\$144,388
<b>Telephone &amp; Internet</b>	\$20,317
<b>Total</b>	<b>\$392,051</b>

### People and Culture

People and Culture leads the workforce management and workplace cultural development initiatives at the College. Primary expenses for the People and Culture program include the College's staff benefits program, the College's EDI activities, new staff recruitment activities, coordinates the College's professional development and staff recognition initiatives, as well supporting the day-to-day human resources activities of the staff and independent contractors.

A major project for the people and culture department is coordinating a staff psychological health and wellness survey.

<b>Item</b>	<b>Amount</b>
<b>HR Legal</b>	\$9,000
<b>HR Consultant Fees (i.e., Staff Psychological Health and Wellness project)</b>	\$12,000
<b>Staff Professional Development</b>	\$52,000
<b>Staff Recognition activities</b>	\$27,110
<b>HR Recruitment activities</b>	\$5,400
<b>Total</b>	<b>\$105,510</b>

### Business Operations

The last area of the Organizational Effectiveness department is business operations. Business operations provides administrative support to operational activities, and supports the meetings of the Council, Committees and hearings. Primary expenses for the Business Operations team include miscellaneous supplies to support the office and catering meetings, postage and courier, and printing costs.

<b>Item</b>	<b>Amount</b>
<b>Membership &amp; Publications</b>	\$5,040
<b>Office &amp; Kitchen supplies</b>	\$6,000
<b>Postage &amp; Courier</b>	\$5,600
<b>Printing and Filing Services</b>	\$3,000
<b>Maintenance and Repairs</b>	\$1,600
<b>Total</b>	<b>\$21,240</b>

## **Policy & Governance**

The Policy and Governance team provides legal support to the College, leads the review and development of the College's policies and standards, and coordinates the activities of the Council and the Executive Committee.

The primary expenses for the Policy and Governance team include a standards and by-law review, an external governance review, introducing competency-based criteria for professional members of Council and Committees (a CPMF requirement), and engaging in consultation with the Citizen Advisory Group and other key stakeholders.

<b>Item</b>	<b>Amount</b>
<b>External Governance Review</b>	<b>\$74,385</b>
<b>Policy Development</b>	<b>\$61,615</b>
<b>Total</b>	<b>\$136,000</b>

Planned Budget:

- Program activities: \$136,000
- Staff costs: \$363,645
- Total: \$499,645

Staff Complement: 3

## ***Special Notes***

### **Rent**

The fiscal year 2024 budget includes the full cost for the office lease. The College has been unable to secure a tenant to sublease the office space at 375 University Ave. Discussions with partner health regulators was unsuccessful at securing a college to share our office space. The commercial real estate market in downtown Toronto continues to be soft and interest is low for office space in general. The College is retaining a new broker to assist us with this work. The College's lease ends at the end of February 2027.

### **Staffing Costs**

The staff complement for fiscal year 2024 is 40 people: 24 working in statutory programs and 16 working in non-statutory programs. The staffing complement has changed slightly since 2020 in large part due to the introduction of the OCE (3) and registration (2) the increasing workload in the Professional Conduct area (2) and the requirements from external stakeholders. The staff complement does fluctuate over time due to individuals on leave, extended absences and voluntary and involuntary departures.

The College will provide staff with a cost-of-living-adjustment (COLA) based on inflation using the Consumer Price Index (CPI) provided by the Bank of Canada. Inflation in Canada has been high the entire year 2022. In January 2022, the CPI was 5.1%, peaked at 8.1% in June 2022, and at the end of December 2022 was 6.3%.

The College surveyed partner health regulators in October 2022 about their plans for implementing COLA increases to wages in their budgets. Some of the respondents had not decided at the time of the survey and some respondents included an annual increase that may not have been related to inflation. From those college's that did comment on applying a COLA, 4% was the common figure being considered.

A 4% COLA for College staff is included in the budget. It will be paid to employees on April 15, 2023, based on their salary as of March 31, 2023. The COLA is less than the rate of inflation. By paying employees the COLA, the College avoids adding this increase to their base pay and other employer contributions. This is a way to responsibly control rising staff costs in the future.



## Appendix 2

### Fiscal Year 2023-2024 Annual Operating Budget

#### FY 2023-2024 Operating Budget

<b>Income</b>		
Registration Fees		7,023,285
Administration Fees		228,196
Exam Fees		1,243,100
Interest Income		174,034
<b>Total Income</b>		<b>8,668,615</b>
<b>Expense</b>		
<b>Statutory Programs</b>		
Compliance Monitoring		16,215
Council & Executive		160,045
Exam		
Program Costs	752,197	
Staff Costs	321,818	
Exam Total		1,074,015
Professional Conduct		
Hearings (including cost order payments)	264,072	
Investigation costs	264,937	
Staff Costs	1,054,871	
Professional Conduct Total		1,583,879
Patient Relations Program		
Program Costs	64,677	
Staff Costs	-	
Patient Relations Total		64,677
Practice Advice		
Program Costs	7,170	
Staff Costs	450,474	
Practice Advice Total		457,643
Quality Assurance		
Program Costs	221,743	
Staff Costs	372,609	
Quality Assurance Total		594,353
Registration		
Program Costs	290,637	
Staff Costs	521,678	
Registration Total		812,316
<b>Sub Total Statutory Programs</b>		<b>4,763,143</b>
<b>Non-Statutory Programs</b>		
Executive Office		
Program Costs	17,211	
Staff Costs	943,862	



Executive Office Total		961,073
Finance & Reporting		
Program Costs	910,130	
Staff Costs	267,998	
Finance & Reporting Total		1,178,128
Organizational Effectiveness		
Business Operations	21,240	
Communications	118,155	
Information Technology	392,051	
People & Culture	105,510	
Staff Costs	842,376	
Organizational Effectiveness Total		1,479,333
Policy & Governance		
Program Costs	136,000	
Staff Costs	363,645	
Policy & Governance Total		499,645
<b>Sub Total Non-Statutory Programs</b>		<b>4,118,179</b>
<b>Total Expenses</b>		<b>8,881,322</b>
<b>Surplus (Deficit)</b>		<b>(212,707)</b>



## Appendix 3

### FY2023-2024 Projects Allocated by Strategic Pillar

<p><b>Regulation &amp; Risk</b></p> <p>Effectively regulate the physiotherapy profession in Ontario and advance its statutory work through a risk-based approach.</p>	<p><b>Engagement &amp; Partnerships</b></p> <p>Collaborate, partner and engage with the public, profession, and other stakeholders in a clear, transparent and timely manner to enhance trust and credibility.</p>	<p><b>People &amp; Culture</b></p> <p>Promote a collaborative environment and a culture based on equity, diversity and inclusion principles while ensuring staff and Council have the resources they need to do their best work.</p>	<p><b>Performance &amp; Accountability</b></p> <p>Implement strong corporate and governance structures and systems that include effective data, technology, and processes to enable informed decision-making and progressive corporate performance to extend CPO's work and impact.</p>
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Strategic Priority Area	Strategic Projects	Operational Projects
<p><b>Regulation &amp; Risk</b></p> <p><b>Initiatives:</b> <i>Create, implement, and maintain a culture grounded in risk-based assessments and evidence informed decision making.</i></p> <p><i>Assess the pathways to licensure to ensure that they are appropriate and fair to both Canadian and internationally educated physiotherapists.</i></p>	<ul style="list-style-type: none"> <li>Standards review</li> <li>PC (Professional Conduct) audit (<i>deferred to FY 2024-2025</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Create resources to support participants in the Discipline and Compliance Monitoring processes</li> <li>Implement virtual and French version of the OCE</li> <li>Develop communications e-learning module with national partners</li> <li>Bill 106 implementation</li> <li>Develop new Jurisprudence module with national partners</li> <li>QA (QUALITY ASSURANCE) screening interview revision and equating study (<i>deferred to FY 2024-2025</i>)</li> </ul>
<p><b>Engagement &amp; Partnerships</b></p> <p><b>Initiatives:</b> <i>Engage in purposeful and meaningful engagement, collaboration and partnerships which furthers our strategic goals and statutory mandates.</i></p>	<ul style="list-style-type: none"> <li>Support to new registrants (creation of learning modules)</li> </ul>	<ul style="list-style-type: none"> <li>Develop materials to support virtual and French OCE</li> <li>New website (<i>deferred to FY 2024-2025</i>)</li> </ul>



Strategic Priority Area	Strategic Projects	Operational Projects
<p><b>People &amp; Culture</b></p> <p><i><b>Initiatives:</b> Develop and maintain an organizational infrastructure which supports our statutory obligations and strategic priorities.</i></p>	<ul style="list-style-type: none"> <li>• Staff psychological health &amp; wellness project</li> </ul>	<ul style="list-style-type: none"> <li>• Create committee orientation modules for Finance and Exam</li> <li>• Finance department review and recommendations</li> <li>• People &amp; Culture projects (HR plan, performance management, succession planning, staff development)</li> </ul>
<p><b>Performance &amp; Accountability</b></p> <p><i><b>Initiatives:</b> Develop and maintain an enterprise risk management strategy, which supports organizational, governance and statutory activities of the College.</i></p> <p><i>Develop and implement a data management strategy to support risk-based and evidence-informed decision making.</i></p>	<ul style="list-style-type: none"> <li>• Cybersecurity audit</li> <li>• ERM (Enterprise Risk Management) strategy &amp; risk registers</li> <li>• Begin development of a data strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Develop operational policies and procedures to support operational efficiency in various business areas</li> <li>• Exam program research and evaluation plan</li> <li>• Registration IT and data improvement projects</li> <li>• Update College emergency plan</li> <li>• SharePoint migration</li> <li>• Database enhancements (PC and Committees)</li> <li>• Develop IT strategy and identify policies needed</li> <li>• Implement new CIHI reporting requirements</li> <li>• Convert to online accounting software</li> <li>• New enterprise resource planning software</li> <li>• Re-align college business to the calendar year</li> </ul>
<p><b>Equity, Diversity &amp; Inclusion</b></p>	<ul style="list-style-type: none"> <li>• Equity impact assessment and development of EDI (Equity, Diversity, and Inclusion) strategy/plan</li> </ul>	<ul style="list-style-type: none"> <li>• Implement French OCE</li> </ul>
<p><b>Governance</b></p>	<ul style="list-style-type: none"> <li>• Third party governance review</li> </ul>	<ul style="list-style-type: none"> <li>• Bylaw updates (CIHI changes and others)</li> <li>• Move to competency-based criteria for Council and Committees (as per CPMF requirement)</li> <li>• President Orientation Program</li> </ul>

## **Appendix 4**

### **FY2023-2024 Operating Plan**

# CPO (College of Physiotherapists of Ontario) Operating Plan for FY2023-2024

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## Executive Summary

The College's mission, as defined by the Council, is to protect the public interest by ensuring physiotherapists provide competent, safe, and ethical care.

The College carries out activities, provides services and administers programs to fulfill our legislative mandate and to accomplish the strategic goals set by the Council. This work is done by different business areas within the College, all of which contribute to the College's mandate and strategy.

The College's work can be divided into statutory-related activities and non-statutory-related activities. Statutory or core business activities include registration, exams, professional conduct, hearings, compliance monitoring, patient relations, funding for therapy and counselling, and quality assurance. This is work that is defined in the *Health Professions Procedural Code* which is the second part of the *Regulated Health Professions Act (RHPA)*. Non-statutory activities include practice advice, policy and governance, communications, finance, people and culture, information technology, and strategy. All work is overseen by an executive office led by the Registrar.

This operating plan provides a high-level overview of the key objectives and activities of the organization for the fiscal year 2023-2024, and how they contribute to the College's overall strategic goals and priorities. It also lays out the associated human and financial resources needed to support the work.

The operating plan is intended to support the Council's decision-making regarding the College's budget for the fiscal year of 2023-2024.

## The Role and Purpose of the College of Physiotherapists of Ontario

### Legislative Purpose

According to the College's governing legislation, the *Regulated Health Professions Act (RHPA)*, it is the duty of the College to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled, and competent regulated health professionals. The College has a duty to serve and protect the public interest.

In carrying out this duty, the RHPA also defines the following objects for the College:

1. To regulate the practice of the profession and to govern the registrants in accordance with the health profession Act, this Code, and the *Regulated Health Professions Act, 1991*, and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence, and improvement among the registrants.
  - 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their registrants.
5. To develop, establish and maintain standards of professional ethics for registrants.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the *Physiotherapy Act, Regulated Health Professions Act, 1991* and the Code as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its registrants, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of registrants to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.

## Governance

The College is governed by a Council, or board of directors. The council is made up of eight elected physiotherapists from regions across the province, two academic representatives, who are also registered physiotherapists, and seven members of the public appointed by the government.

Council sets the College's strategic direction and considers policies and standards to ensure the College is meeting its mandate to protect the public.

The council is responsible for ensuring the protection of the public interest and improving the quality of physiotherapists' care in the province. Council members are involved in establishing

policies to make certain that College operations reflect corporate goals and safeguard the organization's assets.

In addition to attending four Council meetings each year, Council members also serve on at least one statutory Committee.

The College has statutory Committees as described in the legislation and several non-Statutory Committees. Committees are made up of Council and Non-Council Committee members. The statutory Committees consider registrant-specific matters related to registration, quality assurance, investigations, inquiries and hearings, and patient relations / funding for therapy and counseling for patients. The College also has two non-statutory committees: the Finance Committee, which assists the Council in providing financial oversight of the College; and the Examinations Committee, which oversees the implementation of the Ontario Clinical Exam.

The Council is responsible for hiring, monitoring, and evaluating the College's chief executive officer, the Registrar. The Registrar manages, directs, and supervises the College's daily work and represents the College with many external organizations.

### Staff Structure

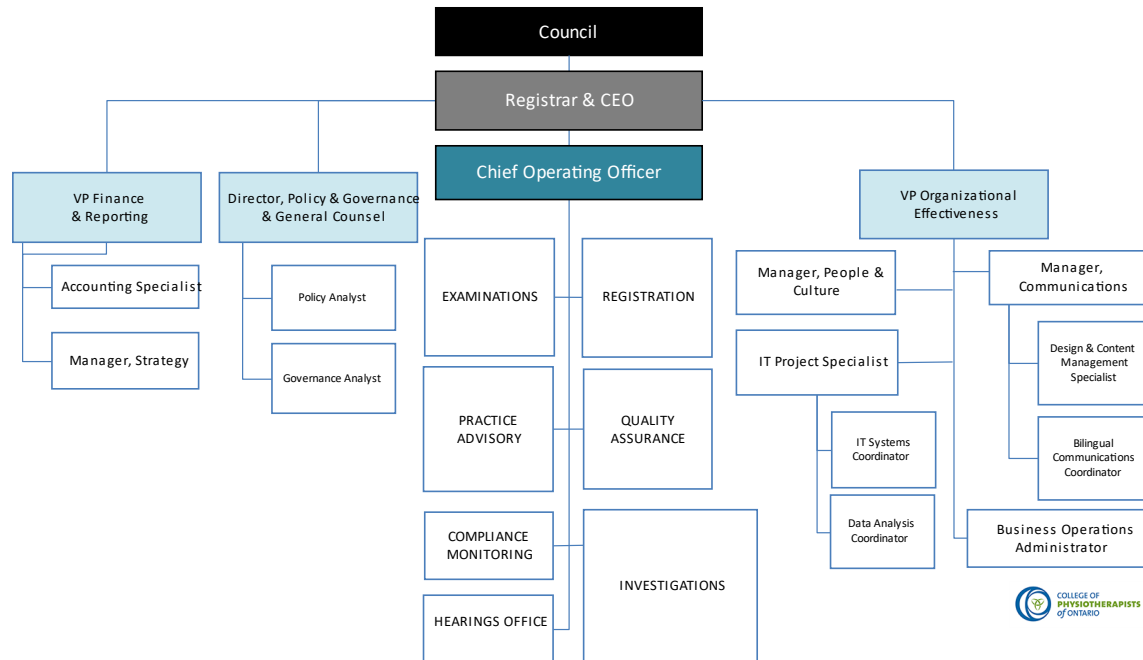
The day-to-day operation of the College is carried out by a team of staff, led by the Registrar and Chief Operating Officer. Currently the College has a team of 40 staff.

The Registrar leads a senior leadership team that includes the Chief Operating Officer, VP Organizational Effectiveness, VP Finance and Reporting, and the Director Policy and Governance, and General Counsel.

The management team consists of 8 managers who lead various College departments.

For further details, please refer to the Human Resources Plan section.

Figure 1 - College Organizational Structure (Oct 2022)



## Funding

Over 90% of the College’s funding comes from the fee paid by physiotherapists to maintain their certificate of registration and fees paid to sit the Ontario Clinical Exam. Other sources of income include administrative fees and investment income, which represents a small proportion of the College’s total revenue. The College does not receive funding from the Government of Ontario. For further details, please refer to the Financial Plan (Budget) section.

## Mission, Vision, and Strategy

In March 2022, Council approved a new Mission, Vision, and Strategic Plan for the College.





The strategic plan includes six strategic priority areas. The **Regulation & Risk** area relates directly to our core statutory mandate. **Partnership & Engagement, People & Culture, and Performance & Accountability** are key enablers for the Regulation & Risk area. **Governance and Equity, Diversity and Inclusion** supports all four of the other areas.



Each of the six strategic priorities has associated initiatives that help accomplish the goals.

# Strategic Initiatives

## Risk & Regulation

Create, implement and maintain a culture grounded in risk-based assessments and evidence-informed decision making.

Assess the pathways to licensure to ensure that they are appropriate and fair to both Canadian trained and internationally educated physiotherapists.

## Engagement & Partnerships

Engage in purposeful and meaningful engagement, collaboration and partnerships which further our strategic goals and statutory mandates.

## People & Culture

Develop and maintain an organizational infrastructure which supports our statutory obligations and strategic priorities.

## Performance & Accountability

Develop and maintain an enterprise risk management strategy which supports organizational, governance and statutory activities of the College.

Develop and implement a Data Management Strategy to support risk-based and evidence-informed decision making.

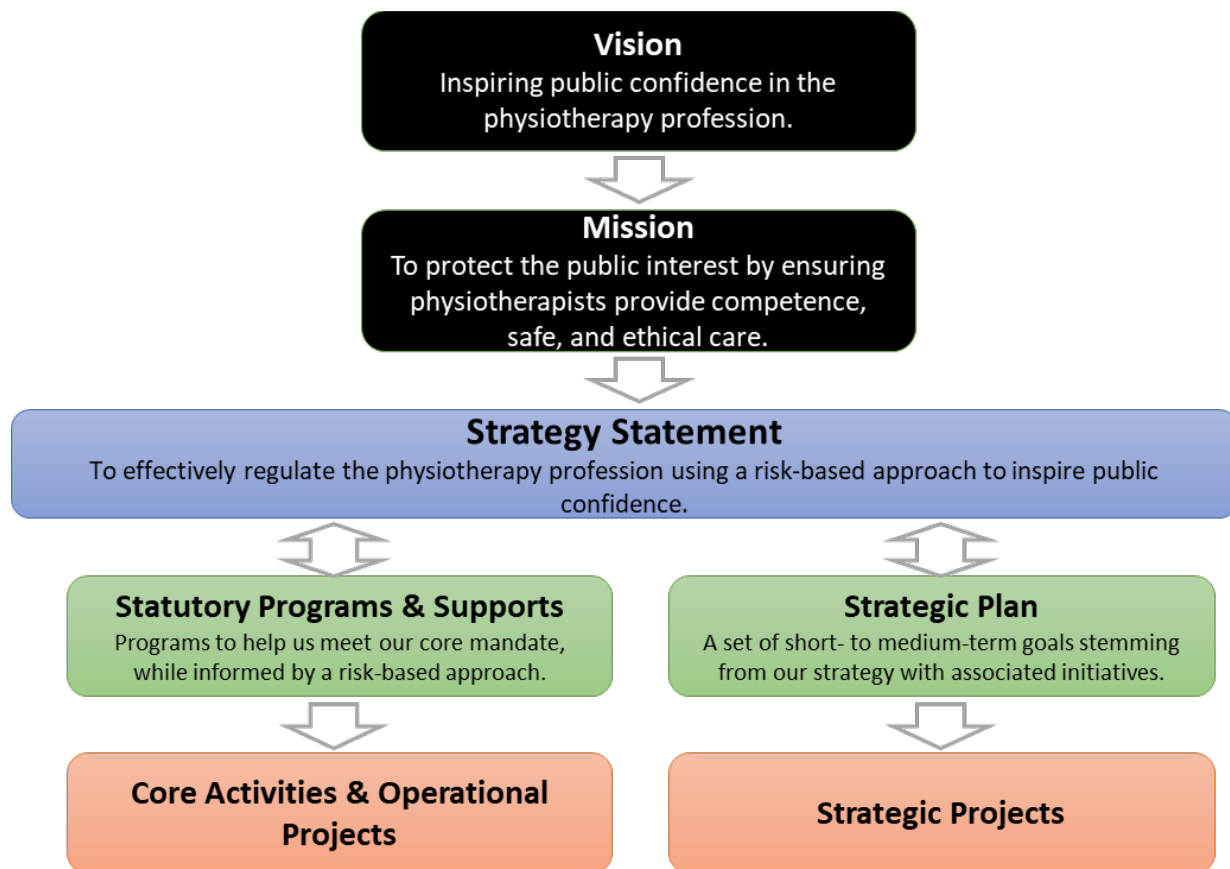


Embrace a culture where an **Equity, Diversity and Inclusion** lens is intentionally incorporated into all levels of decision making at the College.



Create a **governance framework** which meets or exceeds industry standards as assessed against our regulator peers.

The mission, vision, and strategic priorities can be summarized in a single **strategy statement** which describes the College's long-term goal. In turn, the strategy informs the College's statutory programs and support activities as well as strategic initiatives.



## Key Organizational Objectives

Overall, the key objectives for the organization for FY2023-2024 include:

- To effectively administer the statutory programs and to continually improve our tools and processes.
- To increase communication and engagement with the public and stakeholders with a focus on equity, diversity, and inclusion.
- To broaden the accessibility to the Ontario Clinical Exam by transitioning to a fully virtual delivery model and to offer the exam in French.
- To continue improving our information technology infrastructure to support our activities and to bolster cybersecurity.
- To support the College's statutory and strategic activities through sound governance principles, structures, and policies.
- To carry out strategic projects to advance our current strategic goals.
- To prudently manage the finances of the College.
- To manage the College's risk related to operations and our regulatory responsibilities.

## Operating Plan

The operating plan includes work plans for 13 different business areas, all of which contribute to the College’s overall strategy and the key organizational objectives.



Each of the business areas contribute to the execution of the strategic plan by supporting one or more of the strategic priority areas:

Program / Pillar	Risk & Regulation	Engagement & Partnerships	People & Culture	Performance & Accountability	Governance	Equity, Diversity, & Inclusion
Compliance Monitoring						
Discipline						
Exam						
Professional Conduct						
Patient Relations						
Practice Advice						
Quality Assurance						
Registration						
Therapy & Counselling						
Business Operations						
Communications						
Executive Office						
Finance & Reporting						
Information Technology						
Organizational Effectiveness						
People & Culture						
Policy & Governance						
Strategy						

### FY2023-2024 Projects Allocated by Strategic Pillar

While all of the College’s work is informed by and contributes to the organization’s overall strategy in some way, one of the ways we ensure we accomplish the strategic goals that Council has defined is to pursue special projects that are intended to advance those goals specifically. To that end, staff in collaboration with the Council identifies strategic projects every year, which are projects that stem from the strategic goals and initiatives directly. In addition, staff also identify additional special projects at the operational level that are intended to meet the team’s as well as the organization’s goals and objectives.

These are the strategic initiatives that Council have approved for 2022-2026 associated with each of the six strategic priority areas:

<p><b>Regulation &amp; Risk</b></p> <p>Effectively regulate the physiotherapy profession in Ontario and advance its statutory work through a risk-based approach.</p>	<p><b>Engagement &amp; Partnerships</b></p> <p>Collaborate, partner and engage with the public, profession, and other stakeholders in a clear, transparent and timely manner to enhance trust and credibility.</p>	<p><b>People &amp; Culture</b></p> <p>Promote a collaborative environment and a culture based on equity, diversity and inclusion principles while ensuring staff and Council have the resources they need to do their best work.</p>	<p><b>Performance &amp; Accountability</b></p> <p>Implement strong corporate and governance structures and systems that include effective data, technology, and processes to enable informed decision-making and progressive corporate performance to extend CPO's work and impact.</p>
<p><b>Initiatives</b></p> <p>Create, implement and maintain a culture grounded in risk-based assessments and evidence-informed decision making.</p> <p>Assess the pathways to licensure to ensure that they are appropriate and fair to both Canadian trained and internationally educated physiotherapists.</p>	<p><b>Initiatives</b></p> <p>Engage in purposeful and meaningful engagement, collaboration and partnerships which further our strategic goals and statutory mandates.</p>	<p><b>Initiatives</b></p> <p>Develop and maintain an organizational infrastructure which supports our statutory obligations and strategic priorities.</p>	<p><b>Initiatives</b></p> <p>Develop and maintain an enterprise risk management strategy which supports organizational, governance and statutory activities of the College.</p> <p>Develop and implement a Data Management Strategy to support risk-based and evidence-informed decision making.</p>

 Embrace a culture where an **Equity, Diversity and Inclusion** lens is intentionally incorporated into all levels of decision making at the College.

 Create a **governance framework** which meets or exceeds industry standards as assessed against our regulator peers.

The table below summarizes the list of special projects planned for fiscal year 2023-2024 and shows how they contribute to one of the six strategic priority areas in the current strategic plan.

Strategic Priority Area	Strategic Projects	Operational Projects
<p><b>Regulation &amp; Risk</b></p> <p><i>Initiatives:</i> Create, implement, and maintain a culture grounded in risk-based assessments and</p>	<ul style="list-style-type: none"> <li>Standards review</li> <li>PC (Professional Conduct) audit (<i>deferred to FY 2024-2025</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Create resources to support participants in the Discipline and Compliance Monitoring processes</li> <li>Implement virtual and French version of the OCE</li> <li>Develop communications e-learning module with national partners</li> </ul>

Strategic Priority Area	Strategic Projects	Operational Projects
<p><i>evidence informed decision making.</i></p> <p><i>Assess the pathways to licensure to ensure that they are appropriate and fair to both Canadian and internationally educated physiotherapists.</i></p>		<ul style="list-style-type: none"> <li>• Bill 106 implementation</li> <li>• Develop new Jurisprudence module with national partners</li> <li>• QA (QUALITY ASSURANCE) screening interview revision and equating study (<i>deferred to FY 2024-2025</i>)</li> </ul>
<p><b>Engagement &amp; Partnerships</b></p> <p><i>Initiatives:</i>  <i>Engage in purposeful and meaningful engagement, collaboration and partnerships which furthers our strategic goals and statutory mandates.</i></p>	<ul style="list-style-type: none"> <li>• Support to new registrants (creation of learning modules)</li> </ul>	<ul style="list-style-type: none"> <li>• Develop materials to support virtual and French OCE</li> <li>• New website (<i>deferred to FY 2024-2025</i>)</li> </ul>
<p><b>People &amp; Culture</b></p> <p><i>Initiatives:</i>  <i>Develop and maintain an organizational infrastructure which supports our statutory obligations and strategic priorities.</i></p>	<ul style="list-style-type: none"> <li>• Staff psychological health &amp; wellness project</li> </ul>	<ul style="list-style-type: none"> <li>• Create committee orientation modules for Finance and Exam</li> <li>• Finance department review and recommendations</li> <li>• People &amp; Culture projects (HR plan, performance management, succession planning, staff development)</li> </ul>
<p><b>Performance &amp; Accountability</b></p> <p><i>Initiatives:</i>  <i>Develop and maintain an</i></p>	<ul style="list-style-type: none"> <li>• Cybersecurity audit</li> <li>• ERM (Enterprise Risk Management) strategy &amp; risk registers</li> <li>• Begin development of a data strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Develop operational policies and procedures to support operational efficiency in various business areas</li> <li>• Exam program research and evaluation plan</li> </ul>

Strategic Priority Area	Strategic Projects	Operational Projects
<p><i>enterprise risk management strategy, which supports organizational, governance and statutory activities of the College.</i></p> <p><i>Develop and implement a data management strategy to support risk-based and evidence-informed decision making.</i></p>		<ul style="list-style-type: none"> <li>• Registration IT and data improvement projects</li> <li>• Update College emergency plan</li> <li>• SharePoint migration</li> <li>• Database enhancements (PC and Committees)</li> <li>• Develop IT strategy and identify policies needed</li> <li>• Implement new CIHI reporting requirements</li> <li>• Convert to online accounting software</li> <li>• New enterprise resource planning software</li> <li>• Re-align college business to the calendar year</li> </ul>
<p><b>Equity, Diversity &amp; Inclusion</b></p>	<ul style="list-style-type: none"> <li>• Equity impact assessment and development of EDI (Equity, Diversity, and Inclusion) strategy/plan</li> </ul>	<ul style="list-style-type: none"> <li>• Implement French OCE</li> </ul>
<p><b>Governance</b></p>	<ul style="list-style-type: none"> <li>• Third party governance review</li> </ul>	<ul style="list-style-type: none"> <li>• Bylaw updates (CIHI changes and others)</li> <li>• Move to competency-based criteria for Council and Committees (as per CPMF requirement)</li> <li>• President Orientation Program</li> </ul>

The following sections will provide a breakdown of the following items for each department:

- Brief description of the role of the department.
- How the department’s operating plan links to the strategic pillars.
- The department’s key objectives.
- Highlights of the department’s key activities.
- A list of special projects, strategic or operational, being undertaken by the department.
- List of the required human and financial resources.
- The partners within the College with whom the department regularly collaborates.



**Compliance Monitoring (*Statutory*)**

The Compliance Monitoring program supports registrants who have been ordered by one of the College’s committees to complete remediation or education activities to ensure that they understand and complete the required activities. This area also monitors revocations, and suspensions.

The Committee Support Specialist coordinates the compliance activities with the registrant and external partners, such as coaches. They support registration, quality assurance, ICRC and the Discipline and Fitness to Practice Committee

**Contributes to:**

- Regulation & Risk

**Key objectives:**

- Provide greater support for participants in the compliance monitoring process
- Ensure registrants fulfill compliance requirements

**Highlight of activities:**

- Coordination and tracking of registrants’ compliance activities.
- Provide resources and support to coaches and supervisors
- Monitoring suspensions and facilitating return to work plans

**Special projects:**

- Update and creation of resources for compliance monitoring to support participants in the process
- Creation of compliance monitoring operational policies to support operational efficiency

**Resource complement:**

- Senior Leader: Chief Operating Officer
- Department Lead: Committee Support Specialist
- Staffing: 0.5 FTE
- Program budget: \$16,215

**Collaborates with:**

Senior Practice Advisor

### Examinations (*statutory*)

The College administers the Ontario Clinical Exam (OCE) which assesses applicants' competency prior to registration for independent practice.

The Examinations team plans and executes the OCE including examiner recruitment, training, and assessment; schedules candidate participation in the OCE; designs and keeps current the content of the OCE; works with internal staff and external vendors to support the OCE's technological requirements; supports candidates during the delivery of the OCE; collects, tracks, and reports on OCE analytics; and supports the Examination Committee.

#### Contributes to:

- Regulation & Risk
- Performance & Accountability
- Equity, Diversity & Inclusion

#### Key objectives:

- All candidates who wish to take the exam can do so
- Transition to fully virtual exam delivery
- Launch French exam
- Use data analytics to continually assess exam performance
- Create resources to support examiner and Examinations Committee member training
- Create program policies and procedures to support efficient processes

#### Highlight of activities:

- Facilitate candidates to register for the exam
- Manage examiner and candidate scheduling
- Ongoing examiner recruitment and training
- Create new exam forms for each exam sitting
- Facilitate smooth running of exam day procedures
- Analysis, reporting and scoring for each exam administration
- Support Examinations Committee decision-making

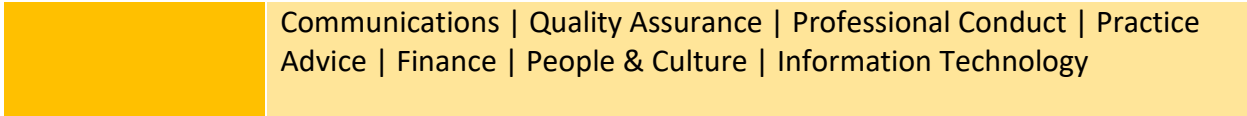
#### Special projects:

- Exploration of a research and evaluation plan for the exam program

#### Resource complement:

- Senior Leader: Chief Operating Officer
- Department Lead: Manager, Examinations
- Staffing: 3.0 FTE
- Program budget: \$1,074,015

#### Collaborates with:



### Patient Relations and Funding for Therapy & Counselling (*Statutory*)

Patient Relations is a statutory program that implements measures for preventing and dealing with sexual abuse of patients.

The Patient Relations program is managed by professional staff who support the Patient Relations Committee.

The College provides funding for therapy and counselling for people who have been sexually abused by a physiotherapist. This falls under the umbrella of the Patient Relations Committee

Professional staff coordinate the approval of the funding requests and the disbursement of funding with the claimant and service providers such as counsellors or therapists.

#### **Contributes to:**

- Regulation & Risk

#### **Key objectives:**

- To process and approve therapy funding applications in a timely way
- To assist the Patient Relations Committee in defining an action plan to implement their goals

#### **Highlight of activities:**

- Reviewing, approving, and administering therapy funding requests (at staff and Committee level)
- Support the Committee in creating a patient relations plan

#### **Resource complement:**

- Senior Leader: Chief Operating Officer
- Department Lead: Practice Advisor, VP Organizational Effectiveness
- Support: Committee Support Specialist
- Program budget: \$64,677

#### **Collaborates with:**

VP, Organizational Effectiveness | Practice Advice | Committee Support Specialist

### Professional Conduct (*Statutory*)

The Investigations team falls under the Professional Conduct department. The team investigates concerns and complaints about physiotherapists' practice and assists the Inquiries, Complaints and Reports Committee (ICRC) in their consideration and decisions on those matters.

Program staff receive complaints via email, phone, and web forms. Investigations into concerns can also be initiated by the Registrar. Staff review the complaints and determine if they can be resolved or require further investigation. Investigations are conducted by staff investigators with the assistance of external investigators. Legal professionals are hired by the College to assist with the investigations and provide advice to the ICRC.

The ICRC reviews cases and may decide on certain actions or refer cases to the Discipline Committee or the Fitness to Practice Committee for further review.

#### Contributes to:

- Regulation & Risk
- Performance & Accountability

#### Key objectives:

- Complete operational policies and procedures
- Reduce investigations timelines

#### Highlight of activities:

- Intake and investigation of complaints and concerns regarding physiotherapists
- Support ICRC decision-making and decision drafting
- Participate in HPARB (Health Professions Appeal and Review Board) appeals process

#### Special projects:

- Development of operational policies and procedures

#### Resource complement:

- Senior Leader: Chief Operating Officer
- Department Lead: Manager, Investigations
- Staffing: 8.0 FTE
- Program budget: \$1,319,807

#### Collaborates with:

Policy & Governance

### Hearings (*Statutory*)

The hearings office supports the Discipline and Fitness to Practice Committees.

Discipline is a statutory program where the most serious concerns about physiotherapists' practice or conduct are considered by the Discipline Committee from referrals from the Inquiries, Complaints, and Report Committee (ICRC), and applies penalties, where appropriate. The Discipline Committee is a quasi-judicial body that hears cases and decides on the merits. The Discipline Committee is supported by legal counsel and the hearings office. Decisions may be appealed to the provincial courts.

Fitness to Practice deals with cases where the physiotherapist's capacity to practice is in question. The Fitness to Practice Committee also conducts hearings, but these hearings are not open to the public. Incapacity cases are fairly rare.

#### **Contributes to:**

- Regulation & Risk

#### **Key objectives:**

- Ensure that matters are heard in a manner that is fair and unbiased
- Ensure matters are heard in a timely way

#### **Highlight of activities:**

- Coordination and support for discipline hearings
- Timely information sharing and administrative support for the Discipline Committee

#### **Special projects:**

- Create and update resources for discipline to support participants in the process.

#### **Resource complement:**

- Senior Leader: Chief Operating Officer
- Department Lead: Committee Support Specialist
- Staffing: 0.5 FTE (part of the Professional Conduct portfolio)
- Program budget: \$264,072

### Practice Advice (*Statutory*)

The Practice Advice function supports physiotherapists and the public in understanding and applying rules related to physiotherapy practice, and provides helpful information to patients, employers, and caregivers.

The Practice Advice team responds to inquiries from PTs, patients, employers, insurers, and other stakeholders; help PTs interpret and apply the College's rules; supports the College's Committees in interpreting and applying the College's rules; stays current on knowledge about physiotherapy practice; and engages in outreach activities with key stakeholders such as PT students.

#### Contributes to:

- Regulation & Risk
- Engagement & Partnership
- People & Culture

#### Key objectives:

- Respond to inquiries in an accurate and timely manner
- Engage with stakeholders to stay up to date on environmental trends
- Develop and implement internal education activities for staff
- Develop communication materials for physiotherapists
- Develop and deliver presentations to physiotherapy students

#### Highlight of activities:

- Responding to Practice Advice inquiries
- Support to College committees (ICRC, Discipline, QA, Patient Relations)
- Support for Professional Conduct, Compliance Monitoring, and Exams teams
- Networking, research, and environmental scanning
- Present education workshops to PT and PTA students

#### Special projects:

- Develop content for professional communications e-learning module

#### Resource complement:

- Senior Leader: Chief Operating Officer
- Department Lead: Senior Physiotherapist Advisor
- Staffing: 3.0 FTE
- Program budget: \$457,643

#### Collaborates with:

Communications | Professional Conduct | Committee Supports Specialist  
| Quality Assurance | Exam

### Quality Assurance (*Statutory*)

The Quality Assurance program supports registrants in their participation in the practice assessment process and other professional development activities to proactively address areas of improvement and learning.

The Quality Assurance program selects a certain percentage of registrants (10%) each year to complete a structured screening interview led by peer assessors. Registrants must achieve a minimum score as determined by the Quality Assurance Committee or be referred for further assessment, also conducted by a peer assessor.

#### Contributes to:

- Regulation & Risk
- Engagement & Partnership
- People & Culture
- Performance & Accountability

#### Key objectives:

- Complete the target number of screening interviews for the year
- Analyze assessment results to identify where PTs require support
- Improve security of the assessment technology platform

#### Highlight of activities:

- Facilitate PTs' participation in screening interviews and assessments
- Provide ongoing training to assessors
- Support Quality Assurance Committee decision-making
- Technology support to PTs and assessors
- Create and update resources for PTs and assessors
- Create and update program procedures and resources

#### Resource complement:

- Senior Leader: Chief Operating Officer
- Department Lead: Manager, Quality Assurance
- Staffing: 3.25 FTE
- Program budget: \$594,353

#### Collaborates with:

Practice Advice | Registration | Information Technology |  
Communications | External Report Reviewers



### Registration (*Statutory*)

The Registration team processes applications for registration with the College and provides service to registrants on registration-related matters.

The Registration team processes all types of applications including provisional practice, independent practice, courtesy, and professional health corporations. The team also provides registration-related services to current registrants such as issuing wall certificates and letters of professional standing.

The professional staff supports the Registration Committee in their review of applications and to determine if applicants should be granted a certificate of registration.

#### Contributes to:

- Regulation & Risk

#### Key objectives:

- Process and approve registration applications within the legislative timelines
- Review and update program procedures and communication materials
- Create new applications forms in the PT portal for all application types
- Facilitate all other registration-related requests from PTs

#### Highlight of activities:

- Process and approve registration applications (including those through the Exemption Policy until March 31, 2023)
- Process all other registration-related requests (e.g., supervision, wall certificates, letters of professional standing, etc.)
- Facilitate the annual renewal and jurisprudence activities
- Provide support to applicants by responding to inquiries
- Support Registration Committee decision-making

#### Special projects:

- Pursue IT improvements to improve efficiency
- Data clean-up to ensure registration data quality
- Implement new operational tools to comply with Bill 106 requirements

#### Resource complement:

- Senior Leader: Chief Operating Officer
- Department Lead: Manager, Registration
- Staffing: 5.0 FTE
- Program budget: \$812,316

#### Collaborates with:

Information Technology | Communications | Examinations

## Organizational Effectiveness

Organizational Effectiveness is a multidisciplinary team that provides support to all college teams with communications, information technology, people and culture, and business operations. The team is led by the Vice President – Organizational Effectiveness.

This department has a key role to support all College teams as they complete their core and strategic work. Organizational Effectiveness team members work cross-functionally on a regular basis. All staffing for the Organizational Effectiveness department is captured under the summary for overall department.

### Budget:

- Program activities: \$636,856
- Staff costs: \$842,376
- Total: \$1,479,333

Staff Complement: 9 (note: VP Organizational Effectiveness compensation captured in Executive Office)

The operating plans for each team within the Organizational Effectiveness function is included below. The staffing costs are not included in the “program budget” summarized for each program within the Organizational Effectiveness department.

### Business Operations

The Business Operations staff person supports and coordinates the on-site, hybrid and virtual requirements for the College’s meetings, assists with onsite support of the College’s physical office space, assist with troubleshooting issues with the College’s virtual office, assists with shipping and receiving and assists with IT and HR projects, as well as providing IT hearing support.

#### Contributes to:

- Performance & Accountability

#### Key objectives:

- Provide operational and administrative support to all areas of the College

#### Highlight of activities:

- Support hearings and other meetings (in-person, hybrid and virtual)
- Act as key contact for external vendors
- Work with IT team on various IT projects
- Provide IT support for the Ontario Clinical Exam
- Work with People & Culture Manager to provide administrative support
- Provide customer support for PISA and Jurisprudence

- Manage files, records management, mail and courier packages and other miscellaneous duties as required

**Special projects:**

- Update the College’s emergency plan
- Create documentation of all office-related processes, tasks, and information
- Assist in the SharePoint migration project

**Resource complement:**

- Senior Leader: VP Organizational Effectiveness
- Department Lead: Business Operations Coordinator
- Staffing: 1.0 FTE
- Program budget: \$21,240

**Collaborates with:**

All other business areas

**Communications**

The communications team supports all areas of the College by facilitating timely and transparent communication of information to the College’s stakeholders. The team also supports stakeholder outreach, engagement, and partnership activities to further the College’s mandate and strategic goals.

The communications team ensures the College’s website is maintained and presents current information; manages and tracks the College’s social media accounts; writes and publishes the monthly *Perspectives* newsletter; quarterly employer and academic newsletters, coordinates the College’s response to media, registrant, or public enquiries; reviews policies and external communications for plain language and clarity; supports internal communications to the College’s staff; designs all communication materials; creates e-learning modules; supports the College’s annual Professional Issues Self-Assessment (PISA) activity; and supports the communications activities for the Ontario Clinical Exam (OCE). The communications team also leads special projects to support stakeholder engagement and partnerships based on the Council’s strategic direction.

**Contributes to:**

- Engagement & Partnership
- Performance & Accountability
- Equity, Diversity & Inclusion

**Key objectives:**

- Develop materials for all stakeholders to reinforce the College’s commitment to Equity, Diversity, and Inclusion
- Reach key stakeholders and audiences through email and social media
- Use data to improve communication strategy
- Communications and marketing support to all business areas
- Seek and establish opportunities for collaboration with external stakeholders

**Highlight of activities:**

- Maintain website content
- Produce *Perspectives* and other targeted newsletters for employers and academics
- Content creation and design for all communications channels
- Support consultation activities
- Stakeholder outreach activities
- Advertising and analytics
- Developing and administering PISA

**Special projects:**

- Materials to support Ontario Clinical Exam (virtual exam, French exam)
- Learning modules to support new registrants (**strategic**)
- Lead on Communications e learning module
- Committee e-learning modules (Finance, Exams)

**Resource complement:**

- Senior Leader: VP Organizational Effectiveness
- Department Lead: Manager, Communications
- Staffing: 3.0 FTE
- Program budget: \$118,155

**Collaborates with:**

All other business areas

### Information Technology

The Information Technology function enables all areas of the College to do their work effectively and efficiently by using the appropriate technology tools and processes.

The Information Technology team maintains and supports the College’s database; manages, designs, and trains employees on the use of the College’s internal communication and collaboration platform (MS 365); manages the College’s information technology hardware (e.g., computers, etc.); works with program areas to integrate their work with the database, streamline their work processes, and collect data for improved analytics; pulls data from the database for program reports; and implements the College’s cybersecurity program. As well as providing IT support for the Ontario Clinical Exam.

**Contributes to:**

- Performance & Accountability

**Key objectives:**

- Provide ongoing IT support to all business areas
- Implement migration from F drive to SharePoint for all staff as the primary work and document retention platform
- Ensure high level of cybersecurity for the organization
- Provide technology-related training to all staff to support effective, efficient, and secure work
- Complete priority enhancement work for the database

**Highlight of activities:**

- Transition to SharePoint platform
- Improvements to PT Portal and Public Register
- Education and training for staff
- Technology support for the Ontario Clinical Exam, PISA, and annual renewal
- IT support and work requests for all business areas

**Special projects:**

- Database enhancements to support Professional Conduct and Committees
- Develop and updated IT protocols and policies
- Cybersecurity audit and implementation of improvements (strategic)
- Implement database changes to support Canadian Institute of Health Information (CIHI) reporting
- Add new online forms for professional corporations and Independent Practice applicants

**Resource complement:**

- Senior Leader: VP Organizational Effectiveness
- Department Lead: IT Project Specialist

	<ul style="list-style-type: none"><li>• Staffing: 3.0 FTE</li><li>• Program budget: \$392,051</li></ul> <p><b>Collaborates with:</b> All other business areas</p>
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## People & Culture

The People & Culture function supports all areas of the College by ensuring that we have the appropriate human resources complement to support our mandate and strategic goals, and that we have measures in place to support the health and performance of our workforce.

People and Culture is responsible for building and supporting the College's work culture; leading our EDI work, managing the College's performance management program, including training and supporting program managers to implement the program; designs and implements the College's staff professional development program; supports staff engagement activities; conducts and reports on workplace and HR assessments; manages the College's benefit and compensation program; and supports managers and staff with human resource questions.

### Contributes to:

- People & Culture
- Equity, Diversity & Inclusion

### Key objectives:

- Provide ongoing HR support to all staff and managers
- Ensure CPO is compliant with all HR-related rules
- Build a supportive workplace culture that allows for a healthy and productive workforce
- Monitor talent, retention, and succession planning

### Highlight of activities:

- Develop and implement an HR plan
- Maintain and implement HR policies and procedures
- Manage all aspects of the hiring and onboarding process
- Manage employee benefits program
- Establish a plan for ongoing support for managers
- Manage staff recognition and engagement activities
- Develop and implement annual training plan
- Develop plan to support staff wellness

### Special projects:

- Lead employee engagement & psychosocial wellness survey
- Launch new performance assessment program
- Begin development of a CPO Equity, Diversity, and Inclusion strategy/plan

### Resource complement:

- Senior Leader: VP Organizational Effectiveness
- Department Lead: Manager People and Culture
- Staffing: 1.0 FTE
- Program budget: \$105,510

	<b>Collaborates with:</b> All other business areas
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**Finance & Reporting**

The Finance & Reporting function supports the effective financial management of the College, completes routine accounting activities, and ensures accurate, timely and meaningful reporting of financial information.

The Finance and Reporting team completes all full-cycle accounting activities, prepares quarterly financial statements and reports, leads the annual budgeting process, leads the annual external financial audit, manages the College’s payroll, ensure finance related government reports are completed and submitted on time, drafts and updates financial policies and internal controls, and manages the College enterprise risk management program.

The Finance and Reporting team includes the strategy team as well. The Strategy team has a separate set of key objectives and activity highlights.

**Contributes to:**

- Regulation & Risk
- Performance & Accountability
- Governance

**Key objectives:**

- Provide accurate, timely, and meaningful financial information to the Council, Senior Leadership Team, and College business areas
- Provide information that will contribute to data-driven decision making
- Support Council and College staff financial and risk educational initiatives

**Highlight of activities:**

- Develop annual operational budget and operating plan
- Complete daily/monthly/quarterly accounting activities
- Support the external auditor on the annual financial audit
- Develop and deliver quarterly financial reports
- Support departments to create risk registries

**Special projects:**

- Conversion of accounting software to online version
- New enterprise resource planning (ERP) software
- Implement Enterprise Risk Management program (**strategic**)
- Implement recommendations from the review of the Finance Department

**Resource complement:**

- Senior Leader: VP Finance and Reporting
- Department Lead: VP Finance and Reporting
- Staffing: 2.0 FTE ((note: VP Organizational Effectiveness compensation captured in Executive Office)
- Program budget: \$1,178,128

**Collaborates with:**

Senior Leadership and Management Team | External Auditor | External  
finance and accounting consultants | Council | Finance Committee

## Policy & Governance

The Policy & Governance department supports the College in meeting legal requirements, maintains the College's official documents, and supports the effective functioning of Council and Committees.

The policy and governance team remains current with developments in health regulation in Ontario, across Canada, and internationally. The professional staff draft new and update current policies and standards, lead consultations with internal and external stakeholders, work with legal counsel, and present draft policies and standards to the Council. The policy and governance team supports and provides guidance to other College staff as they draft new and update current operational policies and procedures.

The policy and governance team is led by a lawyer who also serves as the College's general counsel.

The policy and governance team provides administrative support to the Council and Executive Committee, plans and coordinates education for the Council, and conducts periodic reviews of the College's governance system.

### Contributes to:

- Regulation & Risk
- Performance & Accountability
- Governance
- Equity, Diversity & Inclusion

### Key objectives:

- To ensure that Council functions effectively
- To ensure that we appoint appropriate individuals to Council and Committees in a timely way
- Ensure the completion of an external governance review
- To introduce competency-based eligibility criteria for Council and Committee members (CPMF requirement)
- To review and update standards to address risks and changes in the environment
- To complete by-law updates (CIHI data requirements and others)
- To ensure that the College meets all legislative and legal obligations
- Address privacy breaches

### Highlight of activities:

- Ongoing governance support to Council and Committees
- Changes and improvements to governance processes as directed
- Review and update of by-laws and governance policies as needed
- Review and update practice standards (**strategic**)
- Implement Bill 106 regulation changes
- Providing in-house legal advice
- Support policy development in other business areas

**Special projects:**

- Create a President Onboarding Program
- Third-party governance review (**strategic**)
- Introduce competency-based criteria for professional members of Council and Committees (CPMF requirement)

**Resource complement:**

- Senior Leader: Registrar
- Department Lead: Director, Policy & Governance, and General Counsel
- Staffing: 3.0 FTE
- Program budget: \$499,645

**Collaborates with:**

Council | Senior Leadership and Management Team | Communications | Practice Advice | Strategy

**Strategy**

The Strategy function supports all other areas of the College in identifying and successfully completing initiatives to achieve the College’s mandate and strategy.

The Strategy team works to link the College’s approved strategic plan with its planning and reporting activities. This includes drafting the College’s annual operating plan; supporting program managers to design and track program outcomes & metrics; preparing reports and managing the College’s organizational performance dashboard; supporting project owners with designing, tracking, implementing, & reporting on operational & strategic projects.

**Contributes to:**

- Regulation & Risk
- Engagement & Partnership
- People & Culture
- Performance & Accountability
- Governance
- Equity, Diversity & Inclusion

**Key objectives:**

- To support the successful execution of planned Strategic Projects
- To support effective reporting about strategic and operational activities to Council
- To implement a process to ensure that the College can meet all of its external reporting obligations

**Highlight of activities:**

- Ensure the identification of strategic initiatives and projects
- Tracking and reporting progress of strategic initiatives and projects
- Project planning and execution support for all project owners
- Support the internal and external communication of the organizational strategy
- Scan the environment to identify relevant trends and ideas
- Ensure the College meets external reporting obligations (e.g., CPMF, OFC (Ontario Fairness Commissioner), etc.)

**Special projects:**

- Begin development of a data strategy for the College

**Resource complement:**

- Senior Leader: VP Finance and Reporting
- Department Lead: Manager, Strategy
- Staffing: 1.0 FTE
- Program budget: see Finance & Reporting Team & Policy and Governance Team

**Collaborates with:**

All other business areas

**Executive Office**

The Executive Office provides overall leadership to all of the College’s programs and activities. The Executive Office consists of the Registrar, Chief Operating Officer / Deputy Registrar, Vice President Organizational Effectiveness, and the Vice President Finance and Reporting.

The Registrar, who serves as the College’s chief executive officer, leads the Executive Office and the Senior Leadership Team.

**Contributes to:**

- Risk & Regulation
- Engagement & Partnership
- People & Culture
- Performance & Accountability
- Governance
- Equity, Diversity & Inclusion

**Key objectives:**

- Ensure the College’s strategic plan is executed according to the Council’s direction.
- Ensure the College is properly resourced with a skilled and knowledgeable workforce and the financial resources to support operations.
- Liaise with national and provincial regulatory partners on common projects and activities.
- Support and advise the Council, as required, on all matters related to the College’s business.
- Ensure the College meets its statutory and regulatory responsibilities described in the Regulated Health Professions Act (RHPA).

**Resource complement:**

- Senior Leader: Registrar
- Staffing: 4.0 FTE
- Program budget: \$961,073

**Collaborates with:**

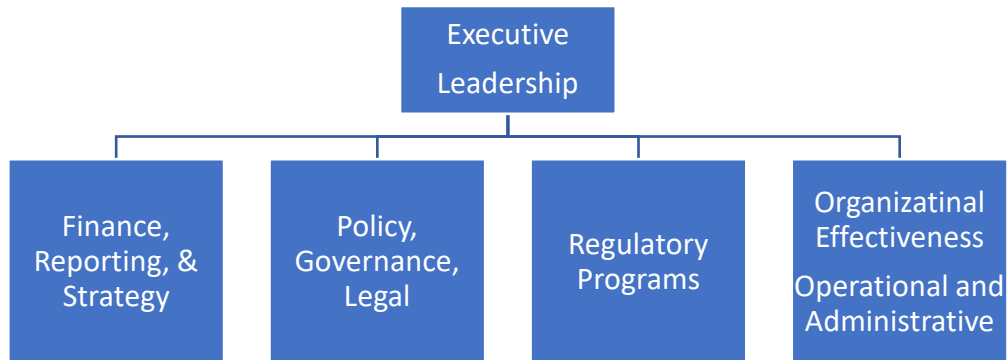
All other business areas



## Human Resource Plan

### **Organizational Design**

The College's organizational structure is designed to clearly delineate roles and responsibilities between the core statutory and regulatory work of the College and the administrative support functions to successfully complete the core work.

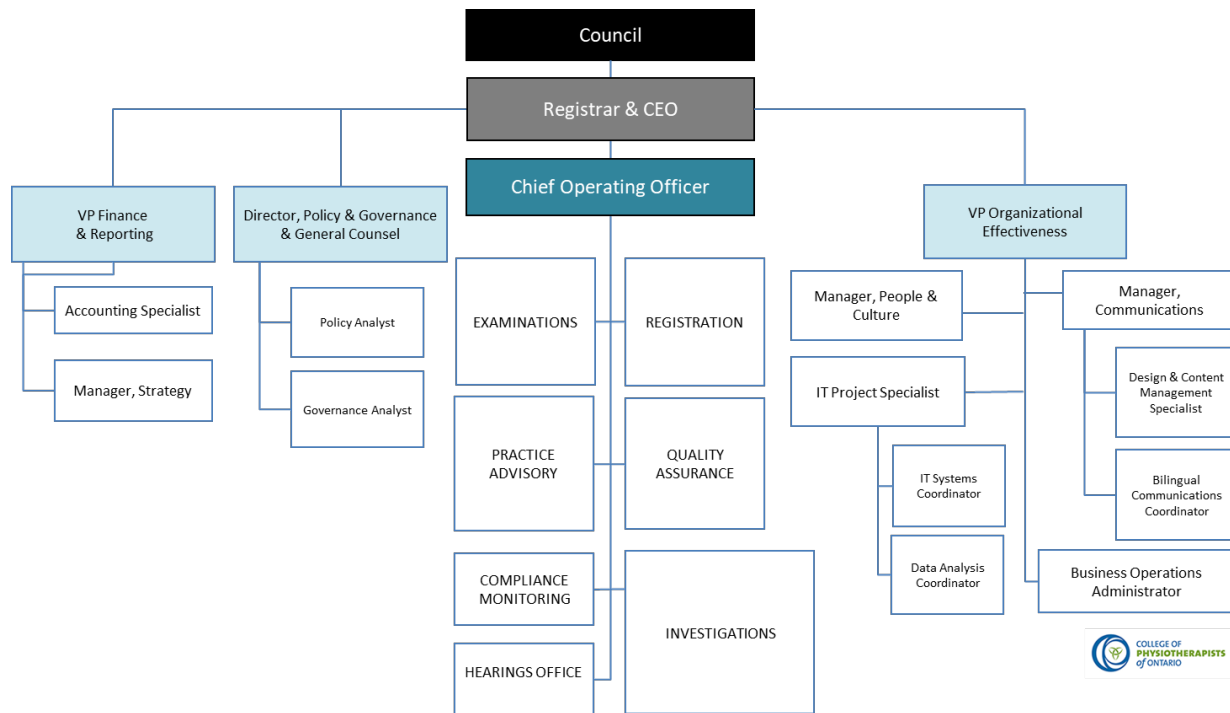


Executive Leadership is provided by the Registrar who serves as the College's chief executive officer and reports directly to the College's Council. The Registrar works with a Senior Leadership Team consisting of the Chief Operating Officer, Vice President of Organizational Effectiveness, Vice President of Finance and Reporting, and the Director of Policy, Governance, and General Counsel. The SLT provides overall guidance to the College based on the direction of the Council.

In 2022, the College engaged an organizational design consultant to review the College's organizational structure to ensure that we are properly resourced and structured for the future. Our regulatory work continues to increase in volume and complexity, the Government of Ontario requires new information for reporting in the College Performance Measurement Framework (CPMF), and we are embarking on implementing a new and approved strategic plan. This is an ideal time to take a step back and evaluate how the organization has changed over the years.

The objective of this review was to ensure that we have the right roles and management structure in place for us to continue to grow and thrive as the scale of operation evolves.

Following an extensive review of the organizational structure, discussions, and interviews with staff at all levels, a new organizational design was selected and implemented in October 2022. This organizational design is supported by the following positions:



### Workforce Requirements

The regulatory environment is increasing in complexity and volume of work. The volume of complaints, investigations, cases heard by the ICRC, discipline hearings, remediation activities, and quality assurance activities has been increasing since 2019. In addition to increased statutory work, the College developed and is implementing a clinical exam due to the Canadian Association of Physiotherapy Regulators' (CAPR) decision to stop delivering a clinical exam while it reviews its approach to entry to practice assessment.

The CPMF defines many new deliverables for the College and requires new work from the statutory and non-statutory teams to meet these deliverables. This adds to the work requirement in addition to the increasing volume in the statutory programs.

The higher volume of statutory work impacts the work of the administrative and operational teams at the College to support the new requirements and increasing statutory work. For example, members of the communication, information technology, and finance teams have contributed significant time to support the Ontario Clinical Exam over the past year.

The organizational design review lays out a new organizational structure and the required staff complement to conduct the work of the College. Based on this new structure, the headcount required to support the College's operations by department is reflected below.

Program Area	Headcount (Full Time Equivalent – FTE)
Examinations	3
Executive Office	5
Finance & Reporting	2
Organizational Effectiveness	8
Policy & Governance	2
Practice Advice	3
Professional Conduct	9
Quality Assurance	3
Registration	5
<b>Total</b>	<b>40</b>

**Senior Leadership Succession Planning**

The Senior Leadership Team along with the Manager of People and Culture will develop senior leadership succession plan over fiscal year 2023-2024.

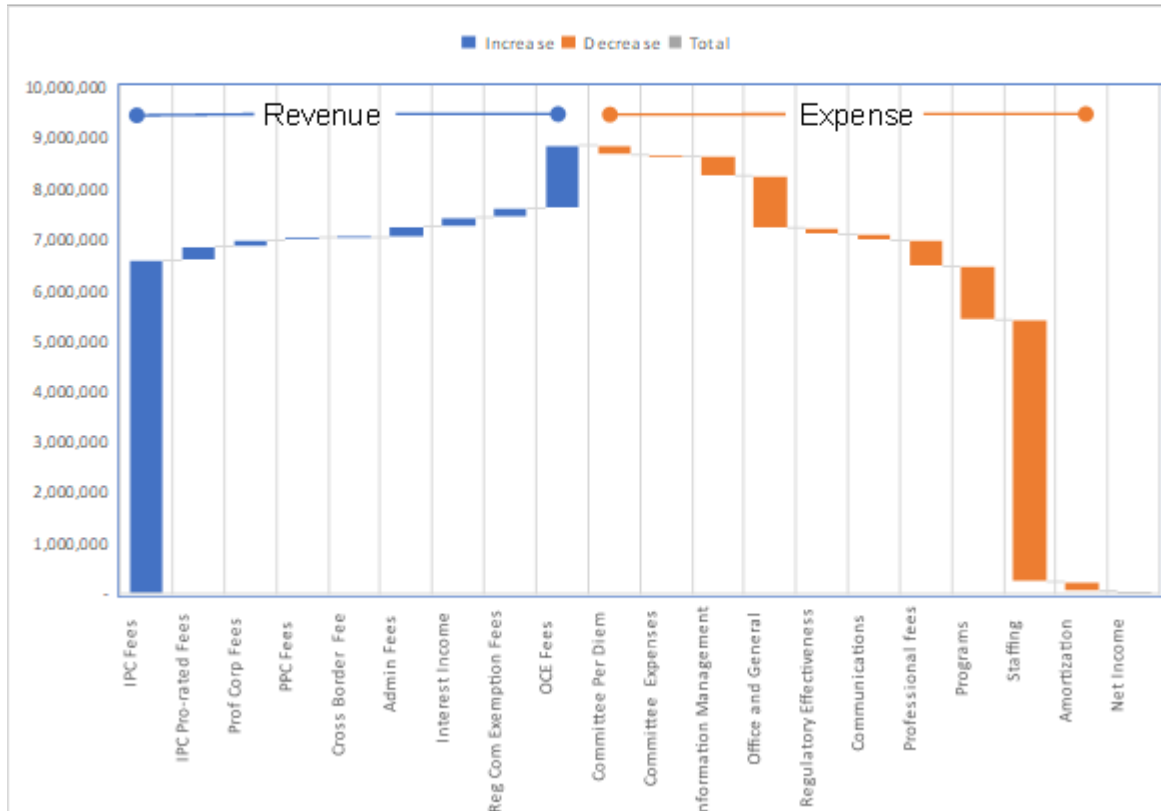
**Workplace Culture**

The College promotes an open and welcoming work environment based on the values of integrity and trust, inclusion & respect, transparency and accountability, and collaboration. In the coming year, the College will review, and enhance where necessary, practices designed to attract and retain talent, support staff development, foster staff engagement and support psychological health and safety.

## Financial Plan (Budget)

The College’s financial plan is based on 8,668,615 in revenue to cover \$8,881,322 in expenses. This plan results in a **deficit of \$212,707**. Figure 1 presents a visual representation of revenue and expense. The blue bars increase and represents revenue while the orange bars decrease and represent expense. The main drivers of revenue and expense are shown as the largest bars.

Figure 1 - FY 2024 Revenue & Expense



The major sources of revenue are registration fees for independent practice certificates at 76% of the total revenue and 11% for fees to take the Ontario Clinical Exam (OCE).

College of Physiotherapists of Ontario  
FY2023-2024 Operating Plan

Income	Fee	Description	Amount
<b>4001 - Registration Fees</b>			
4011 - Independent Practice	\$ 635.00	10,351 registrants	6,572,885
4012 - Independent Practice - Prorated		844 registrants pay percentage of \$635	321,135
4013 - Prof Corp Fees	\$ 277.00	430 professional corporations	121,880
4014 - Provisional Practice Fee	\$ 83.00	600 registrants	49,800
4021 - Cross Border Registration Fee	\$ 111.00	4 registrants	444
4007 - Registration fee credits		Registration Fee Credits	-42,860
<b>Total 4001 - Registration Fees</b>			<b>7,023,285</b>
<b>4008 - Admin Fees</b>			
4015 - Application Fees	\$ 111.00	600 PPCs and 958 IPCs	172,971
4016 - Letter of Prof Standing	\$ 56.00	250 letters	14,000
4017 - Wall Certificates	\$ 28.00	95 certificates	2,660
4018 - Late Fee	\$ 249.00	15 late fees	3,735
4019 - Prof Corp Application fee	\$ 774.00	45 application fees	34,830
<b>Total 4008 - Admin Fees</b>			<b>228,196</b>
<b>Total 4002 - Interest Income</b>			<b>174,034</b>
<b>4030 - ETP Assessment Fees</b>			
4031 - Reg Com Exemption Fees	\$ 800.00	214 exam exemptions	171,200
4032 - Ontario Clinical Exam Fee	\$ 1,985.00	540 candidates	1,071,900
<b>Total 4030 - ETP Assessment Fees</b>			<b>1,243,100</b>
<b>Total 4010 - Rental Income</b>			<b>0</b>
<b>Total Income</b>			<b>8,668,615.02</b>

The Council approved a 10.5% increase to all registration and administrative fees in September 2022. The fee for an independent practice certificate (IPC) increased from \$595 to \$635 from the prior year. The revenue from the renewal of IPCs this fiscal year is 18% higher than the previous year due to the increase in the IPC registration fee and an increase in the number of physiotherapists renewing their IPCs.

Overall revenue in FY 2024 increases by 14%.

The following table provides a breakdown of the expense budget subdivided by statutory and non-statutory program areas and supports the operational plans for each department.

College of Physiotherapists of Ontario  
FY2023-2024 Operating Plan

<b>Statutory Programs</b>	<b>Total</b>	<b>Staff</b>	<b>Program</b>
Compliance Monitoring	\$16,215		\$0
Council & Executive Committee	\$160,045		\$0
Exam	\$1,074,015	\$321,818	\$752,197
Professional Conduct & Hearings	\$1,583,879	\$1,054,871	\$529,009
Quality Assurance	\$594,353	\$372,609	\$221,743
Patient Relations	\$64,677		\$0
Practice Advice	\$457,643	\$450,474	\$7,170
Registration	\$812,316	\$521,678	\$290,637
<b>Total Statutory Programs</b>	<b>\$4,763,143</b>	<b>\$2,721,450</b>	<b>\$2,041,693</b>

<b>Non-Statutory Programs</b>	<b>Total</b>	<b>Staff</b>	<b>Program</b>
Executive Office	\$961,073	\$943,862	\$17,211
Finance & Reporting	\$1,178,128	\$267,998	\$910,130
Organizational Effectiveness	\$1,479,333	\$842,376	\$636,956
Policy & Governance	\$499,645	\$363,645	\$136,000
<b>Total Non-Statutory Program</b>	<b>\$4,118,179</b>	<b>\$2,417,882</b>	<b>\$1,700,297</b>

<b>Total</b>	<b>\$8,881,322</b>	<b>\$5,139,332</b>	<b>\$3,741,990</b>
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The full budget for fiscal year 2024 is provided below. The budget is based on \$8,668,615 of revenue and \$8,881,322 in expenses. This results in a deficit of \$212,707 for the fiscal year 2023-2024.

### **FY 2023-2024 Operating Budget**

#### **Income**

Registration Fees	7,023,285
Administration Fees	228,196
Exam Fees	1,243,100
Interest Income	174,034

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<b>Total Income</b>	<b>8,668,615</b>
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#### **Expense**

**Statutory Programs**

Compliance Monitoring		16,215
Council & Executive		160,045
Exam		
Program Costs	752,197	
Staff Costs	321,818	
Exam Total		1,074,015
Professional Conduct		
Hearings (including cost order payments)	264,072	
Investigation costs	264,937	
Staff Costs	1,054,871	
Professional Conduct Total		1,583,879
Patient Relations Program		
Program Costs	64,677	
Staff Costs	-	
Patient Relations Total		64,677
Practice Advice		
Program Costs	7,170	
Staff Costs	450,474	
Practice Advice Total		457,643
Quality Assurance		
Program Costs	221,743	
Staff Costs	372,609	
Quality Assurance Total		594,353
Registration		
Program Costs	290,637	
Staff Costs	521,678	

Registration Total		812,316
<b>Sub Total Statutory Programs</b>		<b>4,763,143</b>
<b>Non-Statutory Programs</b>		
Executive Office		
Program Costs	17,211	
Staff Costs	943,862	
Executive Office Total		961,073
Finance & Reporting		
Program Costs	910,130	
Staff Costs	267,998	
Finance & Reporting Total		1,178,128
Organizational Effectiveness		
Business Operations	21,240	
Communications	118,155	
Information Technology	392,051	
People & Culture	105,510	
Staff Costs	842,376	
Organizational Effectiveness Total		1,479,333
Policy & Governance		
Program Costs	136,000	
Staff Costs	363,645	
Policy & Governance Total		499,645
<b>Sub Total Non-Statutory Programs</b>		<b>4,118,179</b>
<b>Total Expenses</b>		<b>8,881,322</b>
<b>Surplus (Deficit)</b>		<b>(212,707)</b>



**Motion No.: 11.0**

**Council Meeting  
March 23-24, 2023**

**Agenda #11: Revised Standards Review Process**

**It is moved by**

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**and seconded by**

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**that:**

Council approve a revised standards review process that will leverage work done at the national level to develop core standards.

<b>Meeting Date:</b>	March 23-24, 2023
<b>Agenda Item #:</b>	11
<b>Category</b>	Policy
<b>Issue:</b>	Revised Standards Review Process <i>For Decision</i>
<b>Submitted by:</b>	Joyce Huang, Manager, Strategy Mara Berger, Director, Policy & Governance / General Counsel

### Issue:

Council is asked to approve a revised standards review process. This revised process leverages work done at the national level to develop core standards for the profession. Adopting this process will allow the College to review and update our own standards in an expedited manner.

### Public Interest Assessment:

In fulfilling our legislative mandate, the College is required to establish standards of practice for the profession. Continually reviewing and updating our standards will ensure that they reflect changes in in physiotherapy practice and in public expectations. Having current and relevant standards ensure that the profession adheres to expectations to protect the public, promote accountability in the profession, ensure high quality care, and promote equity.

### Background:

In June 2021, Council approved a standards review framework that would see the College's current standards reviewed in groups, over a four-year cycle (see Appendix 1). Our plan was to start with the business practices standards as the first group. Staff initiated review of this group of standards in 2021, but work paused as a result of other high priority work. Staff resumed the research part of this work in summer of 2022.

In 2016 provincial and territorial physiotherapy regulators across Canada collaborated to develop a national core set of practice standards aimed at promoting consistency across the country. This work was supported by a large grant and was intended to ensure that internationally educated physiotherapists have a sense as to what the professional practice expectations are across the country, for PTs to be assured that practice looked the same across the country and to facilitate a PTs ability to work in all Canadian jurisdictions relatively seamlessly.

At the time Council for the College decided to opt out of this initiative, however CPO staff contributed to the development work. The standards were implemented in all Canadian provinces to some degree with the exception of Quebec as their standards are built into regulations.

In 2022 the national policy working group conducted a review and update of the National Core Standards document with input from all member regulators, including Ontario, using current data about practice trends and issues as indicated in professional conduct and practice advice data from each jurisdiction. The revision of the Core Standards document has been completed, the next phase of the work is to validate the standards by consulting with physiotherapists across the country to ensure that they are appropriate and relevant for the profession.

Rather than to continue with our own standards review process independently which may duplicate much of the work done for the national standards project, it could be beneficial for this college to leverage and build on the national standards work and be able to review and update our own standards in a more efficient manner. We can achieve this by adopting the National Core Standards content and doing additional research or consultation where necessary to make the standards content meet Ontario-specific needs.

At the December 2022 Council meeting Council confirmed that their preferred approach to the standards framework (such as the inclusion of principles and having standards for core clinical competencies) aligns with the way that the national standards was developed. This alignment further confirms that it could be reasonable to use the national standards as a template for our own standards review and refresh.

To determine how best to proceed with this alternate standards review approach, staff conducted an analysis of both the Core Standards content and the process to develop the content. This analysis also considered what modifications and additional work would be necessary to adopt the standards for Ontario.

In terms of content, staff compared the National Core Standards with our own existing standards and rules. The analysis found that not all standards in the National Core Standards document are relevant or necessary for Ontario. Of the standards in the National Core Standards that are relevant and necessary for Ontario, the analysis found that the high-level standards principle and outcome statements are substantially similar to our existing standards, and so they can be adopted for Ontario with minimal modification. However, the specific performance and behaviour expectations would need to be modified to address Ontario-specific needs where necessary. The details of this analysis is included in Appendix 2.

In terms of process, staff considered the necessary steps in conducting a fulsome review and consultation for the standards, and assessed that against the proposed activities of the National Core Standards validation activity, to identify what additional research and consultation activities would be necessary to meet Ontario's needs.

### **The Revised Standards Review Process:**

Based on the content analysis, staff recommends that we adopt 16 of the Core National Standards while making the necessary modifications to those standards to meet Ontario-specific needs. In order to accommodate the workload and the volume of content, we are proposing to work on these standards in five different groupings by combining standards that are similar in nature.

The order in which the groups will be reviewed will be determined by staff based on an assessment of risk and need based on a review of internal data.

<b>Business Practices (3)</b>	<b>Clinical Competencies (4)</b>	<b>Professional Behaviour (5)</b>	<b>Working with Others (2)</b>	<b>Regulatory Obligations (2)</b>
<ul style="list-style-type: none"> <li>• Advertising &amp; Marketing</li> <li>• Conflict of Interest</li> <li>• Funding, Fees and Billing</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment, Diagnosis, and Treatment</li> <li>• Evidence-Informed Practice</li> <li>• Infection Control</li> <li>• Risk Management and Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Boundary Violations</li> <li>• Communication</li> <li>• Documentation</li> <li>• Duty of Care</li> <li>• Sexual Abuse and Sexual Misconduct</li> </ul>	<ul style="list-style-type: none"> <li>• Concurrent Care</li> <li>• Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of Non-Physiotherapy Services</li> <li>• Titles, Credentials, and Specialty Designations</li> </ul>

We will be relying on the national standards validation activity to solicit feedback from the profession as to the appropriateness and relevance of the national core standards as they are drafted. In addition, we will conduct the following research and consultation work to identify necessary modifications to make the standards content relevant to the Ontario context:

- Analyze College data and consult internal stakeholders
- Identification and assessment of the relevant risks
- Jurisdictional scans, where applicable
- Consultation with patients and the public
- Consultation with professional associations
- Consultation with system partners such as third-party payers and financial regulators, where applicable, and
- Legal review

The review will also include a review of the resources currently available in relation to the existing standards and updating those to ensure they align with the new set of standards.

This alternate process would potentially enable the College to complete a review and update of all of its standards in under two years, as compared to the four-year cycle previously envisioned. A review roadmap and anticipated timeline is included as Appendix 3.

It should be noted that two of the National Core Standards – Health Equity and Anti-Discrimination and Indigenous Cultural Safety and Humility – are not included in this review process. While the National Standards are a helpful template to start from, we recognize that the development of these two new standards for Ontario have different research and consultation needs than the other standards and would be better addressed outside of this review process. It is important that these

standards represent the communities in Ontario and specific consultation in this regard will be required.

It is assumed that after this review and update cycle, that a new cycle of routine review and update of the standards would start to ensure currency of the standards on an ongoing way.

### **Decision Sought from Council:**

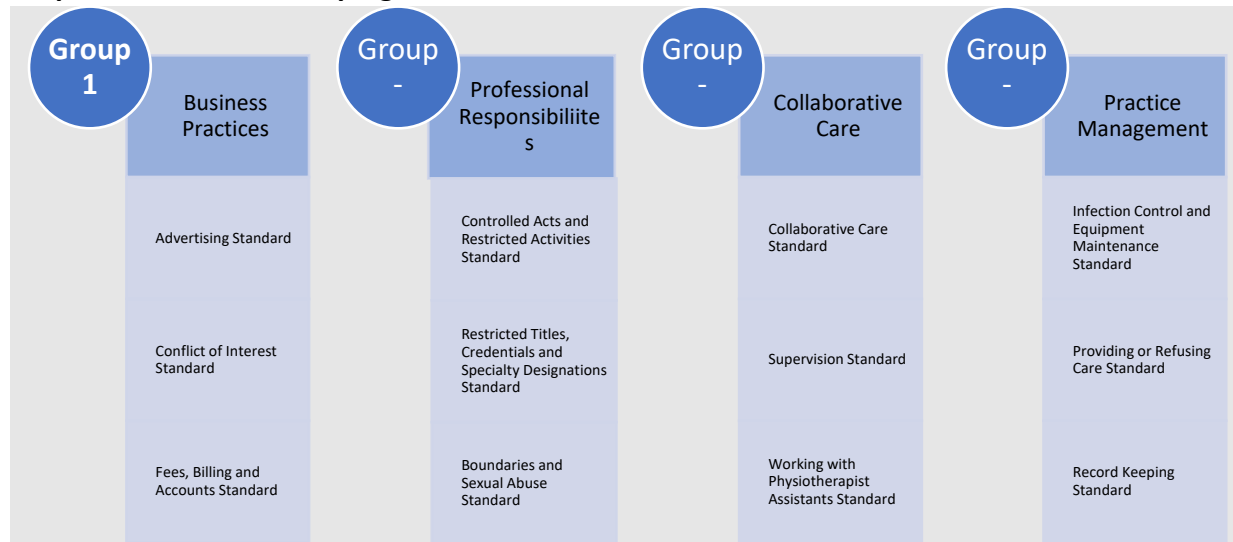
That Council approve a revised standards review process that will leverage work done at the national level to develop core standards.

### **Attachments:**

- Appendix 1: Standards Review Process as approved by Council in June 2021
- Appendix 2: Content Mapping between National Core Standards and Ontario Standards
- Appendix 3: Proposed Standards Review Roadmap and Anticipated Timeline
- Appendix 4: National Core Standards (draft as of November 2022)

## Appendix 1 – Standards Review Process as approved by Council in June 2021

### Proposed Standard Grouping



### Four Year Review Cycle



Part of this review process is the implementation of changes and education/outreach to registrants. This is highlighted in the CPMF, placing a requirement on Colleges to have processes in place to ensure registrants are informed, engaged and educated on both new and revised standards of practice, guidelines and policies. The process outlined above includes a regimented implementation approach to be conducted annually, subsequent to the review and update of a grouping of Standards.

## Appendix 2 – Content Mapping between National Core Standards and Ontario Standards

National Core Standard	CPO Standard	Comments	Recommendation
Advertising & Marketing	Advertising Standard	The <b>incentives</b> section of the national core standard will need further consideration.	<b>Align</b> CPO Standard with Core Standard
Assessment, Diagnosis, and Treatment	None, but some expectations are embedded in the Record Keeping Standard	Useful for registrants, Committees, and investigators. Council supported in principle the creation of these types of clinical standards in December 2022.	<b>Adopt</b> the Core Standard
Boundary Violations	Boundaries and Sexual Abuse Standard	Boundaries and Sexual Abuse are two separate Core standards – aligning on this would be helpful for us as we had historically wanted to parse out the two.	<b>Align</b> CPO Standard with the two Core Standards
Concurrent Care	Collaborative Care Standard	None.	<b>Align</b> CPO Standard with Core Standards
Communication	None, but expectations are embedded in Communication Skills guideline	This core standard also embodies elements of social media – can consider how to integrate/supplement with our social media guidance here.  Our complaints data suggests that although communication may not be the causation of patient concerns there is a high association with patient harm.	<b>Adopt</b> the Core Standard with the possibility of publishing as Guidance
Conflict of Interest	Conflict of Interest Standard	Expectations are essentially the same.	<b>Align</b> CPO Standard with Core Standard
Continuing Competence	None.	The National Core Standard touches on the requirement to engage in continuous learning as well as practicing within the scope of the profession.  Expectations related to continuous learning are captured in the College’s regulations regarding Quality Assurance.  The scope is defined in the <i>Physiotherapy Act</i> .	<b>Set aside</b> Core Standard

National Core Standard	CPO Standard	Comments	Recommendation
Documentation	Record Keeping Standard  Fees, Billing, and Accounts Standard	The Electronic Records portion of this standard essentially duplicates what is already in privacy legislation (PHIPA/PIPEDA).	<b>Align</b> CPO Standards with Core Standard  <b>Set aside</b> Electronic Records portion
Duty of Care	None but some of the content is embedded in Collaborative Care and Providing and Refusing Care Standards	Consider merging our existing Providing/Refusing Care Standard here, since there are some overlapping components.	<b>Adopt</b> Core Standard
Evidence-Informed Practice	None.	Council supported in principle the creation of these types of clinical standards in December 2022.	<b>Adopt</b> Core Standard
Funding, Fees and Billing	Fees, Billing, and Accounts Standard	The Core Standard does not give prescriptive advice around bundled services – may need to consider that.	<b>Align</b> CPO Standard with Core Standard
Health Equity and Anti-Discrimination	None.	Will need to consider an Ontario-specific approach – can draw influence from the national standard if need be.	<b>Set aside</b> Core Standard and work on developing our own Standard
Indigenous Cultural Safety and Humility	None.	Will need to consider an Ontario-specific approach – can draw influence from the national standard if need be.	<b>Set aside</b> Core Standard and work on developing our own Standard
Infection Control	Infection Control and Equipment Maintenance Standard	None.	<b>Align</b> CPO Standard with Core Standard
Informed Consent	None – we have a Consent guideline.	In Ontario, the rules are already captured in the <i>Health Care Consent Act</i> .  We may consider incorporating some of the content into our guideline.	<b>Set aside</b> Core Standard
Provision of	None.	This may be a useful complement to other	<b>Adopt</b> Core



National Core Standard	CPO Standard	Comments	Recommendation
Non-Physiotherapy Services		expectations around scope.	Standard
Privacy and Record Retention	None. We have a Privacy guideline and expectations in Record Keeping Standard	This core standard exists to help PTs align with the privacy legislation in their respective jurisdictions.  In Ontario, expectations are already captured in privacy legislation (PHIPA/PIPEDA).	<b>Set aside</b> Core Standard
Risk Management and Safety	None, some expectations captured in Controlled Acts Standard.	Will need to consider if and how this intersects with the OHSA and AODA.	<b>Adopt</b> Core Standard
Sexual Abuse and Sexual Misconduct	Boundaries and Sexual Abuse Standard	As before, we support the separation of the two standards.	<b>Align</b> CPO Standard with Core Standards
Supervision	Supervision Standard  Working with PTAs Standard	This standard would combine our two standards around supervision. The Core standard has comprehensive expectations for each supervision category (PT support workers, PT students, and PTA residents).	<b>Align</b> CPO Standards with Core Standard
Titles, Credentials, and Specialty Designations	Restricted Titles Standard	We will need to review the specific titles to make sure they align with legislation in Ontario.	<b>Align</b> CPO Standard with Core Standard
Virtual Care	None, but expectations are captured in the Virtual Practice guideline	Including this as a standard would go against previous Council discussions which recommended not having a Virtual Care standard, since there are no unique expectations within these rules. However we may consider how the national core standard could supplement our current guidance.	<b>Set aside</b> Core Standard



## Appendix 3 – Proposed Standards Review Roadmap and Anticipated Timeline



# **CORE STANDARDS OF PRACTICE FOR CANADIAN PHYSIOTHERAPISTS**

**November 8, 2022**

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# Preamble

## Background

Standards of practice are one component of a continuum of documents including codes of ethics, position statements, practice guidelines, essential competencies, and entry-to practice milestones which direct the practice of professionals to provide quality care. In the physiotherapy profession, each regulatory organization in Canada historically had its own set of standards and code of ethics, even though physiotherapy practice is more similar than dissimilar across the country.<sup>1</sup> In 2016, a set of Core Standards of Practice were developed to reflect current and future practice trends and to be generally applicable to all physiotherapists in Canada.

Standards of Practice are living documents. They change as practice evolves. Physiotherapy regulators committed to reviewing the Core Standards on a regular schedule. In 2022 Canadian physiotherapy regulators engaged in a review and revision of the Core Standards using a risk-based and data-driven approach.

The 2022 Core Standards of Practice serve as a resource for the development of Standards of Practice that reflect the context, jurisdictional needs and legislation relevant to physiotherapy regulatory organizations across Canada.

## Purpose of Standards of Practice

Standards of Practice serve several purposes, including:<sup>1</sup>

- Defining the minimum performance expectations that regulated members of the profession must meet. Standards inform physiotherapists of the expectations, obligations, and requirements of their professional role.
- Fulfilling the requirements for self-regulation and providing a frame of reference for regulatory organizations against which actual performance can be compared for quality practice.
- Providing a reference to the public related to expectations for quality care delivered by professionals.

## Assumptions

The Core Standards of Practice are based on assumptions which frame the context for the Standards. The assumptions underpinning the Standards are listed with reference to the professional physiotherapist, the regulatory organization, and the Standards themselves as follows:<sup>1</sup>

- Physiotherapists
  - Are typically autonomous self-regulated health-care professionals bound by a code of ethics.
  - Act in the best interests of clients and are committed to providing quality client-centered services.

- Are expected to be knowledgeable of and comply with all standards at all times.
- The regulatory organization
  - Develops/adopts Standards as a basis for monitoring registrants' performance.
  - Is committed to serving and protecting the interests of the public.
- The Standards
  - Outline minimum, mandatory performance requirements.
  - Are interpreted within the context of the regional jurisdiction.
  - Are one component of a continuum of professional documents outlining professionals' practice.
  - Are to be applied as a comprehensive unit that physiotherapists must comply with to direct their practice at all times.

## **How the Core Standards of Practice are organized**

The Core Standards of Practice are organized alphabetically for ease of access. Each standard includes the following:

- A standard statement that outlines the expected performance of the regulated member.
- An expected outcome that describes what clients can expect from services when the Standard is met by the physiotherapist.
- Performance expectations that outline the actions that must be demonstrated by the physiotherapist to indicate how the Standard is met in practice. The expectations are not all inclusive nor are they listed in order of importance.
- Related standards that provide complementary and/or additional information related to the specific standard.
- Legislation in place in each provincial/territorial jurisdiction related to each standard should also be considered when implementing into practice. In [province/territory] this includes, but is not limited to: [names of practice act, workers compensation legislation, privacy legislation, etc.].

# Advertising and Marketing

## Standard

The physiotherapist engages in **advertising, marketing** and **promotional activities** in a manner that is truthful, accurate, and verifiable and does not engage in or allow advertising, marketing, and promotional activities that are deceptive or misleading.

## Expected outcome

**Clients** can expect that the advertising, marketing and promotion of **physiotherapy services** and products is not deceptive or misleading and enables the client to make informed choices.

## Performance expectations

The physiotherapist:

- Advertises only the physiotherapy services that they are competent to provide.
- Does not state or imply a practice focus, or area of interest in advertising, marketing or promotional activities unless
  - The area of interest is a demonstrated significant focus of their practice.
  - The physiotherapist can demonstrate ongoing professional development and continuing education in the area of interest.
- Does not refer to themselves as a specialist or employ other language that implies specialization in an area of practice or physiotherapy service provision unless authorized by the jurisdiction's regulatory body to use the designation "Clinical Specialist."
- Confirms that all marketing of physiotherapy services and products is truthful, accurate, and verifiable.
- Reviews and approves all advertisements, marketing and promotional activities prepared by a third party to ensure compliance with the Standards of Practice.
- Does not use advertisements, marketing or promotional activities that:
  - Promote or encourage unnecessary use of physiotherapy services.
  - Make unsubstantiated claims, foster unrealistic expectations, or provide guarantees of successful outcomes.
  - Include claims of uniqueness or special advantage of products, physiotherapy services or providers, unless supported by **credible** evidence that can be readily verified.
  - Make comparative or superlative statements about service quality, health providers, and products and/or endorses products for financial gain.
  - Discredit, disparage or undermine the skills of other providers or the physiotherapy services of other clinics or facilities.

- Does not offer incentives or other inducements including but not limited to:
  - Offering discounts that vary from the practice setting's fee schedule, including discount coupons
  - Gift certificates,
  - Time-limited pricing for physiotherapy services or products, or
  - Prizes or gifts of a physiotherapy service or product.
- Does not advertise free physiotherapy services. This includes offers of free consultations, screening appointments, assessments, or free trials of physiotherapy treatments.

### **Free physiotherapy services may be offered for the purposes of:**

- Providing general education or health promotion.
- Informing the public about physiotherapy services offered.

No paid physiotherapy services can occur on the same day as the free services. When providing free services, physiotherapists must comply with all of the Standards of Practice.

### **Related Standards**

- **Titles, Credentials, and Specialty Designations**
- **Evidence-Informed Practice**
- **Provision of Non-Physiotherapy Services**

### **Definitions**

**Advertising** - *the action of calling something to the attention of the public especially by paid announcements.*

**Clients** *are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a patient. In some circumstances, clients/patients may be represented by their substitute decision-makers.*

**Credible** - *means any evidence that reasonably would be viewed as reliable, accurate, and having basis in fact.*

**Marketing** - *the process or technique of promoting, selling, and distributing a product or service.*

**Physiotherapy services** *are "services provided by or under the direction of a physiotherapist. This includes client assessment and treatment, and related communication with and reporting to various parties for the purposes of delivering client care."*

**Promotional Activities** - *include any effort made by an individual or business to communicate with potential customers. Promotional activities have two main purposes, to inform customers about your products, prices and services and to persuade customers to buy the products and services you sell. Includes personal selling, direct marketing, advertising, sales promotion, publicity and public relations.*



## Assessment, Diagnosis, Treatment Standard


The physiotherapist demonstrates **proficiency** in client assessment, diagnosis, and treatments to deliver **quality, safe,** client-centered physiotherapy services.

### Expected outcome

Clients can expect the physiotherapist to select appropriate assessment tools, make an informed diagnosis, and apply treatment procedures that are carried out proficiently for quality delivery of safe, effective physiotherapy services.

### Performance expectations

The physiotherapist:

- 
- Obtains clients' ongoing **informed consent** to proposed physiotherapy services.
  - Applies professional judgment to select and apply appropriate assessment procedures to evaluate clients' health status. Appropriate assessment includes taking a history and completing a physical examination relevant to presenting symptoms.
  - Uses **standardized measures** as available to assess and reassess the client's condition and progress.
  - Uses critical thinking and professional judgment to interpret the assessment findings and determine a diagnosis and prognosis consistent with the scope of practice of the physiotherapy profession and the physiotherapist's individual competence.
  - **ALTERNATE WORDING:** Uses critical thinking and professional judgment to interpret the assessment findings and determine a diagnosis and prognosis consistent with the physiotherapy profession and the physiotherapist's individual competence.
  - Addresses client's physiotherapy needs and goals by employing professional judgment to develop sensible and practical treatment plans that are consistent with the assessment findings.
  - Applies treatment procedures safely and effectively.
  - Assigns appropriate tasks to **supervisees** with clients' consent.
  - Re-evaluates and monitors clients' responses throughout the course of treatment.
  - Makes adjustments and discontinues physiotherapy services that are no longer required or effective.
  - Makes appropriate referrals when clients' needs are best addressed in **collaboration** with or by another provider.
  - Employs professional judgment to plan and implement discharge plans appropriate for the client's need, goals and progress.
  - Provides client education to enable and optimize clients' transition to self-management.

- Promotes continuity in service by collaborating and facilitating clients' transition from one health sector or provider to another.
- Delivers only those physiotherapy services that are clinically indicated for clients and that they are competently able to provide.

## Related Standards

- Informed Consent
- Supervision

## Definitions

**Collaborate** means to work jointly with others or together, especially in an intellectual endeavor.

**Informed Consent** refers to "receiving client or their legally authorized representative's permission to proceed with an agreed course of physiotherapy service. Consent may be revoked at any time...Consent can be written or oral and may be expressed or implied. Having a written consent form does not mean there is informed consent. Informed consent involves ongoing communication between the parties involved."

**Proficiency** means performance consistent with the established standards in the profession.

**Quality** is the degree to which a product or service satisfies a specified set of attributes or requirements.

**Safe** means free from harm or risk; secure from threat or danger.

**Standardized Measures** refers to measurement tools that are designed for a specific purpose in a given population. Information is provided regarding the administration, scoring, interpretation, and psychometric properties for each measure.

**Supervisee** means an individual who is working under supervision.

# Boundary Violations

## Standard

The physiotherapist acts with integrity and maintains appropriate professional **boundaries** with clients, colleagues, students and others.

## Expected outcome

Clients can expect to be treated with respect, and that the physiotherapist will maintain boundaries appropriate to the **therapeutic relationship** in all interactions.

Colleagues, students and others can expect to be treated with respect and that the physiotherapist will maintain professional boundaries in all interactions.

## Performance expectations

In regard to therapeutic relationships with clients, the physiotherapist:

- Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical closeness on relationships with clients.
- Treats clients, with respect avoiding all situations, comments and/or actions that could reasonably be perceived as:
  - unprofessional,
  - in violation of human rights,
  - discriminatory.
- Does not enter therapeutic relationships with individuals with whom professional boundaries, judgment and objectivity cannot be established and maintained.
- Does not make abusive, sexually suggestive or harassing comments or engage in inappropriate physical contact with clients.
- Establishes and maintains a professional physical environment that supports the maintenance of therapeutic boundaries during client assessment, treatment, and education in both formal and informal practice environments. Including but not limited to
  - Proactively provides options for draping
  - Providing **privacy** while the client is undressing or dressing
- Explains to clients beforehand any procedures that could be misinterpreted and obtains ongoing informed consent.
- Does not promote their personal or religious beliefs or causes to clients in the context of the therapeutic relationship.
- Does not enter a **close personal relationship** with a client or a person who is a caregiver for a client (e.g., parent of a minor receiving physiotherapy services, client's spouse)
- Does not initiate communication, or social activities with clients for the purpose of pursuing a relationship beyond the therapeutic relationship.
- Identifies and addresses boundary violations, whether initiated by the physiotherapist or the client, by discussing inappropriate behaviour and attempting to resolve issues.
- Ends the therapeutic relationship by appropriately discontinuing treatment or transferring care as required in instances where:

- the physiotherapist is unable to maintain their objectivity,
- professional boundaries cannot be maintained or re-established,
- a positive, respectful therapeutic relationship cannot be established.

In regard to relationships with colleagues and students whom the physiotherapist supervises or has authority over, the physiotherapist:

- Demonstrates awareness of and sensitivity to the impact of power, trust, respect, and physical closeness on relationships with colleagues, students, and others.
- Conducts oneself professionally in the work environment, treating colleagues, students and others with respect avoiding all situations, comments and/or actions that could reasonably be perceived as
  - unprofessional,
  - in violation of human rights,
  - discriminatory.
- Establishes and maintains professional boundaries with students.
- Does not engage in inappropriate physical contact, sexual advances, or sexual relationships with students.

## Related Standards

- Sexual Abuse and Sexual Misconduct
- Informed Consent
- Conflict of Interest

## Definitions

**Boundaries** refers to the accepted social, physical or psychological space between people. Boundaries create an appropriate therapeutic or professional distance between the physiotherapist and another individual and clarify their respective roles and expectations.

**Close personal relationship** is one where the physiotherapist's ability to be objective and impartial, and to fulfill their professional obligations may be impaired due to the nature of the personal relationship. Close personal relationships typically exist between an individual and their romantic or sexual partner, children, parents, and close friends, but may also exist between individuals and other relatives, business partners, past romantic partners and others.

**Privacy** refers to "a person's desire to control the access of others to themselves. Privacy protects access to the person, whereas confidentiality protects access to the data."

**Therapeutic Relationship** refers to the relationship that exists between a physical therapist and a client during the course of physical therapy treatment. The relationship is based on trust, respect, and the expectation that the physical therapist will establish and maintain the relationship according to applicable legislation and regulatory requirements and will not harm or exploit the client in any way.

## Concurrent Care Standard

The physiotherapist collaborates with health-care providers, and other stakeholders to provide safe, effective, quality, **concurrent** care, when indicated by the client's health-care needs and preferences.

### Expected outcome

Clients can expect that the physiotherapist collaborates effectively with others to promote integrated client-centered care.

### Performance expectations

The physiotherapist:

- Inquires about situations where clients may be receiving or considering concurrent treatment from another health-care provider for the same or a related condition.
- Consults with/refers to the appropriate health-care provider when the client's interests and aspects of clients' goals are best addressed by another provider
- Clearly explains funding implications of concurrent treatment to the client.
- Only participates in concurrent treatment of the same or a related condition when approaches are complementary, clinically indicated, of benefit to clients, and an appropriate use of human/financial resources.
- Identifies, documents, **communicates** and manages **risks** of concurrent treatment of the same or related condition, discontinuing concurrent services and documenting when approaches conflict, there is inefficient use of resources, and/or the risks outweigh the benefits to clients.
- Communicates the decision to decline or discontinue concurrent treatment to the client providing their rationale for the decision and documents this discussion.

### Related Standards

- Communication
- Funding, Fees and Billing
- Risk Management and Safety

### Definitions

**Communication** is "the imparting and exchanging information" and includes speaking, listening, written and electronic information exchange. Effective, professional, communication involves active listening, and the sharing of information using **plain language** and assistive methods or devices (e.g., interpreters, technology, diagrams, printed education materials) when needed to facilitate the listener's understanding.

**Concurrent** treatment or care refers to “the circumstance where more than one health professional (provider) is administering or applying remedies, including medical, surgical or other therapies, to a patient for the same or related disease or injury.”

**Plain language** refers to “communication your audience can understand the first time they read or hear it. Language that is plain to one set of readers may not be plain to others. Written material is in plain language if your audience can:

- Find what they need
- Understand what they find
- Use what they find to meet their needs”

**Risk** refers to something that may cause injury or harm or the state of not being protected from injury or harm. Clients encounter risk of harm each time they seek health care services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.

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## Communication

### Standard

The physiotherapist communicates professionally, clearly, effectively, and in a **timely** manner to support and promote quality physiotherapy services.

### Expected outcome

Clients, potential clients, stakeholders and members of the public can expect that communication with the physiotherapist will be respectful and professional and will contribute to their understanding and participation in their health management.

### Performance expectations

The physiotherapist:

- Does not engage in communication that is disrespectful, dishonest, misleading or lacking in transparency.
- Identifies potential barriers to effective communication and makes a reasonable effort to address these barriers.
- Engages in **active listening** to ensure that the client's perspective, needs, and preferences are heard and understood.
- Communicates with clients, team members, and other stakeholders to facilitate collaboration and coordinate care.
- Obtains client consent and maintains client **confidentiality** by selecting secure methods of communication when sharing information with the client, team members and other stakeholders regarding the client and physiotherapy services.
- Documents all communications accurately, clearly, professionally, and in a timely manner.
- Confirms that any exchanges using electronic communications are appropriate for therapeutic relationships established with clients.
- When using social media platforms, communicates with clients, potential clients, stakeholders and members of the public honestly, **transparently**, and professionally:
  - Obtains explicit informed consent if using client images or personal information in social media posts.
  - Conveys scientifically sound, evidence-based information.
  - Does not share private, disrespectful, dishonest or misleading information.
  - Does not provide client specific treatment recommendations via social media platforms.

## Related Standards

- Collaboration
- Informed Consent
- Privacy

## Definitions

**Active Listening** is a process of attending to what the speaker is saying and repeating back to the speaker what has been heard, to confirm that the listener has correctly understood the speaker.

**Confidentiality** "is the assurance that certain information that may include a subject's identity, health, behavior, or lifestyle information, or a sponsor's proprietary information would not be disclosed without permission from the subject (or sponsor)."

**Timely** refers to "happening at the correct or most useful time: not happening too late."

**Transparent (transparently)** refers to the quality of being easy to perceive, obvious, clear and unambiguous.

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# Conflict of Interest

## Standard

The physiotherapist must identify and avoid, or manage any real, potential, or perceived **conflicts of interest**.

## Expected outcome

Clients can expect that the physiotherapist delivers physiotherapy services that are in clients' best interests and that real, potential, or perceived conflicts of interest are avoided or disclosed and managed.

## Performance expectations

The physiotherapist:

- Identifies situations of real, potential or perceived conflicts of interest involving themselves or someone with whom they have a close personal relationship.
- Does not enter into any agreement or arrangement that prevents or could prevent the physiotherapist from putting the client, their needs and interests first.
- Does not use professional status and the credibility afforded by professional status for purposes unrelated to physiotherapy
- Does not participate in any activity in which professional judgment could be compromised or is for personal gain. This includes, but is not limited to:
  - Providing and/or accepting financial or **other benefits** to/from others to generate referrals, provide physiotherapy services, or sell products.
  - Receiving financial or other benefits based on client numbers, service volumes, profits, etc.
  - Recruiting clients acquired in the public sector through self-referral for treatment in the private sector for personal or financial gain.
- Avoids participating in other activities that a reasonable person would conclude pose a real, potential, or perceived conflict of interest. In situations where a conflict of interest cannot be avoided, the physiotherapist must:
  - provide full disclosure of the conflict of interest to clients and others as appropriate and
  - document in a complete, open, and timely manner how the conflict was managed.
- Avoids providing physiotherapy services to individuals with whom they have a close personal relationship. In situations where this conflict of interest cannot be avoided (e.g., in emergency situations or when no other professional with the skills and competencies needed to provide the physiotherapy services that the client needs is available) the physiotherapist must:

- Identify the risks related to providing the physiotherapy services and the measures they can adopt to limit these risks,
- Document and disclose the conflict of interest to the client and other relevant stakeholders indicating how the relationship is to the client's benefit and complies with regulatory requirements.
- Follow formal processes for obtaining free and informed consent, and conducting assessment, documentation, communication and billing of all physiotherapy services provided.

## Related Standards:

- Title, Credentials, and Specialty Designations

## Definitions:

**Conflict of Interest** *exists when a reasonable person could conclude that the physiotherapist's duty to act in the client's best interests while exercising their professional expertise or judgment may be affected or influenced by competing interests or relationships. Competing interests may be financial, non-financial, or social in nature.*

*A conflict-of-interest may be actual, potential or perceived and can exist even if the physiotherapist is confident that their professional judgment is not being influenced by the conflicting interest or relationship.*

**Other benefit:** *Includes but is not limited to gifts of materials or equipment, preferential access to facilities, or provision of promotional activities that would typically be paid for by the physiotherapist.*

## Continuing Competence

### Standard

The physiotherapist practices within their level of competence and actively pursues continuous lifelong learning to maintain competence in existing and emerging areas of their physiotherapy practice.

### Expected outcome

Clients can expect that the physiotherapy services they receive are delivered by a physiotherapist who practices within the scope of practice of the profession and actively maintains their individual skills and competencies.

### Performance expectations

The physiotherapist:

- Maintains the essential competencies reflected in the competency profile for physiotherapists in Canada.
- Actively participates in self-directed life-long learning to maintain competence in existing practice areas and to acquire competence in new and emerging areas of practice relevant to their practice setting and client population served.
- **OPTIONAL WORDING:** Is aware of and complies with the Continuing Competence Program Rules approved by Council

### Related Standards:

- Evidence-Informed Practice

## Documentation

### Standard

The physiotherapist maintains client records that are accurate, legible and complete, written in a timely manner and in compliance with applicable legislation and regulatory requirements.

### Expected outcome

Clients can expect that their physiotherapy records are confidential, accurate, complete, and reflect the physiotherapy services provided.

### Performance expectations

The physiotherapist:

- Maintains legible, accurate, complete and **contemporaneous** client records related to all aspects of client care in either French or English.
- Completes documentation as soon as reasonably possible to promote client safety and effective clinical care.

### Components of a Complete Client Record

- Confirms that the following information is retained as part of a complete client record:
  - Details of clinical care.
  - Records of client attendance, including declined, missed or cancelled appointments.
  - Financial records.
  - Details or copies of all incoming or outgoing verbal or written communication with or regarding the client.

### Details of Clinical Care

- Includes in the client record detailed chronological information including:
  - Unique client identifier on each discrete part (each page) of the client record.
  - Client's reason for attendance.
  - Client's relevant health, family, and social history.
  - Date of each treatment session or professional interaction including declined, missed or cancelled appointments, telephone or electronic contact
  - Date of chart entry if different from date of treatment session or professional interaction.
  - Assessment findings.
  - Treatment plan and goals.
  - Documentation of informed consent and relevant details of the consent process reasonable for the clinical situation.

- Details of treatment provided and client response to treatment, including results of reassessments, in sufficient detail to allow the client to be managed by another physiotherapist.
- Details of tasks assigned to physiotherapist support workers.
- Details of all client education, advice provided and communication with or regarding the client.
- Ensures that the individual delivering physiotherapy services is clearly identified in all documentation
- Retains, or ensures ongoing access to copies of care pathways or protocols in addition to client records in circumstances where client care delivery and documentation is according to a protocol.

### Quality of Documentation

- Confirms that documentation entered into the treatment record accurately reflects the assessment, treatment, advice and client encounter that occurred.
- May reference rather than duplicate information collected by another regulated health-care provider that the physiotherapist has verified as current and accurate.
- Avoids use of abbreviations and acronyms. If acronyms must be used, writes out the full word or phrase followed by the abbreviation in parenthesis the first time it is used in the document or component of the chart.
- **ALTERNATE WORDING:** Uses terms, abbreviations, acronyms, and diagrams which are defined or described to promote understanding for others who may access a client's record.
- Clearly documents changes or additions made to the client record clearly identifying who made the change and the date of the change.

### Financial Records

- Maintains accurate and complete financial records related to the provision of physiotherapy services and sales of products.
- Financial records must include:
  - Identification of the service provider and organization, date of service, and physiotherapy service or product provided.
  - Client's unique identification.
  - Fee for a physiotherapy service or product, including any interest charges or discounts provided.
  - Method of payment, date payment was received, and identity of the payer.
  - Any balance owing.

## Electronic Medical Records

- Who uses an electronic medical record ensures that they employ appropriate safeguards to protect the confidentiality and security of information, including but not limited to, ensuring:
  - An unauthorized person cannot access identifiable health information on electronic devices.
  - Each authorized user can be uniquely identified.
  - Each authorized user has a documented access level based on their role.
  - Appropriate password controls and data encryption are used.
  - Audit logging is always enabled such that access and alterations made to the client record clearly identify the date of access or change, the change or addition made, and the identity of the individual accessing or changing the record.
  - Where electronic signatures are employed, the authorized user can be authenticated.
  - Identifiable health information is transmitted or remotely accessed as securely as possible with consideration given to the risks of non-secured structures.
  - Secure backup of data occurs consistently.
  - Data recovery protocols are in place and regularly tested.
  - Data integrity is protected such that information is accessible.
  - Practice continuity protocols are in place in the event that information cannot be accessed electronically.
  - When hardware is disposed of that contains identifiable health information, all data is removed and cannot be reconstructed.
- **ALTERNATE WORDING:** Knows that use of an EMR does not alter the physiotherapist's obligations to ensure users are uniquely identified, entries and corrections are identified and traceable to a user, and data recovery/contingency plans are in place to ensure continuity of care.

## Related Standards:

- Privacy
- Assessment, Diagnosis, Treatment
- Funding, Fees and Billing

## Definitions:

**Contemporaneous** - occurring or originating during the same time period.

## Duty of Care Standard

The physiotherapist has a duty of care to their clients, and an obligation to provide for continuity of care whenever a therapeutic relationship with a client has been established.

### Expected outcome

Clients can expect that their interests will be the primary consideration when receiving physiotherapy services and that they will be provided with the information needed to manage their physiotherapy needs and to access ongoing care if their physiotherapist is unavailable or unable to continue the therapeutic relationship.

### Performance expectations

The physiotherapist:

- Takes responsibility for maintaining an effective therapeutic relationship.
- Facilitates shared decision-making by taking the time to provide education regarding the client's condition, supporting health literacy and facilitating the transition to self-management.
- Does not provide a physiotherapy service when the client's condition indicates that commencing or continuing the physiotherapy service is not warranted or is contraindicated.
- Recognizes that clients have the right to make informed decisions about their own care, even when the physiotherapist believes the decisions may put the client's health at risk.
- Does not allow their personal judgments about a client, the client's lifestyle or health choices to compromise the client's physiotherapy care by withdrawing or refusing to provide care.
- Employs respectful conflict resolution strategies when conflict arises.
- Makes appropriate arrangements for continuity of care during planned absences.
- When discharging a client in need of ongoing care, the physiotherapist
  - Must not abandon clients.
  - Must document their reasons for discontinuing care.
  - Must advise the client of their decision to discontinue care and rationale.
  - Ensures continuity of care, making appropriate arrangements for transfer of care to another physiotherapist or providing the client with information regarding other physiotherapy service options.
  - Provides care until transfer to another physiotherapist can be arranged or provides a reasonable opportunity for the client to arrange alternate physiotherapy services.
- May discharge a client without providing for continuity of care if
  - The client poses a safety risk to the physiotherapist or others within the practice setting

- The client is abusive (physically, verbally, emotionally or sexually) towards the physiotherapist or others within the practice setting

### **Related Standards**

- Communication
- Informed Consent
- Assessment, Diagnosis, Treatment

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# Evidence-Informed Practice

## Standard


The physiotherapist incorporates **evidence-informed practice** in all aspects of physiotherapy service delivery.

## Expected outcome

Clients can expect that the physiotherapy services they receive are informed by the best available, credible evidence, the personal knowledge and experience of the physiotherapist, and the client's perspective.

## Performance expectations

The physiotherapist:

- 
- Is aware of the legislative and regulatory considerations; evolution of the physiotherapy profession; training, knowledge, skills, and judgment necessary to enable physiotherapy practice relevant to new or **emerging therapies** before incorporating them into the physiotherapy services provided.
  - Critically appraises evidence relevant to the practice setting, population served, and available treatment options before integrating evidence into practice.
  - Incorporates **critically appraised** physiotherapy-related evidence into assessment and treatment plans.
  - Clearly communicates with clients and other stakeholders when the services proposed are **emerging** or **complementary therapies**.
  - Advises the client of the current evidence, and implications of receiving emerging or complementary therapies, including potential funding implications, and the physiotherapist's training in the performance of the services proposed, obtaining client informed consent for emerging or complementary services.
  - Integrates critical thinking and professional judgment into client-centered care, evaluating their practice in terms of client outcomes, and modifying approaches based on this self-reflective process.
  - Shares information related to evidence and best practices and does not promote information, treatment options or products, that are not grounded in scientific, peer reviewed and physiologically plausible evidence.
  - Offers, or confirms that the client has received evidence-based, best practice physiotherapy approaches before offering emerging treatments that are outside of established evidence-based physiotherapy.

## Related Standards:

- Competence
- Assessment, Diagnosis, Treatment

## Definitions

**Complementary therapies** refer to non-conventional practices used in conjunction with **conventional physiotherapy**.

**Conventional physiotherapy** refers to the type of assessment, diagnosis, treatment, and conceptualization of illness or injury that is considered "mainstream" physiotherapy. It is sometimes referred to as "evidence-informed".

**Critically Appraised** - means information that has gone through the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.

**Emerging therapies** refers to treatments developed within mainstream physiotherapy with support from clinical research but currently lacking in rigorous, peer-reviewed evidence to support their use.

**Evidence-informed practice** is "derived from evidence-based practice and involves clinical problem solving and decision making informed by integrating best available evidence, client context and the personal knowledge and experience of the physiotherapist."

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## Funding, Fees and Billing

### Standard

The physiotherapist is responsible for ensuring that the fees charged for physiotherapy services and products are transparent and justifiable, to enable clients to make informed choices.

### Expected outcome

Clients can expect that fee schedules and billing practices for physiotherapy services and products are transparent, justifiable, and clearly communicated and that they will be made aware of the fees and billing practices of the physiotherapist before they become subject to them.

### Performance expectations

The physiotherapist:

- Maintains current knowledge of relevant funding sources for physiotherapy services and complies with funding requirements, policies and procedures.
- Prior to the client being subject to any fee, provides a **comprehensive** fee schedule to clients and payors that includes transparent and accurate information about billing policies and all potential charges, including but not limited to:
  - Assessment and treatment fees
  - Reports and fees for copies of client records
  - Equipment and any additional fees,
  - Fees and policies related to **bundled physiotherapy services**,
  - Cancellation or late fees and interest charges,
  - Refund policies.
- Makes a reasonable effort to ensure that clients understand the fees and billing practices of the physiotherapist before they become subject to them
- Establishes fees for access to client records that are
  - consistent with the requirements of applicable legislation,
  - reflect the costs of providing a copy of the client record and
  - are consistent regardless of the party requesting access.
- **Promptly** provides clients with clear, transparent, accurate and comprehensive invoices or receipts and all explanations required so that the patient understands the fees charged and terms of payment.
- Does not represent non-physiotherapy services as physiotherapy on invoices or receipts.
- Is responsible for all billing under their registration number, and to identify and correct any errors promptly.
- **ALTERNATE WORDING** if jurisdiction permits prepayment/bundled services: Employs policies and measures to mitigate the risks related to pre-payment of

physiotherapy services before accepting pre-payment or engaging in bundled physiotherapy service provision, including but not limited to

- Providing the client with the option to purchase one service at a time
- Providing refunds for unused physiotherapy services
- Issuing physiotherapy receipts only after physiotherapy services are delivered
- Resolves issues arising from billing disputes.
- If selling products,
  - **ALTERNATE WORDING:** \*(No consensus on price regulation. If regulating price, then suggest this wording.) Must not sell the product at a price in excess of fair market price paid by the physiotherapist plus a reasonable handling cost.
  - Must inform the client that they have the option to purchase the product from another supplier, and that their choice to do so will not affect their physiotherapy services.

## Related Standards:

- Communication
- Title, Credentials, and Specialty Designations
- Conflict of Interest
- Provision of Non-Physiotherapy Services

## Definitions

**Bundled Physiotherapy Services** means a program of treatment or set of physiotherapy services intended to be delivered as a comprehensive plan of care over a course of several physiotherapy interactions.

**Comprehensive** refers to "complete; including all or nearly all elements or aspects of something."

**Physiotherapy Services** are "services provided by or under the direction, assignment and supervision of a physiotherapist. This includes client assessment and intervention, and related communication with and reporting to various parties for the purposes of delivering client care."

**Promptly** means with little or no delay.

# Health Equity and Anti-Discrimination

## Standard

The physiotherapist demonstrates respect towards people of all identities, cultures, and individual characteristics and seeks to provide safe, equitable access to physiotherapy services incorporating an **anti-discrimination** approach to all aspects of physiotherapy service delivery.

For the purposes of this standard, **identity, culture and individual characteristics** refer to an individual's personal traits and the communities to which a person belongs. This can include but is not limited to characteristics such as physical appearance, body size and shape, use of mobility aids, and identity factors such as religion, ethnicity, sexual identity, gender identity or social group. All individuals inhabit more than one social location and possess a unique combination of identities and individual characteristics.

## Expected Outcome

Clients can expect that the physiotherapist will demonstrate respect and seek to provide care that is safe, equitable, and inclusive of the client's **identity, culture, and individual characteristics**.

## Performance Expectations:

The physiotherapist

### Reflective Practice and Education

- Reflects on, identifies, and does not act on any stereotypes or assumptions they may hold about a client based on the client's identity, culture and individual characteristics.
- Reflects on how their privileges, **biases**, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with clients.
- Responds to feedback on their own behaviour towards clients in relation to respect for the client's identity, culture and individual characteristics.
- Participates in ongoing education on privilege, discrimination and **systems of oppression**; social determinants of health; **cultural safety** and **cultural humility**; and **social justice**.
- Learns about the negative effects of discrimination and trauma, and their impacts on clients during health care experiences.

### Anti-Discrimination in Practice

- Works to identify, address, prevent, and eliminate discrimination within the practice setting and their sphere of influence.
- Takes appropriate action when they observe others acting in a discriminatory

manner by:

- Helping others to identify and eliminate discriminatory attitudes, language, or behaviour.
- Supporting clients, colleagues and others who experience and/or report acts of discrimination.
- Reporting acts of discrimination to leadership and other appropriate authorities.
- Creates safe health care experiences for their client, free from discrimination by seeking to understand how the client's identity, culture, individual characteristics, values, and beliefs may affect their experience of care, incorporating this understanding in all aspects of physiotherapy service delivery.
- Treats clients with respect and empathy by:
  - Recognizing that bias (implicit and explicit) negatively affects client care and patient outcomes.
  - Acknowledging and respecting the client's identity, culture and individual characteristics.
  - Being open to learning from the client and others, listening to and seeking to understand the client's lived experiences.
  - Treating clients and their families with compassion.
  - Providing the client with the necessary time and space to share their needs and goals.
  - Providing clear information about the physiotherapy options available, including information about what the client may experience during the health care encounter.
  - Communicating information in a way that the client can understand.
- Cares for clients in a manner that considers their physical, mental/emotional, spiritual, and cultural needs.
- Facilitates the involvement of the client's family and others as needed and when desired by the patient.

### **Trauma-Informed Practice**

- Works with the client to incorporate their personal strengths that will support the achievement of their health and physiotherapy goals.
- Recognizes the potential presence of trauma in a client's life and adapts their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.
- Recognizes that trauma may affect how clients view, access, experience and

interact with the health care system.

## Related Standards:

- Communication
- Indigenous Cultural Safety and Humility
- Continuing Competence

## Definitions:

**Anti-discrimination** is a form of action against discrimination and the systemic racism and the oppression of marginalized groups. An anti-discrimination mindset is based on conscious efforts and actions to provide equitable opportunities for all people on an individual and systemic level.

**Bias** is prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair. This can include both explicit and implicit bias. Implicit bias refers to having attitudes, stereotypes, or prejudices towards people or groups without being consciously aware of them.

**Cultural humility** is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

**Cultural safety** is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

**Identity, culture and individual characteristics** refers to an individual's personal traits and the communities to which a person belongs. This can include but is not limited to characteristics such as physical appearance, body size and shape, use of mobility aids, and identity factors such as religion, ethnicity, sexual identity, gender identity or social group. All individuals inhabit more than one social location and possess a unique combination of identities and individual characteristics.

**Systems of oppression** refers to society level norms or structures that give advantage or disadvantage to individuals or groups, regardless of whether individuals want or are aware of it. These systems can result in dire health effects. This can include but is not limited to racism, sexism, heterosexism, cisgenderism, ableism, classism, anti-Semitism, Islamophobia and anti-fatness. Individuals inhabit more than one social location, meaning that each person's lived experience includes a combination of intersecting systems of oppression.

**Social justice** refers to fairness as it manifests within society and includes fairness in healthcare. Social justice depends on four key principles or goals: human rights, access, participation and equity.

**Acknowledgement:** This Draft Standard is based on the Indigenous Cultural Safety, Humility, and Anti-racism Standard (2022) first developed by the [British Columbia College of Nurses and Midwives](#) and the [College of Physicians and Surgeons of British Columbia](#).

# Indigenous Cultural Safety and Humility

## Standard

The physiotherapist demonstrates cultural humility and strives to provide culturally safe physiotherapy services when working with Indigenous clients.

## Expected Outcome

Indigenous clients can expect that the physiotherapist will demonstrate respect and seek to understand the client's values, beliefs, and identity, incorporating this understanding into all aspects of physiotherapy service delivery.

## Performance Expectations

### Reflective Practice

The Physiotherapist:

- Reflects on, identifies, and does not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
- Reflects on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.
- Evaluates and seeks feedback on their own behaviour towards Indigenous Peoples.

### Building Knowledge Through Education

The Physiotherapist:

- Participates in ongoing education on Indigenous healthcare, determinants of health, cultural safety, cultural humility, and anti-racism.
- Learns about the negative impact of Indigenous-specific racism on Indigenous clients accessing the health-care system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and transgender Indigenous Peoples.
- Learns about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health-care experiences.
- Learns about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.
- Learns about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples' health and health-care experiences.

### Anti-Racist Practice

The Physiotherapist:

- Takes appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:
  - Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.
  - Supporting clients, colleagues and others who experience and/or report acts of racism.
  - Reporting acts of discrimination to leadership and other appropriate authorities.



## **Creating Safe Health-Care Experiences**

The Physiotherapist:

- Treats clients with respect and empathy by:
  - Acknowledging the client's cultural identity.
  - Listening to and seeking to understand the client's lived experiences.
  - Treating clients and their families with compassion.
  - Being open to learning from the client and others.
- Cares for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
- Acknowledges and incorporates into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, that are meaningful to the client, where able.
- Facilitates the involvement of the client's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

## **Relational Care**

The Physiotherapist:

- Respectfully learns about the client and the reasons the client has sought physiotherapy services.
- Engages with clients and their identified support persons to identify, understand, and address the client's health and wellness goals.
- Actively supports the client's right to decide on their course of care.
- Communicates effectively with clients by:
  - Providing the client with the necessary time and space to share their needs and goals.
  - Providing clear information about the health-care options available, including information about what the client may experience during the health-care encounter.
  - Ensuring information is communicated in a way that the client can understand.

## **Strengths-Based and Trauma-Informed Practice**

The Physiotherapist:

- Works with the client to incorporate their personal strengths that will support the achievement of their health and wellness goals.
- Recognizes the potential for trauma (personal or intergenerational) in a client's life and adapts their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.
- Recognizes that colonialism and trauma may affect how clients view, access, and interact with the health-care system.
- Recognizes that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the health-care system and consider the impact gender-specific trauma may have on the client.

## **Related Standards**

- Health Equity and Anti-Racism
- Communication

- Competence

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**Acknowledgement:** This Draft Standard is based on the Indigenous Cultural Safety, Humility, and Anti-racism Standard (2022) first developed by the [British Columbia College of Nurses and Midwives](#) and the [College of Physicians and Surgeons of British Columbia](#).

# Infection Control

## Standard

The physiotherapist complies with current **infection prevention and control** best practices to support the health and safety of clients, health-care providers, themselves, and others.

## Expected outcome

Clients can expect that the measures in place for infection prevention and control during the provision of physiotherapy services comply with applicable legislation, regulatory requirements, standards, guidelines and best practices.

## Performance expectations

The physiotherapist:

- Acquires education, training, and proficiency regarding best practices of infection prevention and control relevant to their practice.
- Applies infection prevention and control techniques and current best practices relevant to their physiotherapy practice consistently and effectively. This includes
  - Conducting a **point of care risk assessment** prior to each client interaction.
  - Employing the **personal protective equipment** indicated by the point of care risk assessment.
  - Completing effective hand hygiene before and after each client interaction.
  - Practicing effective respiratory hygiene.
- Ensures all physiotherapy spaces and equipment are cleaned and disinfected prior to client use.
- Disposes of devices and materials according to best practices and established protocols.
- Follows manufacturer's specifications, relevant legislation, and Provincial/Territorial Department of Health standards and policies for the use, cleaning, disinfection and reprocessing of equipment and devices.
- Documents details of reprocessing and sterilization of reusable critical and semi-critical medical equipment including parameters used. Retains this documentation for ##### (X) years.
- Is aware of and fulfills their legislated responsibilities regarding worksite safety, in accordance with occupational health and safety legislation.

## Related Standards:

- Assessment, Diagnosis, Treatment
- Risk Management and Safety

## Definitions

**Infection prevention and control** refers to “measures practiced by health-care personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between clients, from health-care workers to clients, and from clients to health-care workers in the health-care setting.”

**Personal protective equipment (PPE)** refers to items in place for infection prevention and control, such as masks, gloves, gowns and goggles.

**Point of Care Risk Assessment (PoCRA)** is a routine practice that should be conducted by a physiotherapist before every client interaction to assess the likelihood of exposing themselves and/or others to infectious agents. The point of care risk assessment informs the physiotherapist’s use of PPE and other infection control measures.

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## Informed Consent Standard

The physiotherapist obtains clients' ongoing informed consent for the delivery of physiotherapy services.

### Expected outcome

Clients can expect that they will be informed of the options, risks, and benefits of proposed physiotherapy services, asked to provide their consent, and that the physiotherapist will respect their right to question, refuse options, rescind consent and/or withdraw from physiotherapy services at any time.

### Performance expectations

The physiotherapist:

- Explains to clients the risks and benefits of physiotherapy assessment and treatment options and the consequences of participating or not in the proposed assessment or treatment. This includes, but is not limited to
  - Seeking to understand the client's perspective, concerns, and values,
  - Adapting the approach to the consent discussion according to the client's needs,
  - Providing treatment option(s) to address the client's needs.
  - Disclosing material risks relevant to the client's perspective, concerns and values,
  - Facilitating and answering the client's questions, and
  - Making a reasonable effort to ensure the client understands the risks and benefits of the proposed assessment and treatment.
- Obtains the client's consent following a discussion of the proposed assessment or treatment and prior to the assessment, treatment or provision of a plan of care.
- Obtains informed consent from the client in writing or verbally, in a manner reasonable and consistent with the frequency, nature and severity of rare and common risks of the proposed physiotherapy services
- Documents that consent was obtained and relevant details of the consent process reasonable for the clinical situation.
- Re-establishes and documents consent in instances where treatment plans change.
- Respects the autonomy of clients to question, decline options, refuse, rescind consent and/or withdraw from physiotherapy services at any time.
- Obtains informed consent from the appropriate individual, according to applicable legislation and regulatory requirements, in cases when clients are incompetent, incapacitated, and/or unable to provide consent.

- Acts in accordance with ethical principles of beneficence and least harm in instances where urgent or emergent care is required for a client who is incompetent, incapacitated and/or unable to provide consent, if consent cannot be obtained from the appropriate alternate decisionmaker.
- In situations of physiotherapy research, obtains informed consent from clients prior to their participation in studies consistent with the requirements of the appropriate research ethics authority.

### **Related Standards:**

- Communication
- Assessment, Diagnosis, Treatment

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# Provision of Non-Physiotherapy Services

## Standard

The physiotherapist clearly identifies instances when they are providing non-physiotherapy services.

## Expected outcome

Clients can expect that the physiotherapist will clearly identify instances where the services provided do not constitute physiotherapy.

## Performance expectations

The physiotherapist:

- Does not represent non-physiotherapy services as physiotherapy.
- If offering non-physiotherapy services, establishes each service as a distinct entity, maintaining:
  - Separate billing and financial records for each service, issuing invoices that clearly, transparently, accurately indicate the service provided.
  - Separate client records for each service or separate entries in a shared client record that clearly identify which professional role/service was provided at each client visit.
  - Separate appointment books and/or distinct days and times for providing each service.
  - Separate advertising, marketing and promotional activities for each service.
- Provides physiotherapy services, if the client sought physiotherapy services, unless the physiotherapy services sought are not in the client's best interests.
- Clearly communicates with clients and other stakeholders when the services proposed do not constitute physiotherapy services.
- Clearly identifies situations where the physiotherapist is dually trained and is proposing they provide **health services** or **personal services** that do not constitute physiotherapy.
- Advises the client of the implications of receiving non-physiotherapy services, including potential funding implications, obtaining client informed consent for non-physiotherapy services.

## Related Standards:

- Title, Credentials, and Specialty Designations
- Evidence-Informed Practice
- Communication

## Definitions:

**Health Service** means a service provided **to people**

- To protect, promote or maintain their health
- To prevent illness
- To diagnose, treat or rehabilitate, or
- To take care of the health needs of the ill, disabled, injured or dying.

**Personal Services** mean unregulated services provided to the public to support an individual's wellbeing and which do not conform to the definition of a health service.

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# Privacy and Record Retention

## Standard

The physiotherapist maintains client privacy and confidentiality in compliance with the requirements of the privacy legislation relevant to their practice.

## Expected outcome

Clients can expect that

- the physiotherapist will gather the least amount of information necessary to provide physiotherapy services
- their physiotherapy records are confidential, and their private information will be collected, used and shared with the highest degree of anonymity possible
- they will be aware of instances where their private information is collected, accessed, used or disclosed, and that their consent will be obtained when required by applicable privacy legislation.

## Performance expectations

The physiotherapist:

### Confidentiality

- Protects the privacy of private client information in all environments, regardless of the format of information collection (written, verbal, photo, video).
- Is attentive to the physical environment during client assessment, treatment, and education and proactively addresses privacy risks including the risk of being overheard when discussing private health information.

### Collection:

- Collects the least necessary individually identifying health information required to provide physiotherapy services.

### Consent

- Obtains client consent for collection, use and disclosure of health information unless positively enabled by relevant legislation to do so without consent.
- Clearly discloses instances where audio or video recordings are generated in the practice setting and obtains client consent for audio or video recording of physiotherapy treatment sessions.

### Access and Amendment

- Accesses only relevant individually identifying health information when providing physiotherapy services for the client.
- Grants clients access to their own individually identifying health information within the time period specified by relevant legislation.
- Has clear processes for making corrections to health information.

- Provides a copy of the complete clinical and financial record to the client, their authorized representative or third parties upon request.
- Establishes fees for access to client health records that are consistent with the requirements of applicable legislation, reflect the costs of providing the record, and which are consistent regardless of the party requesting access.

### **Use and Disclosure:**

- Uses individually identifying health information only for client care and management purposes for which the information was collected.
- Makes a reasonable effort to confirm that all correspondence with or regarding clients is sent to the intended recipient.

### **Security, Retention and Disposition**

- Prevents unauthorized access or use of client information while in use, storage or during transfer, through the appropriate use of physical, technical and electronic security mechanisms.
- In the event that unauthorized access or use occurs, reports privacy breaches to the appropriate individual(s), and contributes to privacy breach investigation and mitigation in accordance with organization policies, role-based responsibilities, and legislative requirements
- Retains client clinical and financial records for XXX (##) years after the last date of service.
  - Clinical and financial records for minors are retained for XXX (##) years past the minor's 18th birthday.
- Retains records in a manner that enables a complete or any component of the record to be retrieved and copied upon request, regardless of the media (paper or electronic) used to create the record.
- Ensures contractual agreements are in place any time a third party is engaged to process, store, retrieve or dispose of health information or provide information technology services, and that the terms of the agreements address ongoing access, security, use and destruction of client information for the duration of the required retention period.
- Disposes of records (e.g., electronic, paper) in a manner that maintains privacy and confidentiality of personal information.
- Takes action to prevent abandonment of client records.
- Designates an identifiable individual or information manager to ensure the retention, accessibility and security of client records in the event that the physiotherapist is unable to continue as custodian of client records (e.g., in the case of retirement, closing a practice).

### **Related Standards:**

- Documentation

# Risk Management and Safety

## Standard

The physiotherapist promotes and maintains a safe environment for clients, health-care providers, themselves, and others.

## Expected outcome

Clients can expect to be safe in the care of the physiotherapist and in the practice environment, and that any **patient safety incidents** will be appropriately addressed and disclosed promptly and transparently.

## Performance expectations

### Related to Risk Identification and Mitigation

The physiotherapist:

- Identifies potential client safety risks relevant to the practice setting, method of service delivery, and client population served
- Verifies that there are policies and procedures in place related to risk and crisis management and is knowledgeable about these procedures
- Incorporates appropriate measures to mitigate/manage identified risks and adheres to safety best practices

### Related to Physiotherapist Training

The physiotherapist:

- Maintains their competency in safety protocols, procedures and risk mitigation measures relevant to their practice.
- Participates in emergency preparedness and response training appropriate to the practice setting, method of service delivery, client population served, and identified safety risks

### Related to Client Interactions

The physiotherapist:

- Provides a clean, accessible, and safe physiotherapy practice environment
- Confirms that all equipment and electrophysical modalities are clean, safe, and maintained and calibrated in accordance with manufacturer specifications, and retains documentation of equipment calibration and maintenance for X years.
- Verifies clients' identities to confirm that the correct physiotherapy services are provided
- Applies appropriate safety procedures when using equipment or electrophysical modalities

## Related to Responding to Patient Safety Incidents

The physiotherapist:

- Recognizes the occurrence of patient safety incidents and near misses
- Responds immediately to patient safety incidents to minimize the impact on the client.
- Documents patient safety incidents and near misses in the client's treatment record and completes reports appropriate to the practice setting in accordance with employer policies and procedures.
- Contributes to the collection of data to identify, manage, and prevent potential risks and patient safety incidents relevant to the practice setting and population served.
- Discloses details of patient safety incidents to the client promptly and transparently.

## Related Standards:

- Assessment, Diagnosis, Treatment
- Infection Control

## Definitions:

**Patient Safety Incident** refers to any event or circumstance which could have resulted or did result in unnecessary harm to a patient. Patient Safety Incidents consist of near miss events, no-harm incidents, and harmful incidents

# Sexual Abuse and Sexual Misconduct

## Standard

Physiotherapists do not engage in behaviour that constitutes **sexual abuse** or **sexual misconduct**.

## Expected outcome

Clients can expect that any interaction with a physiotherapist will be free from conduct, behaviour or remarks of a **sexual nature**, sexual abuse or sexual misconduct.

Physiotherapy students, physiotherapist support workers and others whom the physiotherapist has authority over (supervisees) can expect that any interaction with the physiotherapist will be free from conduct, behaviour or remarks of a sexual nature, sexual abuse or sexual misconduct.

## Performance expectations



In regard to interactions with clients, the physiotherapist:

- Knows that the duration of the therapeutic relationship extends beyond the duration of active treatment and may be enduring, depending on the nature of the client-physiotherapist relationship, the risk of enduring power imbalance between client and physiotherapist, and dependence of the client on the physiotherapist and does not commence an intimate or sexual relationship with a client for the duration of the therapeutic relationship.
- Recognizes that due to the nature of physiotherapy practice, there is always an inherent power imbalance between the client and the physiotherapist. Knows that due to this inherent power imbalance, sexual relationships are prohibited for the duration of the therapeutic relationship, even if the client agrees to or initiates the sexual relationship.
- Does not enter into a sexual relationship with a former client unless sufficient time has passed that the imbalance of power inherent in the therapeutic relationship and/or client dependence on the physiotherapist no longer exists.
- Abstains from all forms of conduct, behaviour or remarks directed towards a client that constitute sexual abuse for the duration of the therapeutic relationship.
- Abstains from conduct, behaviour or remarks directed towards a client that constitute sexual misconduct for the duration of the therapeutic relationship.
- Must not end a therapeutic relationship for the purpose of pursuing a personal relationship.
- Clearly and thoroughly explains any physiotherapy service which could potentially be perceived to be sexual in nature, taking all reasonable steps to confirm the client's understanding of the service and its rationale, and obtaining informed consent prior to engaging in the service.
- Reports, to the Complaints Director of the other regulated member's regulatory organization, all instances where the physiotherapist has reasonable grounds to believe that the conduct of another regulated member of any health profession regulatory organization constitutes sexual abuse or sexual misconduct.

In regard to interactions with physiotherapy students, physiotherapist support workers and others whom the physiotherapist has authority over (collectively referred to as supervisees), the physiotherapist

- Abstains from all forms of conduct, behaviour or remarks directed towards the supervisees that constitute sexual abuse for the duration of the professional relationship.
- Abstains from conduct, behaviour or remarks directed towards a supervisee that constitute sexual misconduct for the duration of the professional relationship.
- Does not commence an intimate or sexual relationship with a supervisee for the duration of the professional relationship.

## Related Standards:

- Boundary Violations
- Communication

## Definitions

**Sexual abuse** includes threatened, attempted or actual conduct of a physiotherapist towards a client that is of a sexual nature and includes sexual intercourse; masturbation of or by the client or in the presence of the client; and touching of a sexual nature of client's genitals, anus, breasts or buttocks by a physiotherapist.

**Sexual misconduct** includes any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a physiotherapist towards a client that the physiotherapist knows or ought reasonably to know will or would cause offence or humiliation to the client or adversely affect the client's health and well-being.

**Sexual nature** includes any physical contact with private or sensitive areas, or comments that are not indicated for the purpose of providing clinically necessary physiotherapy services. This does not include conduct, behaviour, or remarks that are appropriate to the physiotherapy service provided.

# Supervision

## Standard

The physiotherapist is responsible and accountable for the physiotherapy services provided by personnel working under their **supervision (supervisees)**, and for providing appropriate supervision, in accordance with the client's needs, supervisee's skills and competencies, identified risks, and the context of practice.

## Expected outcome

Clients can expect that they are informed of the role of supervisees, have consented to services provided by supervisees, and that the physiotherapy services provided by supervisees are supervised by the physiotherapist.

## Performance expectations - Supervision of Physiotherapist Support Workers

When supervising **unregulated health providers working as physiotherapist support workers**, the physiotherapist:

- Is aware that a supervisor-supervisee relationship and related supervision responsibilities exist any time an unregulated health provider delivers physiotherapy services that the physiotherapist assigned.
- Assigns only those tasks/activities that the supervisor is competent to perform.
- Assesses the knowledge, skills, and judgment of support workers.
- Assigns only those tasks/activities that fall within the support worker's competence.
- Assesses clients to determine those appropriate to receive physiotherapy services from support workers.
- Communicates to clients the roles, responsibilities, and accountability of support workers participating in the delivery of physiotherapy services.
- Obtains clients' informed consent for the delivery of physiotherapy services by support workers.
- Uses mechanisms (e.g., name tags, introduction) so that support workers are readily identifiable.
- Employs direct or indirect supervision strategies appropriate to the competence of the support worker, the client's care needs, identified risks, and other factors related to the practice environment.
- Establishes ongoing and timely communication with support workers.
- Monitors and evaluates the delivery of physiotherapy services by support workers.
- Monitors documentation by support workers to confirm that the documentation is consistent with regulatory standards
- Reassesses clients, monitors and evaluates the delivery of physiotherapy services by physiotherapist support workers and client outcomes, modifying or reassigning service delivery as determined by clients' needs.
- Must not assign the following activities to support workers:
  - Any **restricted activity**, or portion thereof, authorized to the physiotherapist
  - Interpretation of referrals, diagnosis or prognosis

- Interpretation of assessment findings and determination of treatment procedures and treatment goals and the planning, development or modification of treatment plans beyond pre-set parameters
- Initial discussion of treatment rationale, clinical findings and prognosis with clients
- Documentation that should be completed by the physiotherapist
- Discharge planning
- Any treatment that would require the physiotherapist support worker to employ clinical reasoning, analysis and decision making to change the established plan of care without the input of the supervising physiotherapist
- Reassigns the supervision of support workers when the physiotherapist is not available to supervise.
- Advises clients and employers that delivery of physiotherapy services by support workers must be discontinued when physiotherapist supervision is not available.

## Performance expectations - Supervision of Physiotherapy Students

When supervising **physiotherapy students**, the physiotherapist:

- Is aware that a supervisor-supervisee relationship and related supervision responsibilities exist any time they agree to preceptor a student and the physiotherapy student is delivering physiotherapy services.
- Assigns only those tasks/activities that the supervisor is competent to perform.
- Assesses the knowledge, skills and judgment of physiotherapy students.
- Assigns only those tasks/activities that fall within the physiotherapy student's competence.
- Identifies clients appropriate to receive physiotherapy services from physiotherapy students.
- Communicates to clients the roles, responsibilities, and accountability of physiotherapy students participating in the delivery of physiotherapy services.
- Ensures that clients have provided informed consent for the delivery of physiotherapy services by physiotherapy students.
- Uses mechanisms (e.g., name tags, introduction) so that physiotherapy students are readily identifiable.
- Employs direct or indirect supervision strategies appropriate to the competence of the physiotherapy student, the client's care needs, identified risks, and other factors related to the practice environment.
- Establishes ongoing communication processes with physiotherapy students.
- Monitors documentation by physiotherapy students to confirm that this documentation is in accordance with regulatory requirements.
- Monitors and evaluates the delivery of physiotherapy services by physiotherapy students and client outcomes, modifying or reassigning service delivery as determined by the client's needs.
- Complies with legislative and regulatory rules regarding performance and supervision of restricted activities by physiotherapy students.
- Reassigns the supervision of physiotherapy students when the physiotherapist is not available to supervise.



- Advises clients and employers that delivery of physiotherapy services by physiotherapy students must be discontinued when physiotherapist supervision is not available.

## **Performance expectations - Supervision of Physiotherapist Interns/Residents**

When supervising **Physiotherapist Interns/Residents**, the physiotherapist:

- Is aware that a supervisor-supervisee relationship and related supervision responsibilities exist any time they agree to supervise a Physiotherapist Intern/Resident and the Physiotherapist Intern/Resident delivers physiotherapy services.
- Ensures that the PT Intern/Resident performs only those activities that the supervisor is competent to perform and supervise
- Assesses the knowledge, skills and judgment of Physiotherapist Interns/Resident.
- Ensures that the PT Intern/Resident performs only those activities that the PT Intern is competent to perform.
- Confirms that the respective roles, responsibilities and accountabilities of the Physiotherapist Intern/Resident and their supervisor have been communicated to clients and that clients have provided informed consent for the delivery of physiotherapy services by the Physiotherapist Intern/Resident.
- Uses mechanisms (e.g., name tags, introduction) so that Physiotherapist Interns/Resident are readily identifiable.
- Employs direct or indirect supervision strategies appropriate to the competence of the Physiotherapist Intern/Resident, the client's care needs, identified risks, and other factors related to the practice environment.
- Establishes ongoing communication processes with Physiotherapist Interns/Resident.
- Complies with legislative and regulatory rules regarding performance and supervision of restricted activities by Physiotherapist Interns/Resident.
- Monitors and evaluates the delivery of physiotherapy services by Physiotherapist Interns/Resident.
- Reassigns the supervision of Physiotherapist Interns/Resident when the physiotherapist is not available to supervise.
- Advises clients and employers that delivery of physiotherapy services by Physiotherapist Interns/Resident must be discontinued when physiotherapist supervision is not available.

### **Related Standards:**

- Assessment, Diagnosis, Treatment
- Consent
- Conflict of Interest

## Definitions

**Physiotherapist support worker** - unregulated health provider working under the supervision and direction of a physiotherapist. PTSWs have a range of educational backgrounds and experience. May be referred to as physiotherapist assistant, rehabilitation assistant, therapy assistant, rehabilitation aide, or kinesiologist when working as a supervisee.

**Restricted Activities** - also referred to as controlled acts or authorized activities, are activities that may only be performed by a regulated health professional in accordance with jurisdictional legislation and regulatory rules. Not applicable to all physiotherapy regulators in Canada.

**Supervisee** means an individual who is working under supervision.

**Supervision** means the action or process of watching and directing what someone does or how something is done.

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# Titles, Credentials, and Specialty Designations

## Standard

The physiotherapist uses their title and other credentials to clearly identify themselves to clients, other health-care providers, and the public.

## Expected outcome

Clients can expect that the physiotherapist represents their titles and credentials in way that is transparent, accurate, verifiable, meaningful to the public, and not misleading.

## Performance expectations

Regarding use of their protected title, the physiotherapist:

- Uses their protected title in all professional actions and interactions.
- Lists their protected title immediately after their name as it appears on the public register and before academic credentials or other designations.
- On the General Register uses the titles and initials
  - Physical Therapist,
  - Physiotherapist, OR
  - P.T.
- On the [Provisional/Resident/Other] Register uses the titles
  - Physical Therapist [Intern/Resident/Other], OR
  - Physiotherapist [Intern/Resident/Other]
- On the Courtesy Register uses the titles and initials granted to registrants on the General or Provisional Register, in accordance with the physiotherapist's registration status in their primary jurisdiction.
- Does not use protected title when engaged in activities that are outside of the practice of physiotherapy (e.g., animal rehabilitation).

Regarding the use of academic and other credentials, the physiotherapist:

- Only uses academic credentials conferred by **accredited university programs**.
- Uses academic credentials accurately and lists them after their protected title.
- Uses post-professional credentials accurately, and lists them after protected title, and in a manner that has meaning for the public.
- Does not use the title "Doctor" or prefix "Dr" in connection with providing a health service or in actions or interactions undertaken for the purpose of promoting health services to the public.
- Does not use other protected titles unless authorized to do so by the appropriate regulatory body.

Regarding use of the term specialist and derivatives thereof, the physiotherapist

- Does not imply or hold themselves out to be a specialist in connection with providing a physiotherapy service or in actions or interactions undertaken for the purpose of promoting physiotherapy services to the public.
- Does not use the title Clinical Specialist unless
  - They have received a specialty designation from either
    - The Physiotherapy Specialty Certification Board of Canada OR
    - The American Board of Physical Therapy Specialties
  - They have applied for and received authorization from the regulatory organization to use the title “Clinical Specialist”
  - **ALTERNATE WORDING:** They do so in a manner consistent with regulatory rules
  - The designation is listed after their protected title

### Related Standards:

- Advertising and Marketing
- Conflict of Interest
- Communication

### Definitions

**Accredited university program** means an entry to practice education physiotherapy program accredited by Physiotherapy Education Accreditation Canada, the Commission on Accreditation in Physical Therapy Education, or an institution’s physiotherapy entry to practice education program recognized by the Canadian Alliance of Physiotherapy Regulators credentialling program.

## Virtual Care Standard

Physiotherapists incorporate **virtual care** in the delivery of quality, effective physiotherapy services in accordance with client preferences, and as indicated and appropriate to address client needs.

### Expected outcome

Clients can expect that virtual physiotherapy services are appropriate, safe and effective.

### Performance Expectations

The physiotherapist:

- Is aware that virtual care is a method of physiotherapy service delivery that is subject to the same standards of practice and professional expectations as in-person physiotherapy services.
- Possesses sufficient training, knowledge, judgment and competency (including technological competency) to manage client care virtually.
- Employs reasonable safeguards (physical, technical, and administrative) to protect the privacy and security of client information.
- Has a professional, private location from which to provide virtual care.
- Confirms that adequate technology and supports are available to the client to enable virtual care.
- Confirms that the client has reliable internet access and private location from which to receive virtual care and if a private location is not available,
  - takes reasonable action to manage client privacy.
  - confirms client understanding of privacy risks within the available location and client informed consent to proceed with virtual care despite these risks.
- Assesses the appropriateness of virtual care, considering
  - the client's circumstances and preferences for physiotherapy service delivery,
  - the client's diagnosis and treatment plan,
  - the physiotherapist's ability to provide appropriate assessment and treatment of the client's condition using virtual methods of physiotherapy service delivery, and
  - adaptations required to physiotherapy services to reflect virtual care considerations and constraints.
  - relevant enabling or limiting factors that affect the ability to provide safe and effective virtual care.
- Obtains the client's informed consent specific to virtual physiotherapy service delivery, including informing the client of
  - any relevant limitations to physiotherapy service options available through virtual care.
  - safety risks specific to virtual care.
  - privacy risks specific to virtual care and the method of virtual care delivery.
- Confirms the location of the client in the client's record for each interaction.

- Identifies risks related to virtual physiotherapy service provision.
- Employs measures to mitigate risks specific to virtual care.
- Develops critical event plans specific to the client, the physiotherapy services provided virtually and the client's context.
- Discontinues virtual physiotherapy services and refers for in-person service provision when virtual physiotherapy services pose an undue risk to the client's safety or are ineffective or inappropriate for the client's condition.

### **Regarding the provision of virtual care across jurisdictional borders, the physiotherapist:**

- Who is providing physiotherapy services virtually to clients in [named jurisdiction, e.g., AB] must be registered with the College of Physiotherapists of [named jurisdiction, e.g., Alberta].
- Advises the client of where they are licensed,
- their options for reporting complaints and concerns, and how to contact the regulatory organizations in the event of an issue, concern or complaint.
- Is aware of and complies with licensing requirements in the jurisdiction where the client is located, in addition to the physiotherapist's **primary or home jurisdiction**.

### **Related Standards:**

- Assessment, Diagnosis, Treatment
- Consent
- Risk Management and Safety

### **Definitions**

**Primary or Home Jurisdiction** - refers to the province or territory where the physiotherapist is registered and from which the physiotherapist delivers physiotherapy services.

**Virtual Care** - is the delivery of physiotherapy services using any technology that enables communication between individuals in different locations, including teleconferencing, video conferencing, email, or text communications.

## Glossary

**Accredited university program** means an entry to practice education physiotherapy program accredited by Physiotherapy Education Accreditation Canada, the Commission on Accreditation in Physical Therapy Education, or an institution's physiotherapy entry to practice education program recognized by the Canadian Alliance of Physiotherapy Regulators credentialling program.

**Active listening** is a process of attending to what the speaker is saying and repeating back to the speaker what has been heard, to confirm that the listener has correctly understood the speaker.

**Advertising** - the action of calling something to the attention of the public especially by paid announcements.<sup>2</sup>

**Anti-discrimination** is a form of action against discrimination and the systemic racism and the oppression of marginalized groups. An anti-discrimination mindset is based on conscious efforts and actions to provide equitable opportunities for all people on an individual and systemic level.<sup>3</sup>

**Bias** is prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair. This can include both explicit and implicit bias.

**Implicit bias** refers to having attitudes, stereotypes, or prejudices towards people or groups without being consciously aware of or recognizing them.<sup>2</sup>

**Boundaries** refers to the accepted social, physical or psychological space between people. Boundaries create an appropriate therapeutic or professional distance between the physiotherapist and another individual and clarify their respective roles and expectations.<sup>4</sup>

**Bundled Services** means a program of treatment or set of physiotherapy services intended to be delivered as a comprehensive plan of care over a course of several physiotherapy interactions.

**Clients** are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a patient. In some circumstances, clients/patients may be represented by their substitute decision-makers.<sup>5</sup>

**Close personal relationship** is one where the physiotherapist's ability to be objective and impartial, and to fulfill their professional obligations may be impaired due to the nature of the personal relationship. Close personal relationships typically exist between an individual and their romantic or sexual partner, children, parents, and close friends, but may also exist between individuals and other relatives, business partners, past romantic partners and others.

**Collaborate** means to work jointly with others or together, especially in an intellectual endeavor.<sup>2</sup>

**Communication** is "the imparting and exchanging information" and includes speaking, listening, written and electronic information exchange. Effective, professional, communication involves active listening, and the sharing of information using plain language and assistive methods or devices (e.g., interpreters, technology, diagrams, printed education materials) when needed to facilitate the listener's understanding.<sup>6</sup>

**Complementary therapies** refer to a non-conventional practice used in conjunction with conventional physiotherapy.<sup>7</sup>

**Comprehensive** refers to "complete; including all or nearly all elements or aspects of something."<sup>8</sup>

**Concurrent** treatment or care refers to *“the circumstance where more than one health professional (provider) is administering or applying remedies, including medical, surgical or other therapies, to a patient for the same or related disease or injury.”*<sup>9</sup>

**Confidentiality** *“is the assurance that certain information that may include a subject’s identity, health, behavior, or lifestyle information, or a sponsor’s proprietary information would not be disclosed without permission from the subject (or sponsor).”*<sup>10</sup>

**Conflict of Interest** exists when a reasonable person could conclude that the physiotherapist’s duty to act in the client’s best interests while exercising their professional expertise or judgment may be affected or influenced by competing interests or relationships. Competing interests may be financial, non-financial, or social in nature.<sup>11</sup>

A conflict-of-interest may be actual, potential or perceived and can exist even if the physiotherapist is confident that their professional judgment is not being influenced by the conflicting interest or relationship.

**Contemporaneous** - occurring or originating during the same time period.<sup>2</sup>

**Conventional physiotherapy** refers to the type of assessment, diagnosis, treatment, and conceptualization of illness or injury that is considered “mainstream” physiotherapy. It is sometimes referred to as “evidence-informed”.<sup>7</sup>

**Credible** - means any evidence that reasonably would be viewed as reliable, accurate, and having basis in fact.<sup>12</sup>

**Critically appraised evidence** - means information that has gone through the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.<sup>13</sup>

**Cultural humility** is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.<sup>14</sup>

**Cultural safety** is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.<sup>14</sup>

**Emerging therapies** refers to treatments developed within mainstream physiotherapy with support from clinical research but currently lacking in rigorous, peer-reviewed evidence to support their use.<sup>7</sup>

**Evidence-informed practice** is “derived from evidence-based practice and involves clinical problem solving and decision making informed by integrating best available evidence, client context and the personal knowledge and experience of the physiotherapist.”<sup>5</sup>

**Health Service** means a service provided **to people**

- To protect, promote or maintain their health
- To prevent illness
- To diagnose, treat or rehabilitate, or
- To take care of the health needs of the ill, disabled, injured or dying.<sup>15</sup>

**Identity, culture and individual characteristics** refers to an individual’s personal traits and the communities to which a person belongs. This can include characteristics such as physical appearance,



body size and shape, use of mobility aids, and identity factors such as identifying as a member of a religious, ethnic or social group. All individuals inhabit more than one social location and possess a unique combination of identities and individual characteristics.

**Infection prevention and control** refers to “measures practiced by health-care personnel intended to prevent spread, transmission and acquisition of infectious agents or pathogens between clients, from health-care workers to clients, and from clients to health-care workers in the health-care setting.”<sup>16</sup>

**Informed Consent** refers to “receiving client or their legally authorized representative’s permission to proceed with an agreed course of physiotherapy service. Consent may be revoked at any time... Consent can be written or oral and may be expressed or implied. Having a written consent form does not mean there is informed consent. Informed consent involves ongoing communication between the parties involved.”<sup>17</sup>

**Marketing** - the process or technique of promoting, selling, and distributing a product or service.<sup>2</sup>

**Other benefit:** Includes but is not limited to gifts of materials or equipment, preferential access to facilities, or provision of promotional activities that would typically be paid for by the physiotherapist.<sup>18</sup>

**Patient Safety Incident** refers to any event or circumstance which could have resulted or did result in unnecessary harm to a patient. Patient Safety Incidents consist of near miss events, no-harm incidents, and harmful incidents.<sup>19</sup>

**Personal protective equipment (PPE)** refers to items in place for infection prevention and control, such as masks, gloves, gowns and goggles.<sup>20</sup>

**Personal Services** mean unregulated services provided to the public to support an individual’s wellbeing and which do not conform to the definition of a health service.

**Physiotherapist support worker** - unregulated health provider working under the supervision and direction of a physiotherapist. PTSWs have a range of educational backgrounds and experience. May be referred to as physiotherapist assistant, rehabilitation assistant, therapy assistant, rehabilitation aide, or kinesiologist when working as a supervisee.<sup>21</sup>

**Physiotherapy services** are “services provided by or under the direction of a physiotherapist. This includes client assessment and treatment, and related communication with and reporting to various parties for the purposes of delivering client care.”<sup>5</sup>

**Plain language** refers to “communication your audience can understand the first time they read or hear it. Language that is plain to one set of readers may not be plain to others. Written material is in plain language if your audience can:

- Find what they need
- Understand what they find
- Use what they find to meet their needs”<sup>22</sup>

**Point of Care Risk Assessment (PoCRA)** is a routine practice that should be conducted by a physiotherapist before every client interaction to assess the likelihood of exposing themselves and/or others to infectious agents. The Point of Care Risk Assessment informs the physiotherapist’s use of PPE and other infection control measures.<sup>23</sup>

**Primary or Home Jurisdiction** - refers to the province or territory where the physiotherapist is registered and from which the physiotherapist delivers physiotherapy services.

**Privacy** refers to “a person’s desire to control the access of others to themselves. Privacy protects access to the person, whereas confidentiality protects access to the data.”<sup>10</sup>

**Proficiency** means performance consistent with the established standards in the profession.<sup>1</sup>

**Promotional Activities** - include any effort made by an individual or business to communicate with potential customers. Promotional activities have two main purposes, to inform customers about your products, prices and services and to persuade customers to buy the products and services you sell. Includes personal selling, direct marketing, advertising, sales promotion, publicity and public relations.<sup>24</sup>

**Promptly** means with little or no delay.<sup>25</sup>

**Quality** is the degree to which a product or service satisfies a specified set of attributes or requirements.<sup>26</sup>

**Restricted Activities** - also referred to as controlled acts or authorized activities, are activities that may only be performed by a regulated health professional in accordance with jurisdictional legislation and regulatory rules. Not applicable to all physiotherapy regulators in Canada.

**Risk** refers to something that may cause injury or harm or the state of not being protected from injury or harm. Clients encounter risk of harm each time they seek health care services. Some risks are directly related to assessment procedures and interventions, while others relate to environmental factors or are sector specific.<sup>27</sup>

**Safe** means free from harm or risk; secure from threat or danger.<sup>2</sup>

**Sexual abuse** includes threatened, attempted or actual conduct of a physiotherapist towards a client that is of a sexual nature and includes sexual intercourse; masturbation of or by the client or in the presence of the client; and touching of a sexual nature of client’s genitals, anus, breasts or buttocks by a physiotherapist.<sup>15</sup>

**Sexual misconduct** includes any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a physiotherapist towards a client that the physiotherapist knows or ought reasonably to know will or would cause offence or humiliation to the client or adversely affect the client’s health and well-being.<sup>15</sup>

**Sexual nature** includes any physical contact with private or sensitive areas, or comments that are not indicated for the purpose of providing clinically necessary physiotherapy services. This does not include conduct, behaviour, or remarks that are appropriate to the physiotherapy service provided.<sup>28</sup>

**Social justice** refers to fairness as it manifests within society and includes fairness in healthcare. Social justice depends on four key principles or goals: human rights, access, participation and equity.<sup>29</sup>

**Standardized measures** refer to measurement tools that are designed for a specific purpose in a given population. Information is provided regarding the administration, scoring, interpretation, and psychometric properties for each measure.<sup>30</sup>

**Supervisee** means an individual who is working under supervision.

**Supervision** means the action or process of watching and directing what someone does or how something is done.<sup>2</sup>

**Systems of oppression** refers to society level norms or structures that give advantage or disadvantage to individuals or groups, regardless of whether individuals want or are aware of it. These systems can result in dire health effects. This can include but is not limited to racism, sexism, heterosexism, cisgenderism, ableism, classism, anti-Semitism, Islamophobia and anti-fatness. Individuals inhabit more than one social location, meaning that each person's lived experience includes a combination of intersecting systems of oppression.<sup>31,32</sup>

**Timely** refers to "happening at the correct or most useful time: not happening too late."<sup>2</sup>

**Therapeutic Relationship** refers to the relationship that exists between a physical therapist and a client during the course of physical therapy treatment. The relationship is based on trust, respect, and the expectation that the physical therapist will establish and maintain the relationship according to applicable legislation and regulatory requirements and will not harm or exploit the client in any way.<sup>34</sup>

**Transparent (transparently)** refers to the quality of being easy to perceive, obvious, clear and unambiguous.

**Virtual Care** - is the delivery of physiotherapy services using any technology that enables communication between individuals in different locations, including teleconferencing, video conferencing, email, or text communications.<sup>35</sup>

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## **12. Key Performance Indicators**

No materials, verbal presentation only.



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**Motion No.: 13.0**

**Council Meeting  
March 23-24, 2023**

**Agenda # 13: Allowances and Expenses Policy Review**

It is moved by

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and seconded by

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that:

Council approve the new Allowances and Expenses Policy, to take effect on April 1, 2023.

<b>Meeting Date:</b>	March 23-24, 2023
<b>Agenda Item #:</b>	13
<b>Category:</b>	Policy
<b>Issue:</b>	Allowances and Expenses Policy Review
<b>Submitted by:</b>	Evguenia Ermakova, Policy Analyst

## Issue

The College's Allowances and Expenses Policy (Governance Policy #4.1, previously titled "Honoraria and Expenses") recently underwent a comprehensive rewrite to address several challenges in using and applying the policy, as well as structural flaws in the policy more broadly.

The draft Allowances and Expenses Policy was shared with the Finance and Executive Committees for review and staff updated the draft policy in response to their comments. Council is now being asked to approve the Allowances and Expenses Policy, to take effect on April 1, 2023.

## Public Interest Assessment

The College provides reasonable reimbursement to individuals for their time and expenses incurred in order to support them carrying out the College's mandate to serve and protect the public interest. The College also has a duty to ensure that it is a responsible steward of its resources and that it allocates resources towards its activities in a financially prudent manner.

## Background and Rationale

Staff began reviewing the Allowances and Expenses Policy in July 2022 to respond to some of the issues faced by those who were using and applying the policy. In broad terms, those issues were:

1. There was a lack of clarity around reimbursable expenses and activities;
2. The policy did not always align with the actual work being done at the College; and
3. The policy was not "future-proof" and required continuous updating and re-approval.

As the review progressed, it became clear that the underlying problems of this policy would not be resolved by changing the individual rules alone. The policy had structural flaws and required a deeper examination and, ultimately, a rewrite.

The first Allowances and Expenses Policy was approved by Council in 2015. At that time, the goal of the Policy was to update and consolidate the College's disparate guidance around reimbursement for time



and expenses. Before the Policy was in effect, rules for allowances and expenses were kept in different places including financial policies, the claim form, and tradition.

This “patchwork” policymaking approach was a reasonable stopgap at the time – by collecting all the rules in one place, they would be easier to use, interpret, and review. However, because the policy was not written with an overarching purpose or set of principles, the same issues identified in 2014 continued to exist at present. We learned that every time the policy was revisited since its creation, the approach was to only look at the individual rules needing to be changed without considering the feasibility of the policy as a whole. This meant that the underlying structural issues of the policy were never truly addressed, and that the rules outlined in the policy didn’t fully align with what it was aiming to achieve.

This understanding prompted staff to re-examine how the policy is written more generally. Rather than continuing to review the policy in a “piecemeal way”, the better and more sustainable course of action was to rewrite the policy with a focus on creating foundational principles. Having a set of principles in place would help ensure that all the rules align with the policy’s broader goals, and that the policy is cohesive, internally consistent, and easy to understand and apply.

## Research Conducted

Below is a summary of the research undertaken by staff to help inform the principles behind and contents of the new policy:

- Considering the questions that have been asked by Council and Committee members regarding the interpretation of the policy over the years,
- Collecting feedback from Committee support staff at several stages to understand where the policy is difficult to consistently interpret and apply,
- Holding a discussion with senior leadership around which higher-order principles are helpful to reference in reshaping the policy, and
- Conducting a scan of the broader regulatory environment to understand whether and how our rules align with established best practices. These resources included:
  - Similar policies of Ontario regulatory Colleges, where available
  - The [Remuneration Framework](#) and [Highlights of Allowable Expenses](#) for Public Appointees to the Health Professions Regulatory Colleges from the Health Boards Secretariat (HBS);
  - The [Travel, Meal, and Hospitality Expenses Directive](#) from the Ontario Public Service (OPS); and
  - Federal guidance developed jointly by the [National Joint Council \(NJC\)](#) and the [Canada Revenue Agency \(CRA\)](#).

## Drafting Principles and Assumptions

One of the main reasons for the update of the Allowances and Expenses policy is that it was not originally written according to a framework of principles to hold the individual pieces of the policy together. Staff came up with five principles to help form a “policy blueprint”, and each of the provisions written in the policy were then drafted to align with those foundational principles. They are as follows:

1. **Benchmarking:** Establishing benchmarks (including benchmarks for rates and for the principles within the policy) help to make sure the policy is internally consistent, and that the policy aligns with the broader regulatory environment.
2. **Futureproofing:** Ensuring the policy applies as broadly as possible to potential future circumstances and include flexibility where appropriate to help mitigate the need for continuous review and re-approval.
3. **General Usability:** Ensuring the policy is user-friendly and written with the right audience in mind will make it easier to consistently interpret and apply. This involves using simpler language and prioritizing policy organization and flow.
4. **Enforcement and the Honour System:** Assuming that we are prepared to enforce the rules of the policy, but also assuming that people who are using the policy want to do the right thing.
5. **Principle-based Language:** Where we are unable to address problems through rules alone, principles can be used to convey the spirit of what we want to achieve. Principle statements are used throughout the policy where appropriate and helpful.

## High-level Summary of Initial Changes

Drawing from the established principles, below is a non-exhaustive list of the initial, high-level changes staff made to the policy prior to review by the Finance and Executive Committees:

- Referencing external benchmarks in setting certain rules and rates. For example:
  - Benchmarking a new Principles section to HBS guidance, and
  - Aligning expense rates to CRA guidance.
- Amending structure and language to ensure this policy is user-friendly. For example:
  - Replacing the terms “per diem” and “honoraria” with the word “allowance”, and
  - Adopting principle-based language to articulate policy goals.
- Ensuring that the work done by claimants is accurately captured by adding sections capturing activities that are not directly related to meetings.
- “Futureproofing” the policy to mitigate the number of times it undergoes re-approval by Council. For example:

- Adding a new group of claimants called “independent contractors” to include examiners, assessors, and coaches as well as the people who could potentially be using this policy in the future, and
- Taking the rates section out of the policy to have a simple way to adjust the rates associated with the policy without requiring re-approval of the policy each time.

### Finance Committee Review

On February 24, 2023, the new Allowances and Expenses Policy was presented to the Finance Committee for their review. The Committee supported the principles used to underscore and inform the redevelopment of the policy, and several revisions to the draft policy were identified. Staff implemented the changes identified by the Committee by ensuring that the high-level, foundational principles discussed in the meeting were captured by the policy.

Some of the major themes discussed at the Finance Committee were:

- **Adding a section capturing the non-meeting related activities for the Vice President.** Staff had previously created an annual allowance for the non-meeting related activities conducted by the President and Committee Chairs, and it was suggested that the Vice President’s activities also be included. Staff made this change.
- **Clarifying a distance-based eligibility for travel time allowances, travel expenses, and accommodation expenses.** The Committee discussed whether the use of kilometric thresholds for eligibility (e.g., living 25km away from the meeting site) to claim for travel-related items such as hotel, meals and travel time is still appropriate. In response, staff incorporated the principle of “individuals who reside in the area where the College function is being held are encouraged to use convenient transit options without the need for overnight accommodation.” This principle aligns with the goals of future-proofing the policy, as distinct thresholds can be limiting and may also subject the policy to more rounds of re-approval if that threshold no longer becomes reasonable. This means that there is no longer a kilometric restriction to accessing a hotel.
- **Further extricating the rates from the policy.** Staff had initially removed the rates associated with the policy by attaching them as an appendix to the policy. However, it was noted that an appendix could still be considered part of the policy, and therefore it might be confusing to review an appendix in isolation from the larger policy. Staff have addressed this by removing the rates as an appendix to the policy. The rates will now live in a Rate Schedule established as a standalone document that can be reviewed annually by staff based on changes to reference benchmarks without Council approval. The current Rate Schedule is attached here as part of Appendix 2.

### **Joint Finance and Executive Committee Review**

On March 7, 2023, the Finance and Executive Committees held a joint meeting where they discussed the most recent update of the Allowances and Expenses Policy. The Committees provided feedback on how the materials could be improved ahead of this item going forward to Council.

The themes discussed during this meeting were:

- Lowering the ceiling price for accommodation claims from \$600/night to \$400/night (while keeping in mind that exceptions are permitted to account for surge pricing and other factors),
- Changing the language in the meeting cancellation section from “48 hours’ notice” to “2 business days’ notice”,
- Allowing partial reimbursement for meetings cancelled within 3-5 business days’ notice, and
- Returning the clause around permitting business class train travel for trips that are greater than two hours.

Staff made the necessary updates to the policy in response to these comments.

### **Next Steps**

If approved, the updated policy will take effect on April 1, 2023. Regarding implementation, it is important to note that there will be processes to support both claimants and support staff in transitioning to the new rules. Staff will develop a companion guidance document for claimants and staff, which will be circulated on the effective date. The companion document will contain key points around the policy and claims submission procedure. After the policy takes effect, staff will also monitor any questions that claimants and staff have about the new policy and provide additional guidance in an FAQ document in an ongoing way.

### **Decision Sought**

Council is asked to approve the new Allowances and Expenses Policy, to take effect on April 1, 2023.

### **Related Action Items**

None.

### **Attachments**

- Appendix 1: New Allowances and Expenses Policy (2023)
- Appendix 2: Rate Schedule
- Appendix 3: Original Honoraria and Expenses Policy (2019)

## Appendix 1: New Allowances and Expenses Policy (2023)

<b>Section:</b>	Finance	Policy #4.1
<b>Title:</b>	Allowances and Expenses	
<b>Applicable to:</b>	Councillors who are members of the profession <sup>1</sup> , committee members, members of task forces and working groups, and, where applicable, independent contractors <sup>2</sup>	
<b>Date approved:</b>	March, 2015	
<b>Date revised:</b>	December 2017, April 2018, June 2021, March 2023	

### Section 1: Purpose Statement

The purpose of the policy is to establish and articulate the process of compensation for work done on behalf of the College and for expenses incurred while on College business.

### Section 2: Principles<sup>3</sup>

1. The basis of College work is public service. Any remuneration that may be paid is not expected to be competitive with the marketplace or an individual's usual occupational compensation. Allowances are paid to partially offset the cost of an individual's contribution rather than to pay for services rendered or compensate for lost income or the opportunity to earn income.
2. Registrant dollars are used prudently and responsibly with a focus on accountability and transparency.
3. Expenses for travel, meals, and accommodations support the work of the College.
4. Travel is approved only after other methods of hosting the meeting or event are considered.
5. Meetings that are not full day should be conducted virtually. Full day meetings can be held virtually, hybrid, or in person.
6. Plans for travel, meals and accommodation are necessary and economical with due regard for health and safety.
7. Authorized expenses incurred during or performing College business are reimbursed.

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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. Therefore, this policy does not apply to them.

<sup>2</sup> Independent contractors are retained by the College for specific services according to the terms of a contract and include assessors, examiners, coaches, and other as determined by the College. Independent contractors may refer to this policy unless they are already subject to guidelines that are established outside of this policy. Independent contractors exclude consultants and firms hired for projects. In this case, expenses are negotiated as part of the agreement with the College. This policy applies when expenses are not negotiated or outlined in a contractual agreement for services provided.

<sup>3</sup> Principles are benchmarked to the Remuneration Framework and Highlights of Allowable Expenses for Public Appointees to the Health Professions Regulatory Colleges from the Health Boards Secretariat (HBS).

8. Individuals who reside in the area where the College function is being held are encouraged to use available and convenient transit options without the need for overnight accommodation.

### **Section 3: Policy**

#### **3.1 Rules for Allowances**

##### **Application and Scope**

An *allowance* is a payment for time spent on College-related business. Allowances are composed of allowances, travel time, and preparation time. Allowances are paid to Councillors who are members of the profession, non-Council committee members, members of task forces and working groups, and independent contractors for participating in activities that are relevant to College business.

Payments are made based on the rules in this policy and the Rate Schedule. The Rate Schedule is not considered part of this policy and will be reviewed and updated each year by staff based on reference benchmarks and communicated broadly to affected stakeholders.

Allowance rates are reviewed on an annual basis. Allowance rates may be adjusted based on changes in cost-of-living rates. The amount of any adjustment would be determined by the College each fiscal year. Any changes to the rates will be communicated broadly to affected stakeholders.

##### **Allowance General**

- a. A claim for an allowance may include any or all meeting-related time, travel time, and/or preparation time in keeping with the rules in this policy and the Rate Schedule.
- b. One allowance claim may be submitted for the corresponding meeting.
- c. A full day implies seven hours of work.
- d. Teleconferences and virtual meetings are meetings and are therefore considered to be time that may be claimed.
- e. Meetings involving deliberations of a panel are considered to be scheduled meetings.
- f. Allowances will be paid to individuals<sup>4</sup> who are requested by the College to attend a function for representation or education purposes.

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<sup>4</sup> Consistent with the Application and Scope for Allowances.

## Meeting Time

- g. Any allowance claim for meeting time may be claimed in 15-minute increments consistent with the Rate Schedule.
- h. 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.
- i. For meetings that are more than three hours in duration or scheduled to be more than three hours in duration, a full day allowance may be claimed, even if the meeting concludes earlier than its scheduled duration.
- j. If a single day meeting, hearing, or function is cancelled without at least 2 business days' notice, those who were scheduled to attend may claim an allowance equal to the duration of the scheduled meeting. If a single day meeting is cancelled with more than 2 business days' notice, no allowance is paid.
- k. If a consecutive multi-day meeting, hearing, or function is cancelled without at least 2 business days' notice, those who were scheduled to attend may claim an allowance of 50% of the total meeting duration. For example, for a 5-day consecutive meeting (typically a hearing), 2.5 days may be claimed. If a multi-day meeting is cancelled 3-5 business days prior to the start of the hearing, those who were scheduled to attend may claim 25% of the total meeting duration. If a multi-day meeting is cancelled with more than 5 business days' notice, no allowance is paid.
- l. Allowances will not be paid for College activities that have been compensated by one's employer.

## Additional Activities of Committee Chairs

- m. Additional activities refer to work that is required to fulfill the role of the Chair or to support the work of the Committee.
- n. A Committee Chair may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the Chairs' allowance rate.
- o. Reimbursement for additional activities for committee chairs is subject to an annual maximum amount, consistent with the Rate Schedule.
- p. Once the annual maximum amount is reached, additional activities for chairs will not be reimbursed for the remainder of the fiscal year.

### **Additional Activities of the President**

- q. Additional activities refer to work that is required to fulfill the role of the President or to support the work of Council.
- r. The President may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the President's allowance rate.
- s. Reimbursement for additional activities for the President is subject to an annual maximum amount, consistent with the Rate Schedule.
- t. Once the annual maximum amount is reached, additional activities for the President will not be reimbursed for the remainder of the fiscal year.

### **Additional Activities of the Vice President**

- u. Additional activities refer to work that is required to fulfill the role of the Vice President.
- v. The Vice President may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the President's allowance rate.
- w. Reimbursement for additional activities of the Vice President is subject to an annual maximum amount, consistent with the Rate Schedule.
- x. Once the annual maximum amount is reached, additional activities for the Vice President will not be reimbursed for the remainder of the fiscal year.

### **Preparation Time**

- y. Preparation time is a payment for time spent getting prepared for College-related activities<sup>5</sup>. The goal of preparation time is to ensure that individuals are adequately prepared to participate in upcoming meetings or, where applicable, other College activities.
- z. The time billed for preparation should be less than or equal to the time billed for the meeting. For example, for meetings of up to three hours duration, the maximum preparation time is three hours. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours.

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<sup>5</sup> For the purposes of this policy, preparation time will include decision writing and decision review.



- aa. When a committee member requires more time for preparation than is permitted under bb., the committee chair may authorize additional preparation time.
- bb. When a committee chair requires more time for preparation than is permitted under bb., a request for additional preparation time may be approved by the individual through which chairs submit their claims, in accordance with the Procedure section of this policy.
- cc. There are no restrictions on the number of requests for additional preparation that a committee member or chair may make during a year.
- dd. Activities that are allowed to be claimed as preparation time are at the discretion of the approving authority.
- ee. Preparation time is paid in accordance with the Rate Schedule.

## **Travel Time**

- ff. Travel time is a payment for time spent getting to and from College-related business. The actual time spent traveling from an individual's starting point of travel to the meeting or event destination is subject to reimbursement.

## **3.2 Rules for Expenses**

### **Application and Scope**

Eligible expenses are reimbursed to Councillors who are members of the profession (including academic members); non-Council committee members; members of task forces and working groups; and independent contractors when they are incurred while conducting College business.

Reimbursement is made based on the rules in this policy and the Rate Schedule.

Expense rates are benchmarked against Canada Revenue Agency (CRA) and National Joint Council (NJC) guidance for the current year. The Rate Schedule is reviewed and updated by staff on an annual basis to maintain consistency with the CRA and NJC rates. Any changes to the rates will be communicated broadly to affected stakeholders.

### **Expenses – General**

- a. Detailed itemized invoices or receipts are required for all expense claims (i.e., not just the credit card receipt).

- b. Invoices and/or receipts must include a description of the goods purchased or services rendered, the cost, taxes, gratuities, and, if applicable, the HST Registration Number<sup>6</sup>.

## Expenses – Travel

- c. Travel includes:
- Economy airfare for flights;
  - Economy class train fare for trips less than two hours;
  - Business class train fare for trips of greater than two hours;
  - Local public transportation;
  - Taxi;
  - Ride-sharing service; or
  - Use of a personal car.
- d. Only in limited circumstances is business class travel acceptable for train trips under two hours, and only with prior approval, such as:
- Choosing a travel time that allows you to reduce expenditures on meals or accommodation (e.g., compare an economy class ticket plus a meal with the cost of a business class VIA Rail ticket, where meals are included)
  - Accommodation or accessibility requirements; and/or
  - Health and safety considerations.
- e. 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>7</sup>.
- f. Local taxis or ride-sharing service may be used when warranted by expedience and practicality.
- g. 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.
- h. An allowance per kilometer will be paid for the use of a personal car in accordance with the Rate Schedule.

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<sup>6</sup> For internet purchases, a copy of the payment confirmation should also be included.

<sup>7</sup> Such reasons may include: urgency, transportation delays, inconvenient train or bus schedules, more than one person travelling together by car, taxi because of baggage, automobile and parking instead of public transportation, etc.

## Expenses – Accommodation

- i. Hotel accommodation<sup>8</sup> will be covered for individuals if it is not practical to travel to and from the meeting or event on the day of the meeting or event, such as if an individual is required to travel out of town and overnight to attend a College function.
- j. Reimbursement will be made for hotel accommodation based on a basic/standard room, conveniently located and comfortably equipped.
- k. Where overnight stays are required, people may choose to stay at the hotel at which the College has negotiated a corporate rate, if available, or another hotel of their choosing, in accordance with the Rate Schedule. If a corporate hotel rate is available, reimbursement will be made for the lower of the two rates.
- l. Exceptions to the maximum accommodation rates in the Rate Schedule may be made where necessary and appropriate.
- m. Individuals are responsible for managing their own hotel bookings. Penalties related to cancellations or changes of hotel reservations are the claimant's responsibility and may be reimbursed only in exceptional circumstances<sup>9</sup>.
- n. 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.
- o. 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 Schedule.

## Expenses – Meals

- p. Meal expenses incurred while travelling on College business may be claimed when it is not practical to travel to and from the meeting or event on the day of the meeting or event, and where meals are not provided by the College on the travel days.
- q. Meal expenses cannot be claimed when the College provides a meal during its meeting/event.
- r. Meal expenses do not include alcoholic beverages.

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<sup>8</sup> For the purposes of this policy, hotel accommodations include private homestay rentals listed on online property sharing platforms (for example, Airbnb or similar platforms).

<sup>9</sup> Such circumstances include where there is no adequate notice of a meeting cancellation or re-scheduling.

## Expenses – Gratuities

- s. Reasonable 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).
- t. Reasonable gratuities for accommodation, taxis, and ride-sharing services should be included in the cost claimed along with the accompanying receipt.
- u. A reasonable amount may be claimed for gratuities paid for other services (such as porters, delivery, etc.).

## Expenses – Other Allowable<sup>10</sup>

- v. Parking.
- w. Purchased services such as printing, copying, etc. when they cannot conveniently be provided.
- x. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.

## Expenses – Additional Interpretation

- y. Expenses not covered by the rules in this policy must be approved in advance by the individual responsible for approving the claim.

## Section 4: Procedure

1. Claims for allowances or expenses must be submitted to the College within 30 calendar days of the activity that resulted in the claims.
2. Claims not submitted within 30 days will not be paid.
3. Claims will be submitted to and reviewed and approved by the individual with oversight for the activity that resulted in the claims. Adjustments to the claim may be made to ensure adherence to this policy.
4. Any discrepancies between what this policy permits and the claims submitted will be addressed with the claimant by the approving individual, and by the Registrar.
5. The College will do its best to pay claims within 30 days of receiving them.
6. For statutory committees, the Program area managers will review and approve the Committee member and Chairs' claims. Any discrepancies will be reviewed by the COO. For non-statutory

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<sup>10</sup> When attending College business only



committees, the Program area will review and approve the Committee member and Chairs' claims. Any discrepancies will be reviewed by the President.

7. The Registrar will review and approve the President's claims.
8. The President will review and approve the Registrar's claims.

## **Government Taxes**

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 T4s to those who claim time-based allowances from the College.

## Appendix 2: Rate Schedule for Allowances and Expenses

The following rates are effective as of April 1, 2023. The new rates include a 4% COLA increase:

### Rates for Allowances

Allowances are paid to Councillors who are members of the profession, non-Council committee members, members of task forces and working groups, and independent contractors<sup>11</sup> for participating in activities that are relevant to College business.

#### 1. Allowance Rates

- a. All Councillors/committee members/task force members/independent contractors
  - i. Full day allowance — \$364.00
  - ii. Hourly rate — \$51.00
  
- b. Council President and Committee Chairs
  - i. Full day allowance— \$497.00
  - ii. Hourly rate — \$70.00

#### 2. Maximum Allowance for Additional Activities – President<sup>12</sup>

- a. \$6000/annuum

#### 3. Maximum Allowance for Additional Activities – Committee Chairs<sup>13</sup>

- a. \$800/annuum

#### 4. Maximum Allowance for Additional Activities – Vice President<sup>14</sup>

- a. \$1500/annuum

#### 5. Preparation Time Rate (including decision writing and decision review)

- a. \$50.00 per hour

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<sup>11</sup> Independent contractors are retained by the College for specific services according to the terms of a contract and include assessors, examiners, coaches, and other as determined by the College. Independent contractors may refer to this policy unless they are already subject to guidelines that are established outside of this policy. Independent contractors exclude consultants and firms hired for projects. In this case, expenses are negotiated as part of the agreement with the College. This policy applies when expenses **are not negotiated or outlined** in a contractual agreement for services provided.

<sup>12</sup> This amount covers approximately 87 hours of additional activities of the President for the year.

<sup>13</sup> This amount covers approximately 11 hours of additional activities of Committee Chairs for the year.

<sup>14</sup> This amount covers approximately 21 hours of additional activities of the Vice President for the year.

## 6. Travel Time

- a. \$30.00 per hour

### **Rates for Expenses**

Eligible expenses are reimbursed to Councillors who are members of the profession (including academic members); non-Council committee members; members of task forces and working groups; and independent contractors when they are incurred while conducting College business.

#### 1. Allowance for Use of Personal Car

- a. \$0.60 per kilometer

#### 2. Meal Expenses

- a. Breakfast — \$25.00
- b. Lunch — \$35.00
- c. Dinner — \$60.00

#### 3. Rate for Hotel Stay

- a. Maximum of \$400/night, not including taxes and fees<sup>15</sup>

#### 4. Private Accommodations

- a. \$40 per night may be claimed for the use of private accommodation in lieu of hotel accommodation.

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<sup>15</sup> The rate for hotel stay will be reviewed annually.

**Appendix 3: Original Honoraria and Expenses Policy (2019)**

<b>Section:</b>	<b>Finance</b>	<b>Policy #4.1</b>
<b>Title:</b>	<b>Honoraria and Expenses</b>	
<b>Applicable to:</b>	<b>Councillors who are members of the profession<sup>16</sup>, committee members, members of task forces and working groups, where applicable, staff</b>	
<b>Date approved:</b>	<b>March, 2015</b>	
<b>Date revised:</b>	<b>December 2017, April 2018, June 2021</b>	

**Legislative References**

None

**Policy**

Honoraria are paid to Councillors who are members of the profession; non-Council committee members; members of task forces and working groups; and College assessors<sup>17</sup> for participating in activities that are relevant to College business. This includes attending scheduled meetings (including teleconferences and meetings involving deliberations) or participating in other assigned activities. 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; non-Council committee members; members of task forces and working groups; College assessors; 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.

Honoraria rates are updated annually geared to the Cost-of-Living Allowance (COLA) and rates for expenses will be reviewed biennially by the College's Executive Committee.

**Procedure**

1. Claims for honoraria or expenses must be submitted to the College within 30 calendar days of the activity that resulted in the claims.
2. Claims not submitted within 30 days will be referred to the President for appropriate follow-up.
3. Claims should be submitted to the College through Corporate Services.

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<sup>16</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.

<sup>17</sup> Except for assessment fees which are defined outside of this policy.



4. Corporate Services will seek approval of the claim from the director or manager with oversight for the activity that resulted in the claims.
5. Once approved, all claims are to be submitted to the Accounting Coordinator.
6. The College will endeavor to pay claims within one month of receiving them.
7. Any discrepancies between what this policy permits and claims will be addressed with the claimant by the Registrar.

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 T4s 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

### 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.

- d. Honoraria rates are to be updated annually at the beginning of each fiscal year to adjust for a Cost of Living Allowance (COLA) and this update will be communicated via email once new rates are established.

## **Per Diem – General**

- e. 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.
- f. 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.
- g. If a meeting or function is cancelled without at least 2 business days' notice, those who were scheduled to attend may claim up to three hours per diem.
- h. Per diems will not be paid for College activities that have been compensated by one's employer.

## **Per Diem – Chairs**

- i. Committee chairs are paid a higher per diem rate when they are acting in the capacity of the chair at a scheduled meeting.
- j. A chair's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
- k. Per diems for chairs are paid in accordance with the rate section of this policy.

## **Per Diem – President**

- l. The President may claim for the time they spend performing the duties of the President at the rate a committee chair receives.
- m. A President's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
- n. Per diems for chairs are paid in accordance with the rate section of this policy.

## **Preparation Time**

- o. The time billed for preparation should be less than or equal to the time billed for the meeting.  
(e.g.:
- p. For meetings of up to three hours duration, the maximum preparation time is three hours.
- q. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours).
- r. When a committee member requires more time for preparation than is permitted under a., the committee member may ask the committee chair to authorize additional preparation time.
- s. 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 President.
- t. There are no restrictions on the number of requests for additional preparation that a committee member or chair may make.
- u. Preparation time is paid in accordance with the rate section of this policy.

## **Travel Time**

- v. The first hour of travel each way is not subject to reimbursement.
- w. Travel time should be billed in increments of one-half hour.
- x. A maximum of six hours travel time may be billed in any day.
- y. 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.
- z. Travel time is paid in accordance with the rate section of this policy.

## **Rules for Expenses**

### **Expenses General**

- aa. Detailed itemized invoices or receipts are required for all expense claims<sup>18</sup>.
- bb. 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>19</sup>.

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<sup>18</sup> Credit card receipts or statements do not provide sufficient detail to process expense claims.

<sup>19</sup> For internet purchases, a copy of the payment confirmation should also be included.

## Travel Expense

- cc. Travel includes:
- dd. Economy airfare for flights;
- ee. Economy class train fare for trips of two hours or less;
- ff. First class train fare for trips of greater than two hours;
- gg. Local public transportation;
- hh. Taxi; or
- ii. Use of a personal automobile.
- jj. 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>20</sup>.
- kk. Local taxis may be used when warranted by expedience and practicality.
- ll. 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.
- mm. An allowance per kilometer will be paid for the use of a personal automobile in accordance with the rate section of this policy.

## Accommodation

- nn. 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.
- oo. For meetings in Toronto, hotel accommodation will be provided to individuals who reside beyond a 25 kilometer radius of the meeting site.
- pp. 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

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<sup>20</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.

case the maximum reimbursement will be the lessor of the actual price paid at the other hotel or the corporate rate at the College hotel.

- qq. 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.
- rr. 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.

## **Meals**

- ss. Meal expenses incurred while travelling on College business may be claimed when the travel time exceeds two hours.
- tt. Meal expenses incurred when attending external meetings or business may be claimed when the external meetings or business exceeds four hours.
- uu. For meetings in Toronto, meal expenses may be claimed when the individual resides beyond a 25 kilometer radius of the meeting site.
- vv. 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).
- ww. Actual meal expenses may be claimed in accordance with the rate section of this policy.

## **Gratuities**

- xx. 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).
- yy. Gratuities for accommodation and taxis should be included in the cost claimed along with the accompanying receipt.
- zz. A reasonable amount may be claimed for gratuities paid for other services (such as porters, delivery, etc.).

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

- aaa. Parking.
- bbb. Telephone. One personal long distance telephone call of reasonable duration for each day away from home.
- ccc. Postage and delivery.
- ddd. Tolls.
- eee. Purchased services such as typing, copying etc., when they cannot conveniently be provided through the College office.
- fff. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.

### **Expenses which are not Allowed**

- ggg. Costs for entertainment (e.g. videos and pay movies).
- hhh. Costs for personal services (laundry, dry cleaning) unless away from home for more than five days.
- iii. Costs for alcohol and cannabis.

### **Additional Interpretation**

- jjj. For expenses not explicitly covered in these rules, the Executive Committee shall determine whether the expense is compensable.

### **Rates for Honoraria<sup>21</sup> and Expenses**

*Note: These were the rates that were effective when Council last reviewed and approved this policy in June 2021. Some of the honoraria rates were subsequently adjusted in 2022 based on a COLA increase.*

1. Allowance for use of personal automobile<sup>22</sup>
  - a. \$0.40 per kilometer

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<sup>21</sup> Honoraria rates below reflect rates effective as of April 1, 2020. Honoraria rates are updated annually geared to the Cost of Living Allowance (COLA).

<sup>22</sup> The College's rate is geared to the Travel, Meal and Hospitality Expenses Directive from Ontario's Management Board of Secretariat.

## 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
- b. Full day per diem (for meetings over 3 hours duration) — \$350.00
- c. Hourly rate — \$49.00

## 5. Chairs' (and President's) Per Diem Rate

- a. Chair — meeting time (or President's duties)
- b. Full day per diem (for meetings over 3 hours duration) — \$478.00
- c. Hourly rate — \$67.00

## 6. Preparation time rate

- a. \$48.00 per hour

## 7. Travel time

- a. \$30.00 per hour

## 8. Rate for hotel stay

- a. The best available rate at the College's corporate hotel up to a maximum of \$350/night + taxes and fees<sup>23</sup>

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<sup>23</sup> The rate for hotel stay will be reviewed annually.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
*of* ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
*de l'*ONTARIO

#### **14. Members' Motion(s)**

No materials



# Interim Registrar's Report

December 12 & 13, 2022



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO



## Road Map...

- Stakeholder Updates
- Environmental Scan
- Dashboard
- Strategic Initiative –  
Operational Review

# Stakeholder Updates

Public Appointments  
Office

Productive  
conversations over  
the last month

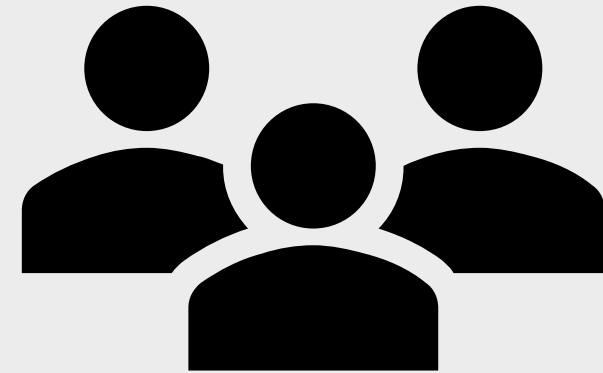
Ontario Physiotherapy  
Leaders Consortium  
(OPLC)

No New Updates

Ontario Physiotherapy  
Association (OPA)

Prepared a  
submission in  
response to the  
Fee Bylaw

Considering  
ongoing  
opportunities for  
collaboration



# Stakeholder Updates

## Canadian Physiotherapy Association

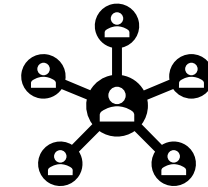
- No new updates

## Ontario Fairness Commissioner

- CPO's submission – Fair Registration Practices Report due Dec 14

## CAPR

- New CEO & New National Director of Evaluation Services
- Governance Review



# Stakeholder Updates

CIHI

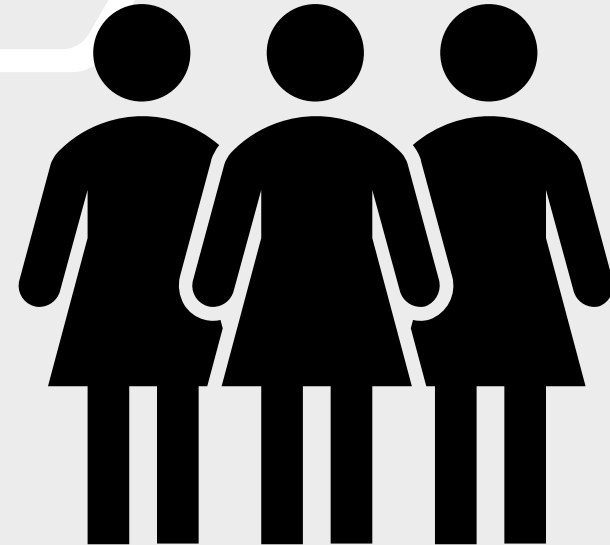
- New data sets
  - Gender
  - Identity
  - Race
  - Indigenous Identity data

CAG

- Met in October
- Report Available

HPRO

- Strategic Planning
- Federal Grant to Support Anti Racism in Health Regulation Initiative



# Bill 106 Pandemic and Emergency Preparedness Act



Language Proficiency Testing



Emergency Regulations



Application Processing Timelines

# Important Updates

**Space Sharing Initiative**

**Governance Review RFP**

**Patient Safety Section on the Website**

**New Graduate Transitions to Practice**

**Organizational Review\***

**Exams and Registration\***

# Organizational Review

**Strategic Initiative Completed**



## Four Divisions of Business

- Finance & Reporting- includes strategy
- Policy & Governance- includes general counsel
- Programs - statutory / non statutory
- Organizational Effectiveness  
incl Communications, IT, HR,  
and facilities



## Impact of the Review

Staffing complement at the beginning of the process and at the end\*

- Includes one contract

41

Percentage of Staff who are available for work currently

- 2 leaves + 1 extended vacation
- 5 transitional vacancies (4 hires pending)

80%

## Staff to Registrant Ratio

CPO 1:281

13 Colleges have more staff per registrant than CPO

8 Colleges have less staff per registrant than CPO

\* Exams delivery and conduct activity varies



Licensure Update

Exams & Registration



# 01

## Exams

- Successful Launch of the OCE
- October and November administrations completed
- Exam Committee met
- January and March administrations almost full
- Virtual exam dates being released tomorrow
- French exam dates being released tomorrow

# 02

## Registration Committee Exam Exemption Policy

- Approved December 2021
- Allowed Current PPC holders the opportunity to move to IPC if they met certain criteria
- 770 applications have been received
- 583 certificates have been issued
- 477 registrants have completed the full process
- Policy will be revoked on March 31, 2023

# College Dashboard

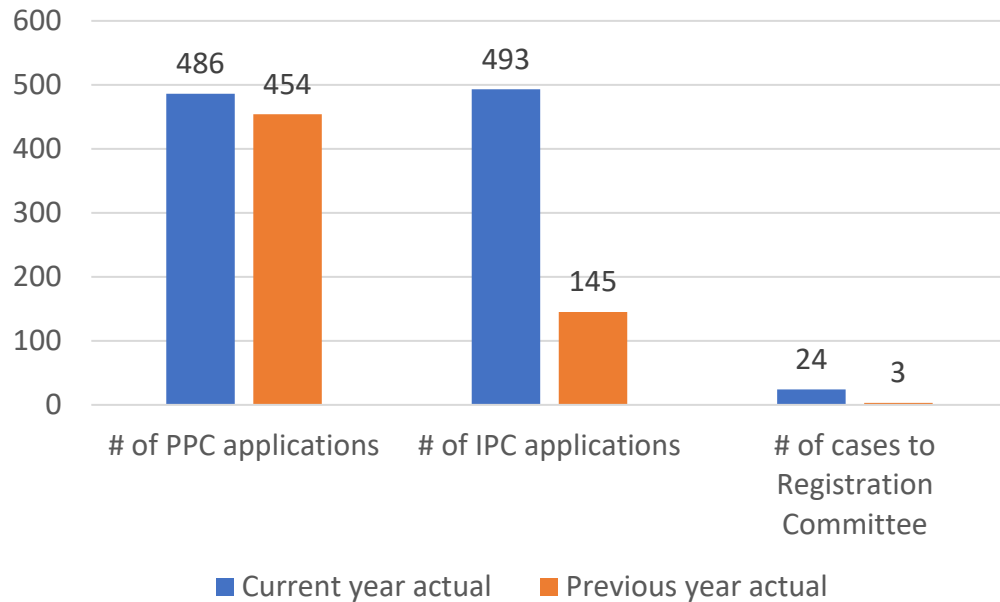
December 2022



# Statutory Programs

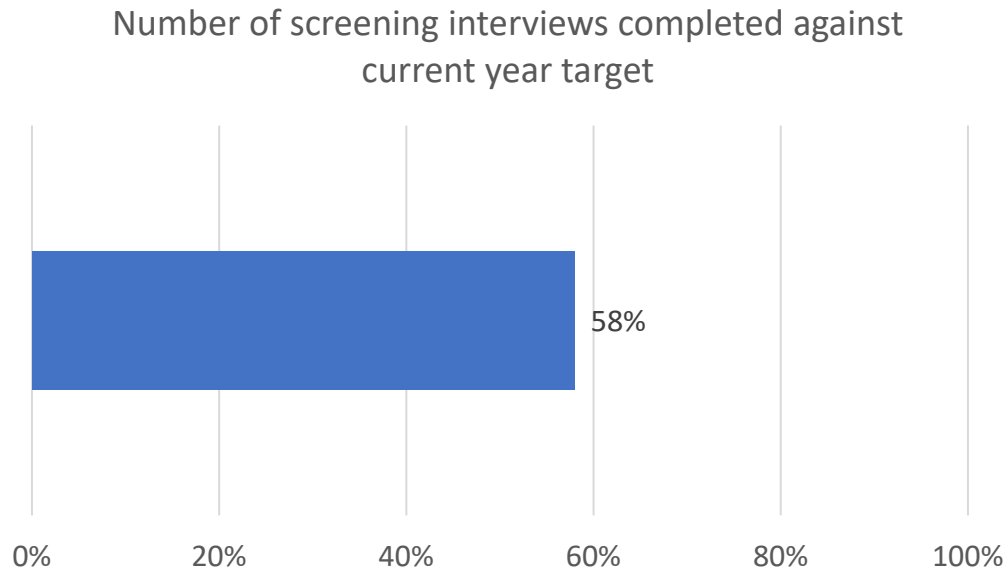


# Registration: April 1 – October 31



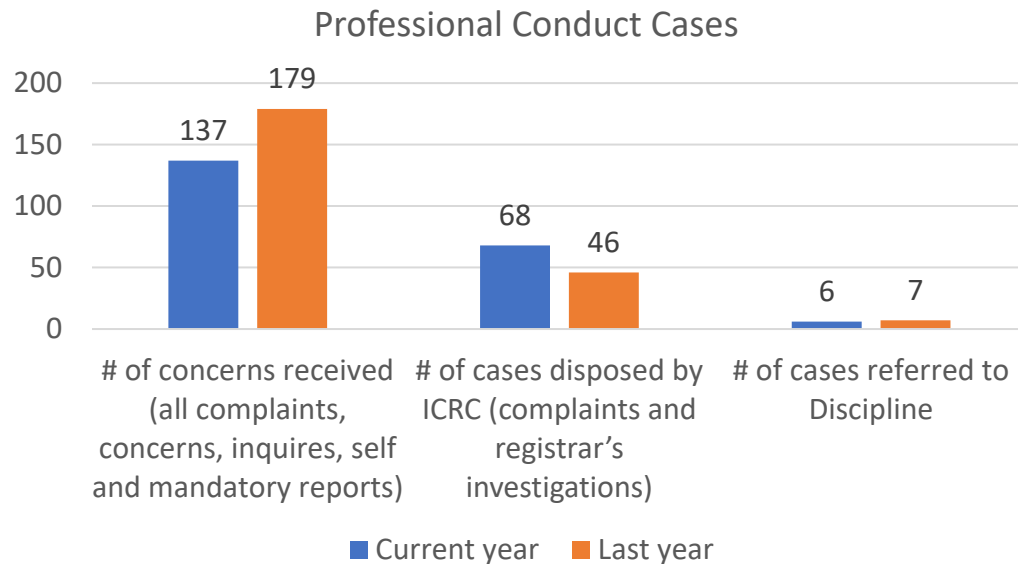
- In addition to the typical volume of new applicants, the College also received additional IPC applications through the Exam Exemption Policy
- Of the 493 IPC applications, 312 were through the Exam Exemption Policy
- This increased the workload for the Registration Team. Individuals were seconded from other teams in the College to support the increased workload
- With the anticipated higher volume, the College made applicants aware of potential processing delays
- The College aims to have applications processed within 15 business days, however these applications were being processed in 20 business days instead
- The Registration Committee has seen a significant increase in cases being referred to Registration Committee given that no clinical exam was available

# Quality Assurance: April 1 – October 31



- The program is on track to reach the target of 826 screening interviews for this year
- The College completed 480 screening interviews during this period
  - 290 Screening Interviews – PT Residents
  - 190 Screening Interviews – QA Participants
- Unlike in a typical year where all screening interview participants would be selected through the Quality Assurance Program, this year, the participants will be a mix of Quality Assurance Program and Exam Exemption applicants

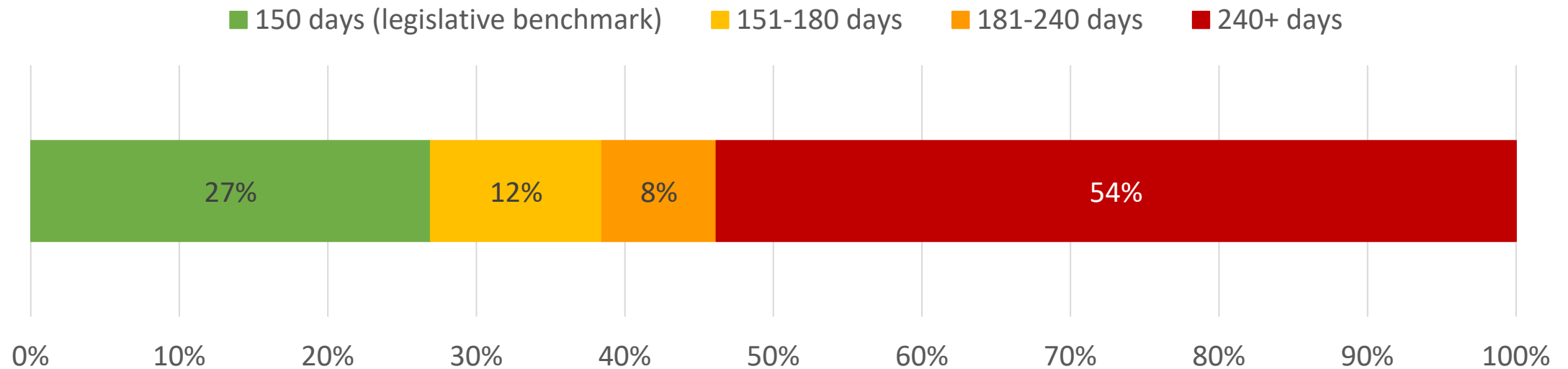
# Professional Conduct: April 1 – October 31



- Even though the College received fewer concerns this year compared to the same period last year, the team faced a challenge when one of the investigators went on leave in early 2022
- The work had to be reassigned to the remaining investigators, intake staff and the Manager. This had an impact on caseloads and timelines

# Professional Conduct: April 1 – October 31

Our Ability to Meet Statutory Timelines: Complaints – 26 cases closed

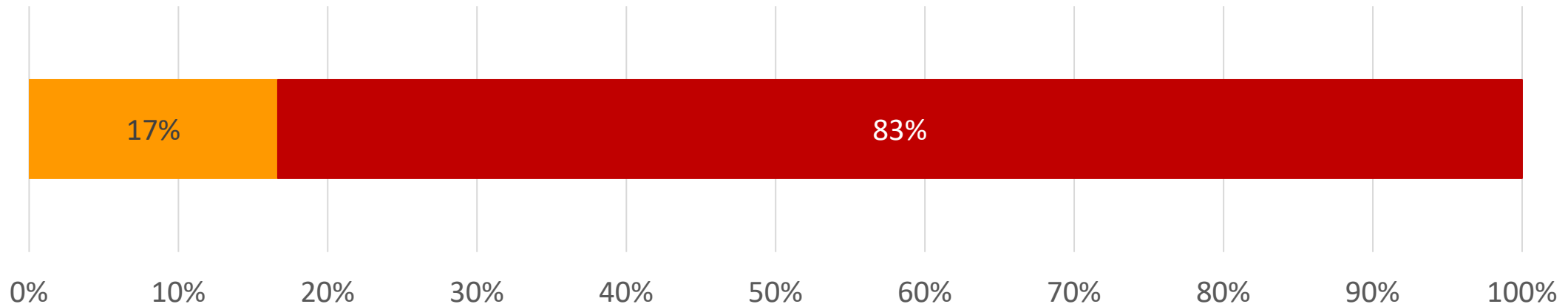


- The RHPA requires formal complaints to be disposed of within 150 days
- The College was able to close 8 cases that have been open for more than one year, and another group of long-standing cases are expected to be closed by the end of the year
- The team has also implemented operational processes to try to improve timelines for releasing decisions

# Professional Conduct: April 1 – October 31

Our Ability to Meet Timelines: Registrar's Inquiries – 18 cases closed

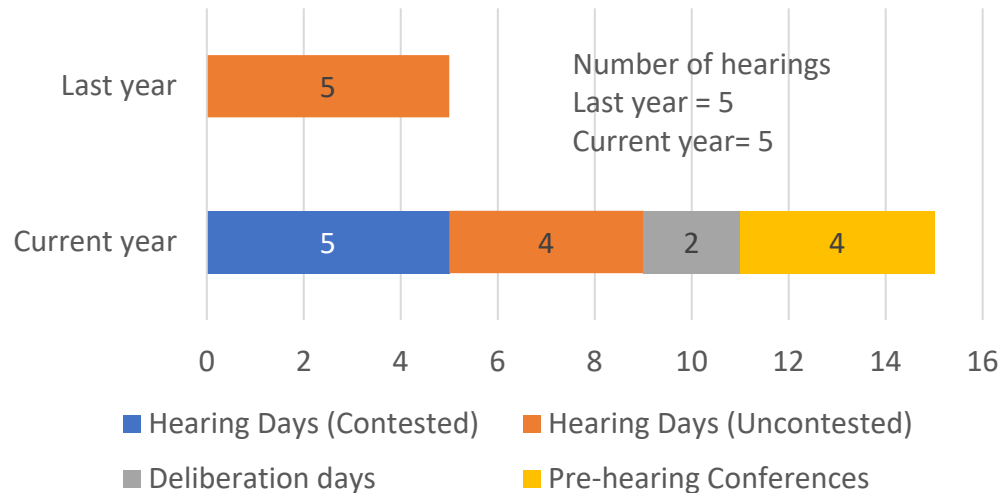
■ 150 days (internal benchmark) ■ 151-180 days ■ 181-240 days ■ 240+ days



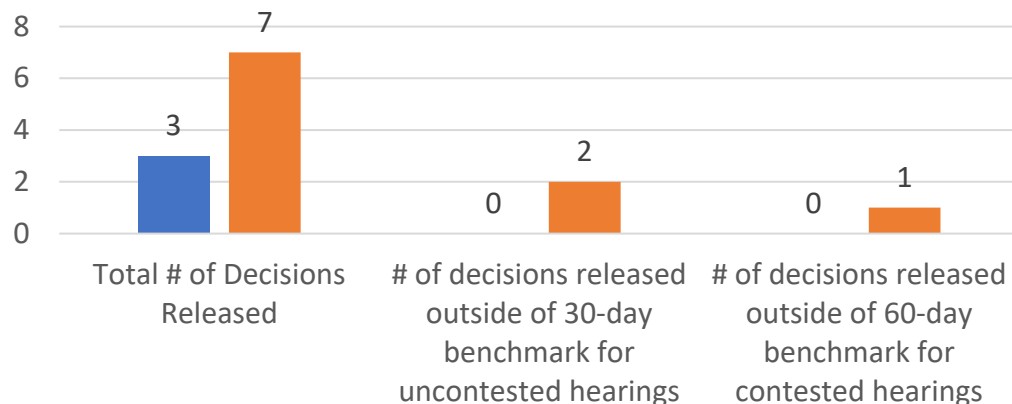
- For Registrar's inquiries, there is no legislative timeline requirement, we use 150 days as our internal benchmark to align with complaints
- Registrar's inquiries are more complex investigations, many of them involving fraud or billing issues, which require document collection and review by multiple parties
- The decision release timelines for Registrar's inquiries are shorter than in 2021 due to the fact that many of them were referred to Discipline which means there is no need to draft a decision, thus shortening the time

# Discipline: April 1 – October 31

Hearing Days



Decisions Released



- There were 7 matters (17 hearing days) scheduled during this period, however 2 matters were adjourned
- Hearings are being scheduled more closely together in attempt to work through the backlog of files requiring hearings and in anticipation of a greater number of file being referred
- More matters are requiring pre-hearing conferences to try and reach an agreement on aspects of the file and be at the point where a hearing can be scheduled
- New decision writing timelines were introduced in September 2021 as guidelines for panel members to be accountable to

# Committee Commitments: April 1 – October 31



Risk

## ICRC Meetings

	# of meetings	# of meeting hours
Budgeted	7	41
Actual	12	50.75



Risk

## QAC Meetings

	# of meetings	# of meeting hours
Budgeted	5	15
Actual	5	10



Risk

## Registration Meetings

	# of meetings	# of meeting hours
Budgeted	6	19
Actual	7	16

- ICRC has required more meetings than anticipated to address the increased case load. This has increased the workload for committee members.
- While the Registration Committee has met for fewer hours than anticipated, the volume of cases considered is significantly more than anticipated.

# Strategic Projects



# Strategic Projects: As Of October 31

● = Completed    
 ● = In Progress    
 ● = Not Started

Strategic Measure	Status	Will this be completed by March 31, 2023?	Explanatory Note
Completed organizational capacity assessment and implement recommendations	●	Yes	1
Completed psychological health and safety assessment for staff that identifies areas of strengths and improvement; develop an action and approved by Registrar	●	No	2
Completed third-party independent assessment of the College's governance practices and policies	●	No	3
Completed strategy and work plan to implement governance improvements approved by Registrar	●	No	3
Completed work plan to assess the pathway to licensure requirements and present to Council	●		4
Completed risk registries by departments and for Council, including identification of highest risk categories; present strategic and key organizational risk to Council	●	No	5
Completed plan of initiatives and collaborative partnerships to support registrants through registration and early years of practice and approved by Registrar	●		6
Completed equity impact assessment	Deferred	No	7
Developed EDI strategy and action plan and present to Council	Deferred	No	7
Completed review and revisions to the first group of Standards related to business practices and present to Council for approval	●	No	8

# Financial Health

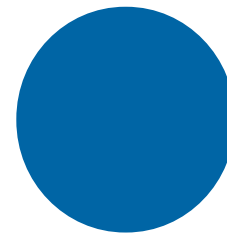
# Financial Health: As Of September 30



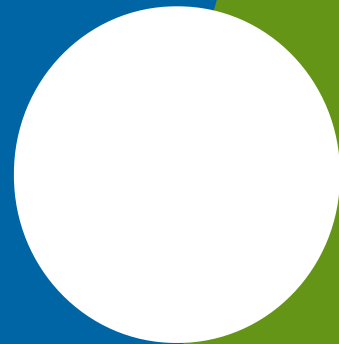
- This overall financial health indicator is a composite indicator that considers the College's current assets and liabilities, operating cash, and operating reserve levels
- The College's overall financial health as of September 30, 2022, is stable and good
- For additional information, please refer to the Q2 Financial Report item on the agenda

# Looking forward to March...

- 01 Budget Consideration and Approval
- 02 Introduction to Enterprise Risk Management
- 03 Education Session: Public Interest
- 04 Executive Committee elections
- 05 Explore CPMF opportunities
- 06 Honoraria and Expense Policy



Thank You!

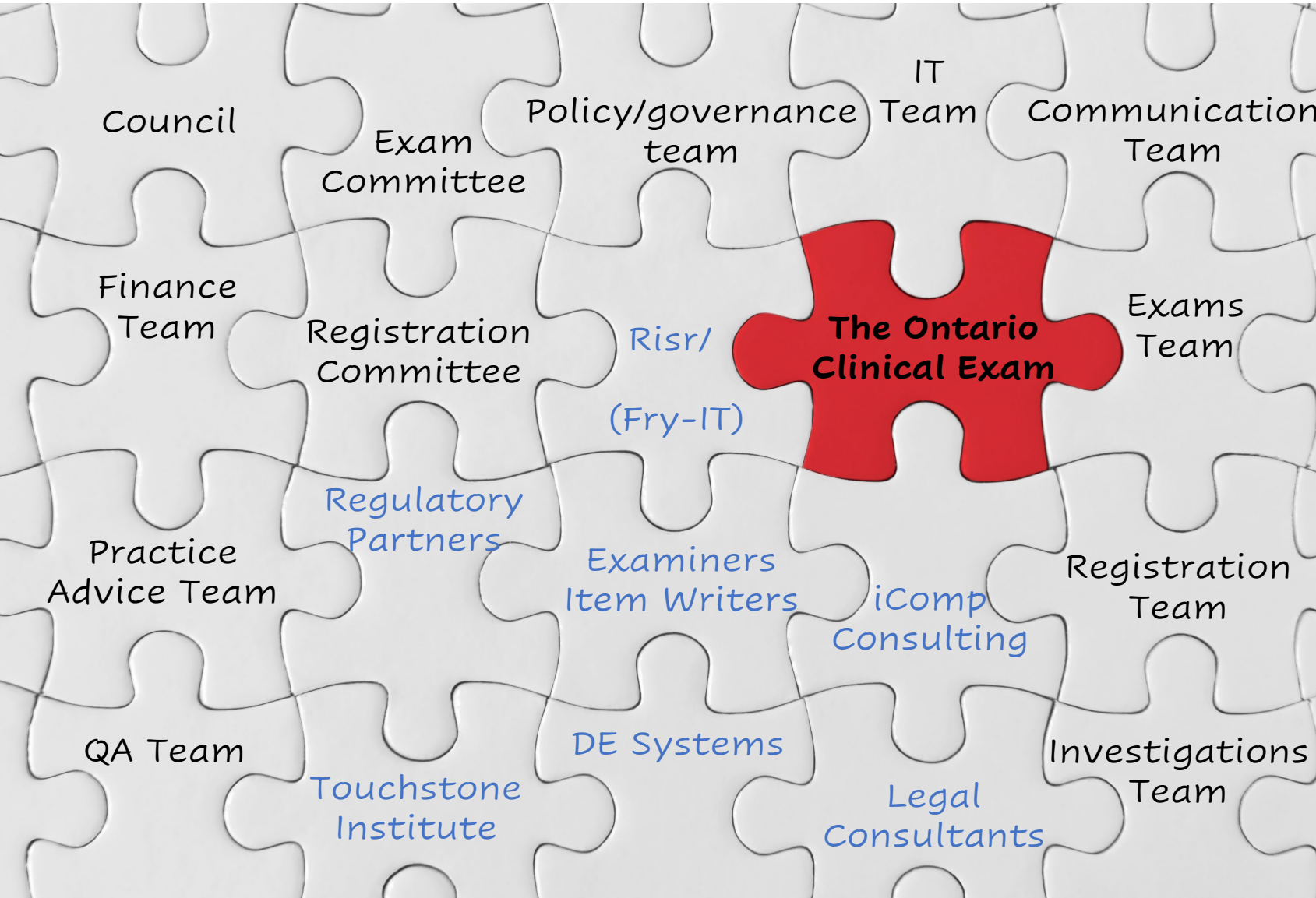


# Exam Update



- Background review
- A review of two administrations
- Quality improvement initiatives
- Measures of validity
- Work in Progress- Hybrid administrations
- On the horizon- Virtual administrations

# Made possible through **partnerships.**

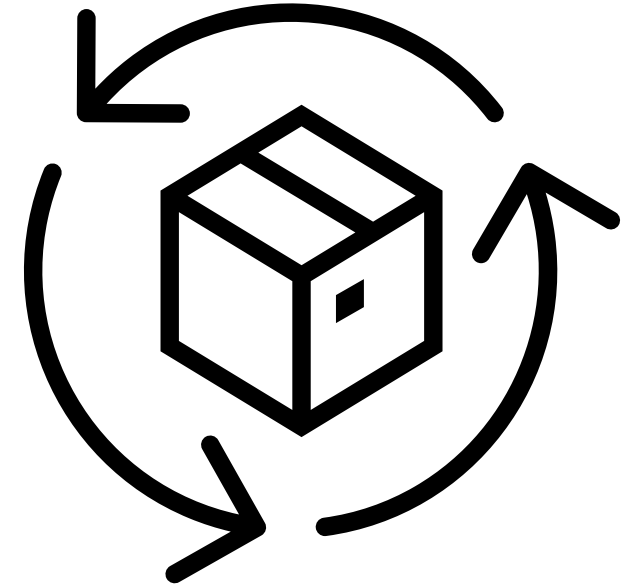


“ Great things in business are never done by one person; they’re done by a team of people ”

Steve Jobs

# The OCE a **process**, not a result

- Continuous learning process
- Striving to improve and refine the OCE
- Remain data driven
- Focus on improvement while maintaining the fundamental structure so long as it remains fit for purpose



- Goals:**
1. Provide consistent pathway to licensure in physiotherapy
  2. Assess candidate competency fairly and equitably
  3. Protect the public and uphold the values of the profession



# Exam work starts well before exam day

## Content Development

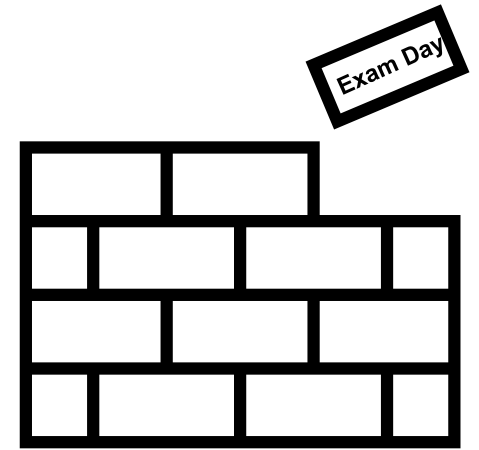
- Item Development
- Item Review (Peer Review)
- Editing and formatting
- Plain language review
- Peer review
- Setting exam form
- Practice Advise team review
- Examiner feedback
- Formatting and recording

## Examiner Training and Communications

- Recruitment
- Scheduling
- Examiner communication
- New Examiner Training
- Pre-Exam Training
- IT onboarding (examiner communication channel, document sharing tools, exam platform)

## Administrative Activities

- Communications to candidates
- Communications to Examiners
- Accommodations planning
- Scheduling (COI determination)
- Exam creation in Exam Platform
- Testing and QA review
- Examiner logins



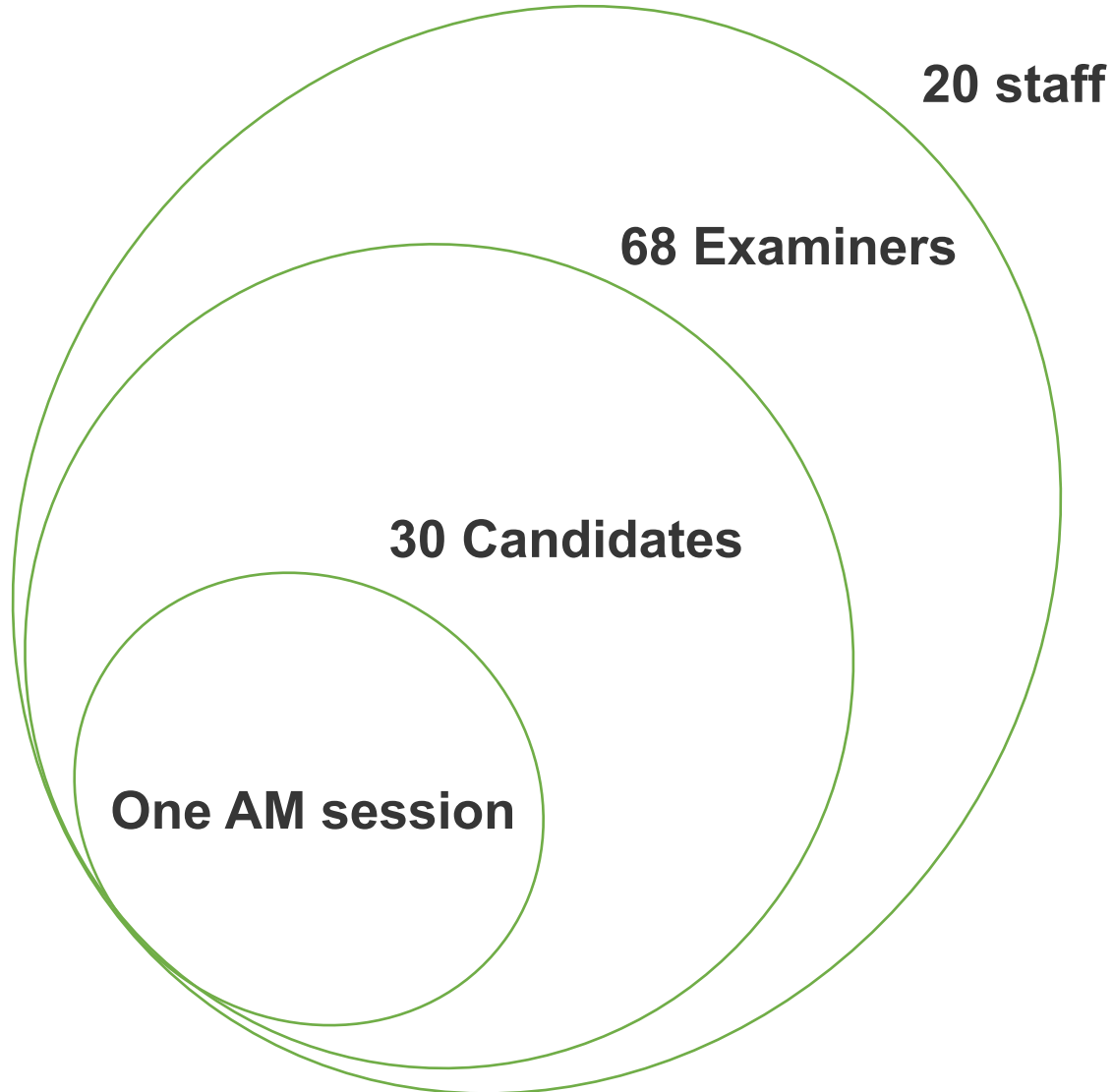


The first **two** administrations of the OCE:

- ✓ Examined **143 candidates** in total
- ✓ Required **65-68 examiners** per administration
- ✓ Supported by **+20 staff onsite** per administration

# The **October** administration

A pilot of procedures, not content



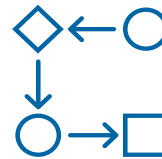
## Debrief and feedback

Discussions, meetings, post exam surveys



## Lessons Learnt

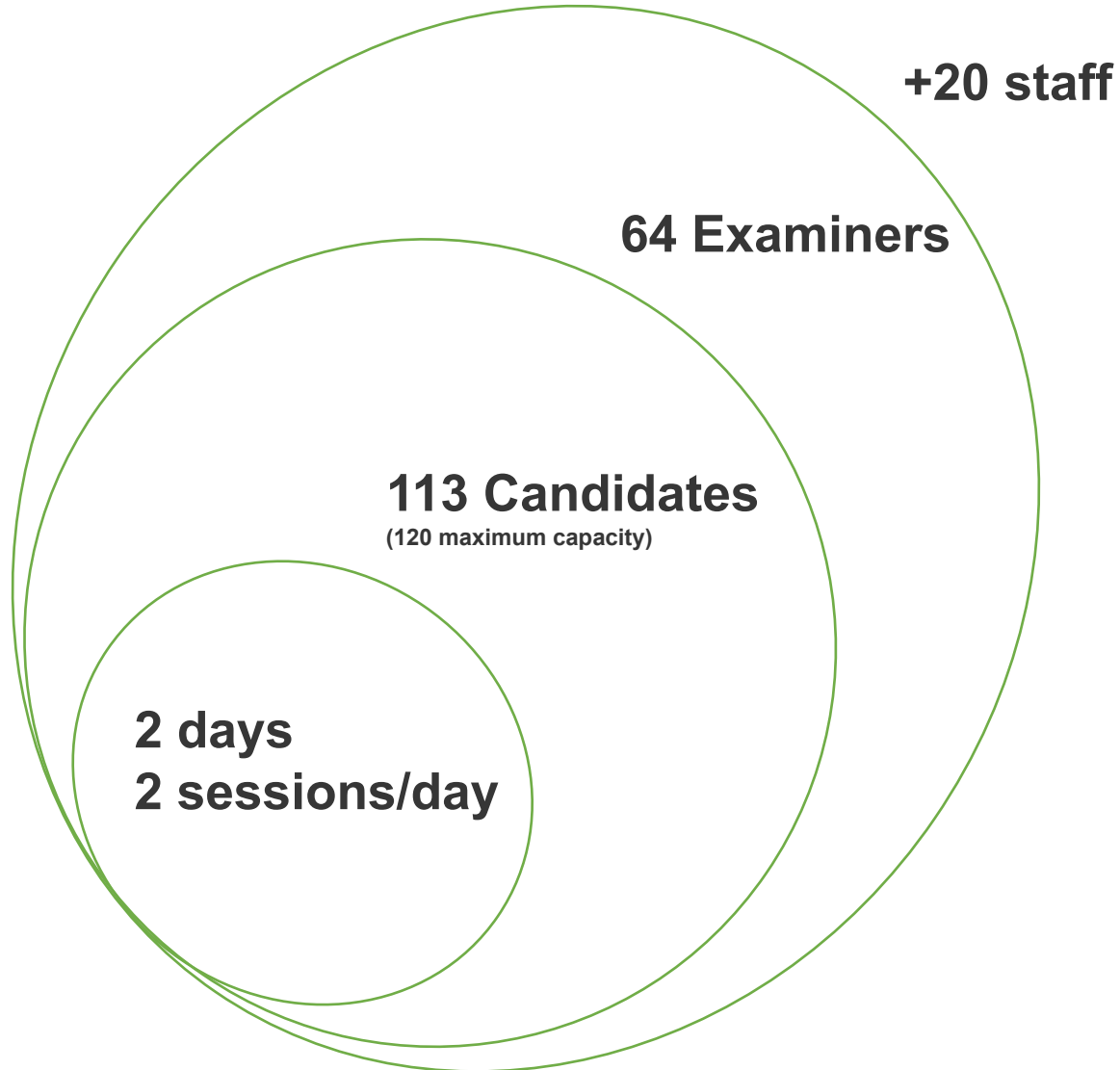
Determine what changes to be integrated into long and short term planning, if at all.



## Rebuild processes

Refine process for November administration

# The **November** administration



- Timing accommodations
- Enhanced Candidate Communicates (reminders for exam day)
- New Activity: sequestering AM candidates
- Examiner resource updating

# Post Exam Survey: Examiners



## Response rate: +80%

- Voluntary survey; very high engagement
- Assess training, preparation, exam day, scheduling



## Honest reviews

- Specific, detailed feedback to help us improve user experience with each exam



## Motivated and Passionate

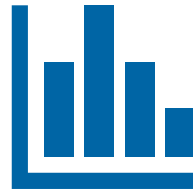
- Passionate about accessibility, equity, fairness
- Dedicated to the profession

# Post Exam Survey: Candidates



## Response rate: 67%

- Circulated to candidates, evening of exam day + 1 reminder 3 days post-exam
- Voluntary survey; high engagement



## Closed ended responses

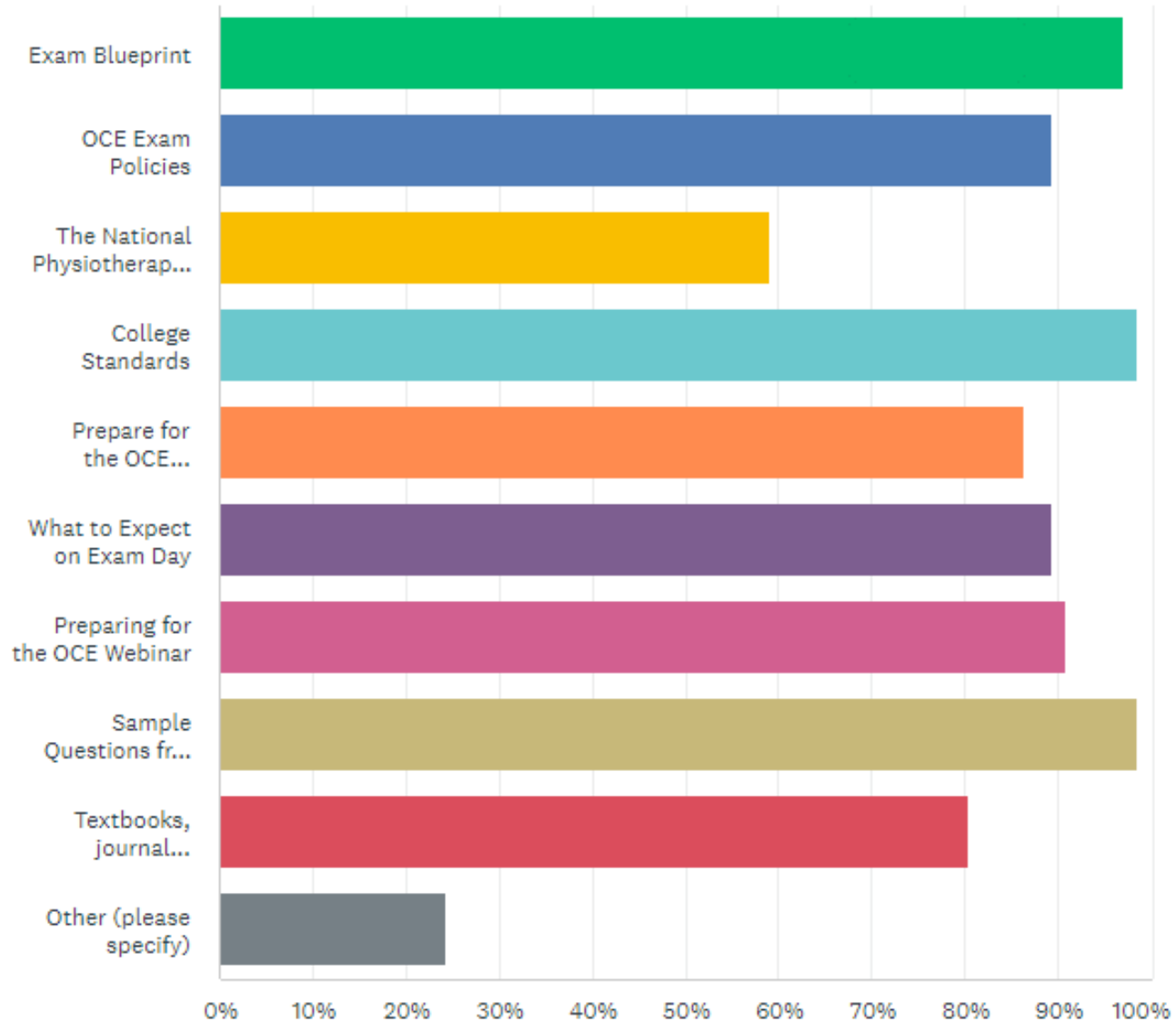
- Specific, detailed feedback to help us improve user experience with each exam
- Objective scales



## Open ended responses

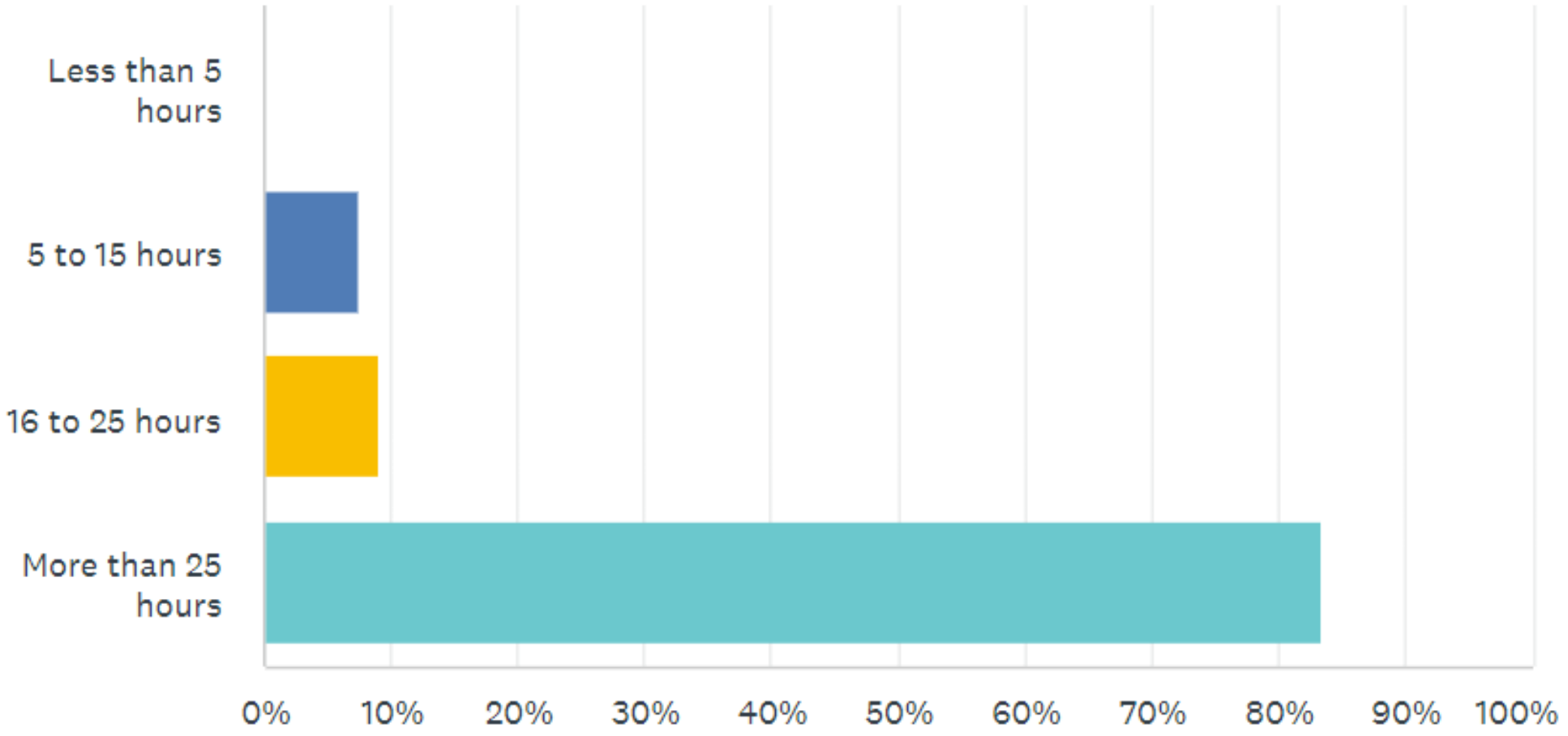
- Focus on what and how
- Capture candidate experience as they interrupt it

# Materials used to study for the OCE



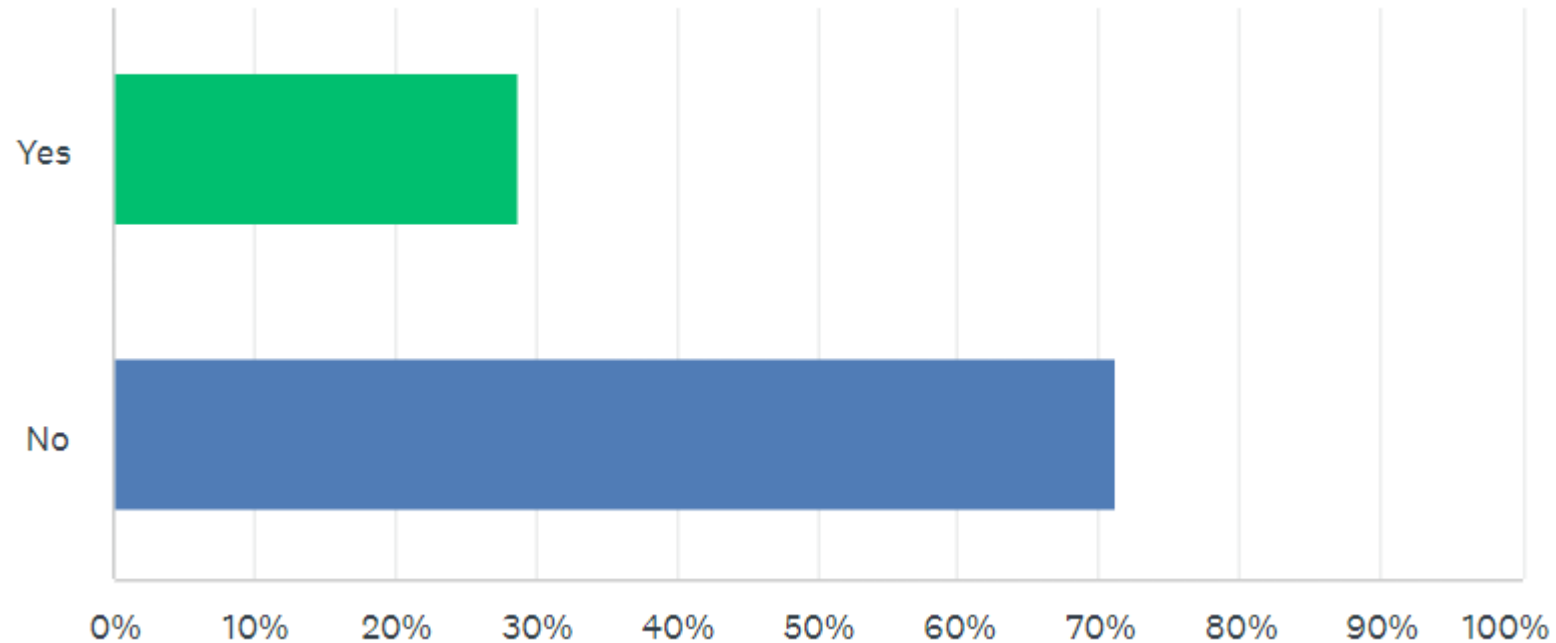
- Other Materials Used:
- Exam Prep Course
- Group discussion (Cases)
- MScPT Program notes, lectures
- CAPR-PCE Clinical Material

# Time spent preparing for the OCE

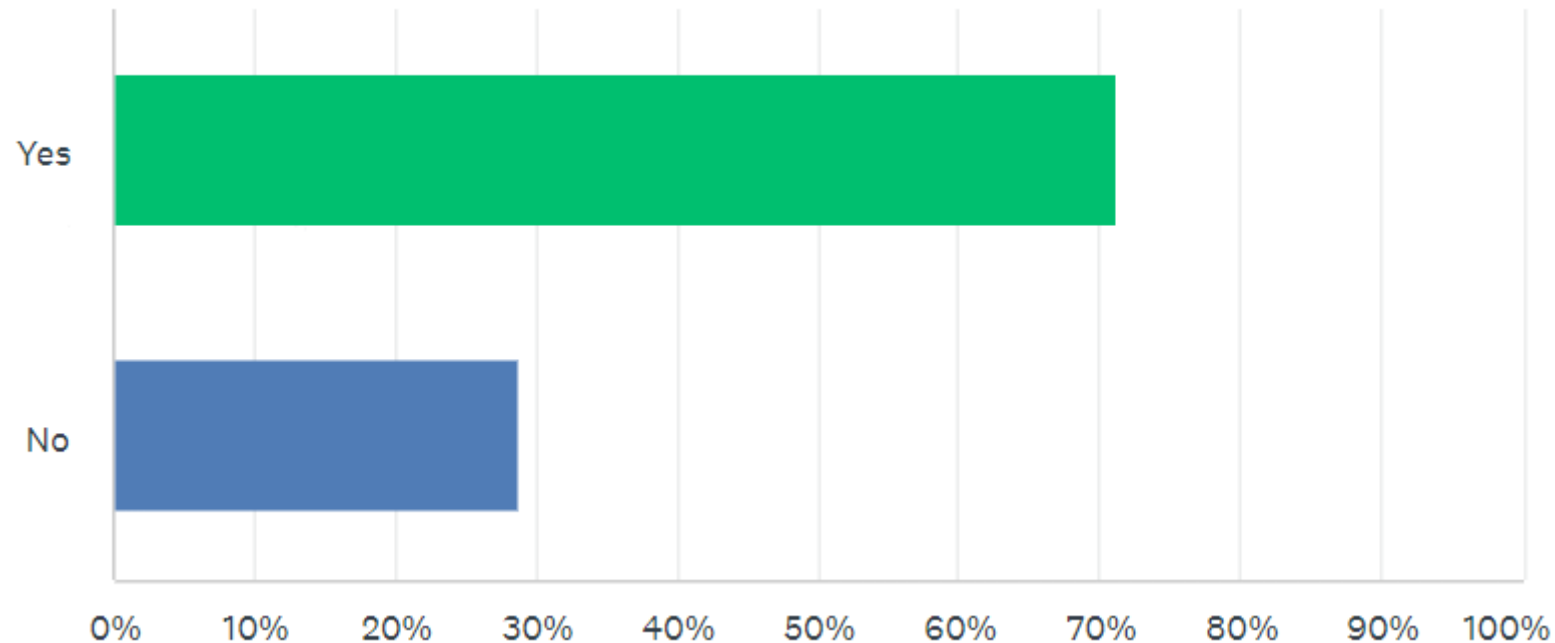




After completing the OCE, candidates were asked if they would have prepared any differently knowing what they know now. Most said no.

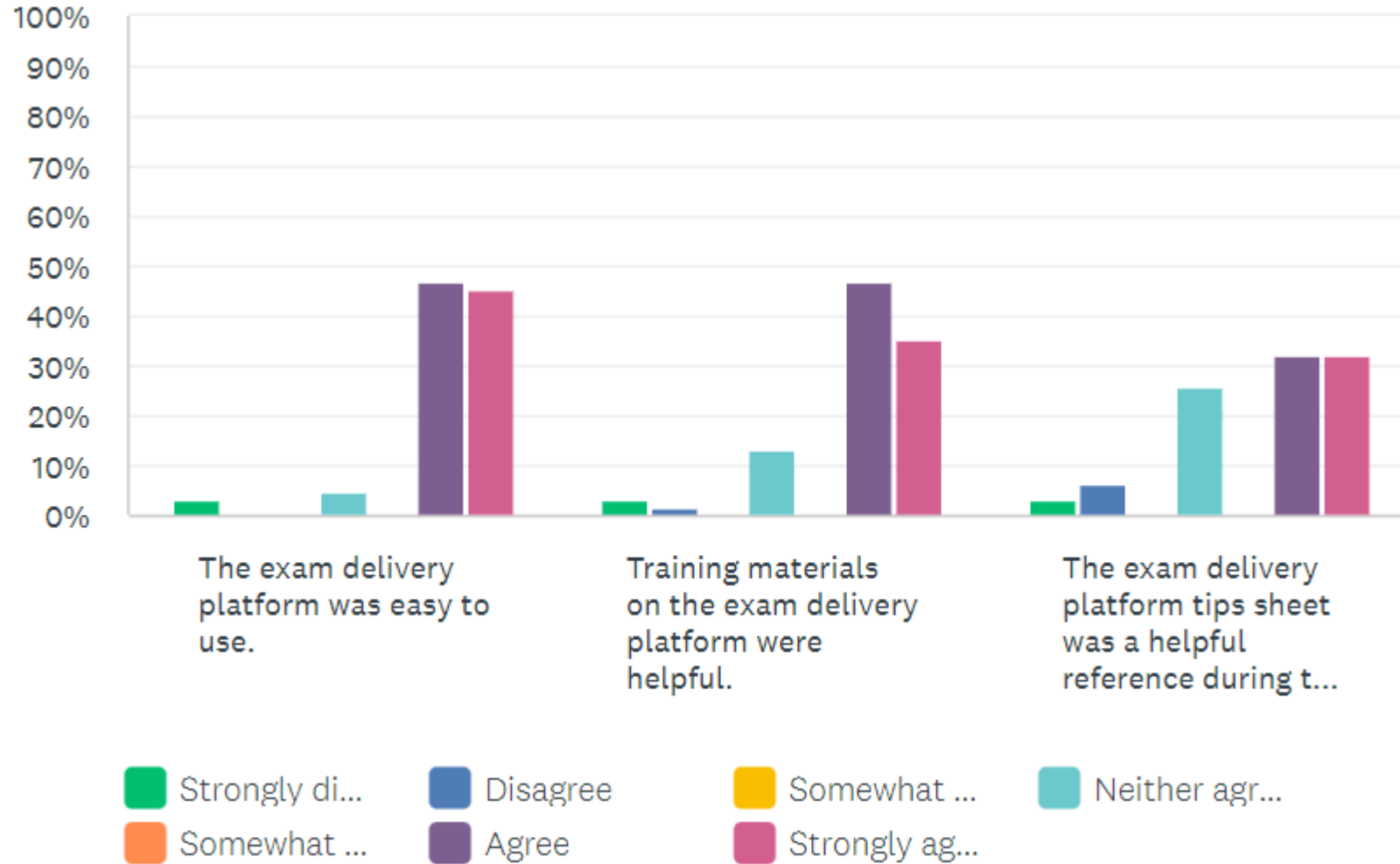


## Time spent in supervised practice helped prepare for the OCE

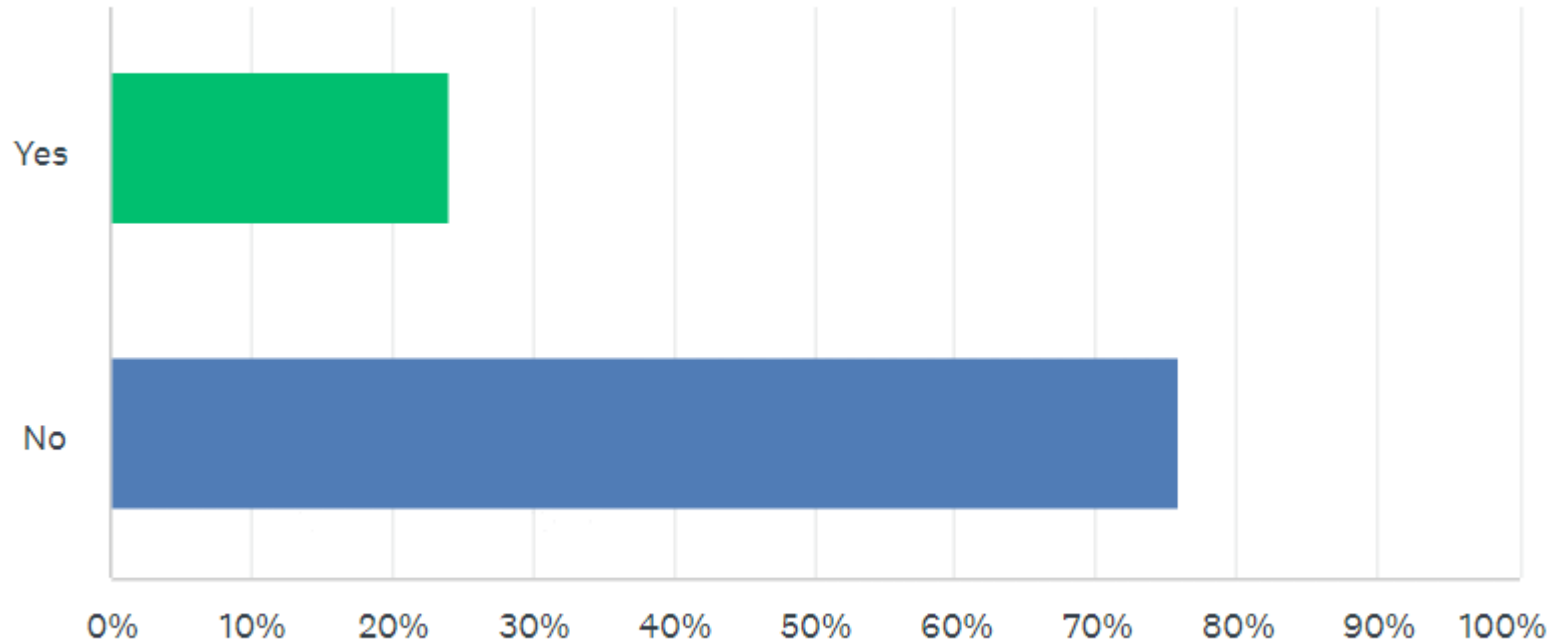


**\*48% of candidates were currently in Provisional Practice.  
Time in provisional practice leading up to exam was variable.**

Regarding the **exam delivery platform**, candidates were asked to agree or disagree with several statements.



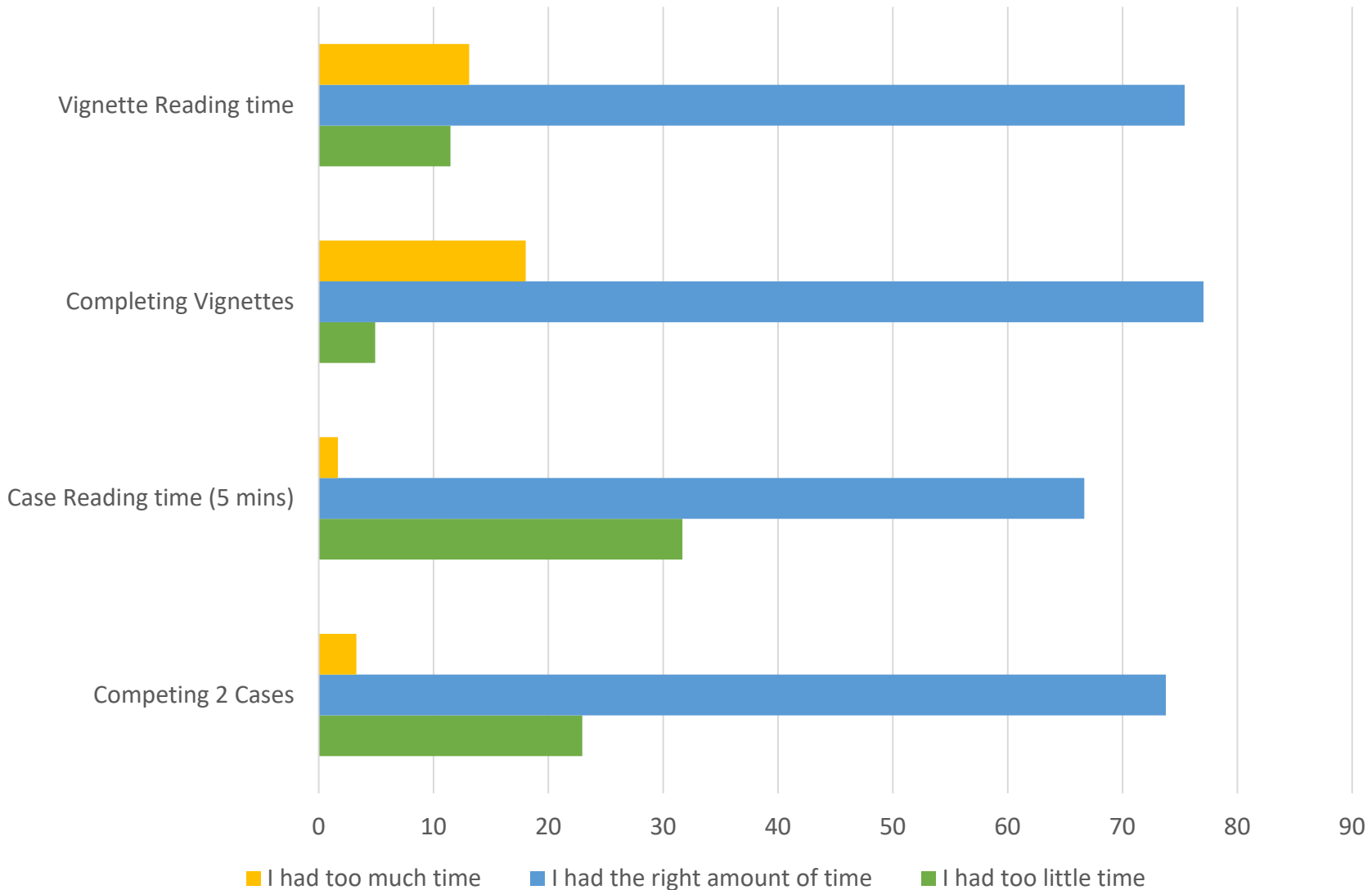
# Candidates were asked if they experienced technology issues during their exam



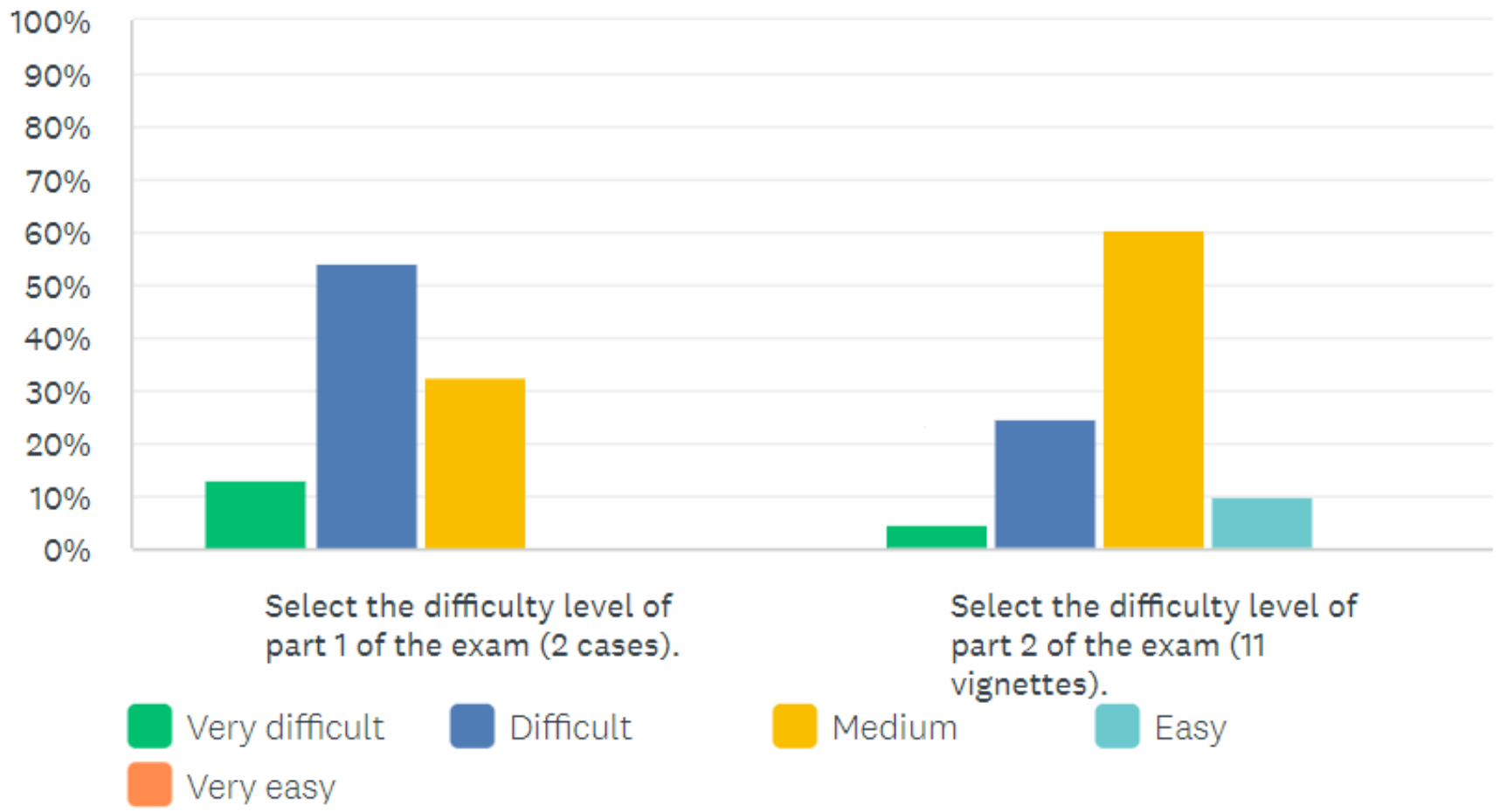
\*0% of candidates were unable to complete their exam due to a tech issue

- Reviewed against our recorded tech issues, noted that some candidates identified non-tech issues in this
- Common issues were related to audio, video, or internet connectivity and were able to be resolved through trouble shooting. Candidates provided with additional exam time if their exam experience was impacted.
- Interestingly, most awarded additional time did not need to use it and completed the exam earlier than the 3-hour cut off.

# Candidates were asked questions related to the timing of exam components



# Candidates were asked questions related to the difficulty of exam components



Candidates also reported:

- (+90%) content of the exam was relevant and reflective of their work as a registered PT
- (100%) examiners treated them with respect
- (+95%) examiners communicated clearly and managed time effectively during the exam

# Measures of Exam Validity

## Blueprint Development

- 2 Focus groups with PT residents (n=26 total)
- Validation via survey with PT residents and PTs with >3 years of experience (n=41)

## Content Development

- 13 item writers, mixture of practice settings, experience, CDN and IEPT
- Lengthy review process by peers, editors, and PA team
- Creation of a structured interview tool, which includes a standardized set of core questions and probing questions linked with blueprint performance indicators

## Exam Communications

- Candidates provided with explicit detail on how to prepare for the OCE: study guide/checklist with linked material, webinars, e-learning modules and worksheets (clinical reasoning framework and chart stimulated recall)
- Consistent information from all sources

## Examiners and Training

- 1-day new examiner training and 1-day pre-exam training required before each exam
- 2 examiners for each candidate
- Examiner observers completing feedback reports

# Measures of Exam Validity (Continued)

## Candidate Training

- Access to a candidate demo site and webinars prior to the exam to become familiar with the exam delivery platform
- Overview of logging into the exam and connecting with examiners at orientation session day of exam.

## Exam Delivery

- Examiners assigned as case or vignette lead (although qualified to lead either)
- 2 examiners independently mark throughout exam
- Examiner conference, after exam session
- Exam recorded



# Overview of Exam Psychometric Review

- Multiple methods for score analysis and data interpretation used
  - Modified Angoff method with Expert Panel of Examiners
  - Borderline regression using summative performance indicators
- Exam created with multiple data points to be used for comparison
- Identify discrimination index of item
  - Removal of poorly discriminating items for revision (omitted from candidate totals)
- Findings presented to Exam Committee on December 8<sup>th</sup> to determine the standard or cut score for the exam
- Currently in process of completing data validation before providing candidate results
- Release results in January 2023



## Looking ahead: Future Exam Dates (Virtual Exams)

Registration opening **January 2023**

- June 10 and 11, 2023
- October 20 and 21, 2023
- January 20 and 21, 2024 *\*French Exam\**
- March 4 and 5, 2024

**\*\*Sherbrooke Exam:** The deadline to register for Université de Sherbrooke Final Comprehensive Exam is February 18, 2023. (exam dates April 20 and April 21, 2023)

# On the Horizon: Virtual Exam Administrations

- Separate project planning process as procedures to support virtual differ from the current hybrid processes
- Continue to refine examiner support model

## Major considerations for virtual examinations

- Candidate communications: tech requirements and testing, role and responsibilities, location and set up
- Candidate training: to reduce incidence of issues on exam day
- Candidate support on exam day: refinement and communication of support model

Thank You!

# Questions

The following definitions are taken from the *A Guide to Financial Statements of Not-for-Profit Organizations: Questions for Directors (2<sup>nd</sup> edition)* prepared by the Chartered Professional Accountants of Canada and other sources, as appropriate.

**Accounting policies** are the specific principles, bases, conventions, rules and practices applied by an entity in preparing and presenting financial statements. The College of Physiotherapists of Ontario prepares its financial statements according to the Accounting Standards for Not-for-Profit Organizations (“ASNPO”) authorized by the Chartered Professional Accountants of Canada. The College’s annual audited financial statements are prepared according to the Canadian Auditing Standards (“CAS”).

**Accounts payable** are amounts owed by an organization.

**Accrual accounting** records transactions when the goods or services is provided, regardless of when money actually changes hands between the organization and third parties. The College uses accrual accounting in most cases.

**Accrued expenses** are expenses for activities that occur in a period and the invoice for these expenses are received in another period.

**Accrued liabilities** are commitments made by the College to pay an expense recorded in the current period for which no transaction in the form of a invoice or payment has been received.

**Amortization** is the writing off of the cost of an asset, less any residual value, in a rational and systematic manner over its useful life. Depreciation accounting is a form of amortization applied to tangible capital assets.

**Assets**, in general, are possessions having value. In accounting, assets are resources owned, or in some cases controlled, by an individual or organization as a result of transactions or events from which future economic benefits are expected to flow to that individual or organization. Not all assets are in cash form.

**Audit** is the external review of the financial statements of the College of Physiotherapists of Ontario to ensure they are fairly presented and don’t

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contain any material misstatements due to error or fraud. The audit is conducted by an external auditor licensed in Ontario to perform public accounting audits and the auditor is appointed by the Council.

**Budget** is a financial plan for the fiscal year to support the planned activities of the organization. The College of Physiotherapists of Ontario uses a zero-based budgeting process where revenues and expenses are estimated based on a detailed analysis of the planned activities that generate revenue and the estimated expenses based on a detailed operational plan and planned activities. The budget remains fixed over the fiscal year once it is approved by Council.

**Capital assets**, comprising tangible properties, such as land, buildings and equipment, and intangible properties, are identifiable assets that meet all of the following criteria:

- They are held for use in the provision of services, for administrative purposes, for production of goods or for the maintenance, repair, development or construction of other capital assets.
- They have been acquired, constructed or developed with the intention of being used on a continuing basis.
- They are not intended for sale in the ordinary course of operations.

**Cash accounting** records transactions only when there is an exchange of cash. While the College uses accrual accounting in most cases, cash accounting is used for specific types of transactions.

**Complaints and discipline accruals** record future estimated expenses for legal fees related to discipline cases identified at the end of each fiscal year that are potentially high-risk cases. These expenses are set up as accrued liabilities at the end of the fiscal year and the expenses appear on the year end statement of operations. Legal fees paid in the current fiscal year related to a discipline case expense recorded at the end of the previous fiscal year are recorded against the accrued liability for the discipline case and not as an expense in the current fiscal year. For budgeting purposes, the College budgets discipline related legal fees on a cash basis because of the uncertainty of what cases may be added at the year end and when the legal fees will be paid for cases accrued the previous year. When a discipline is closed, any remaining accrued liabilities related to

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that case are reversed to bring the accrued liabilities for that case to zero. The reversal of remaining accrued liabilities reduces the legal expenses on the statement of operations. The accounting treatment of recording legal fees for discipline cases accrued the previous year against accrued liabilities reduces the legal expense in the current fiscal year.

**Contributions** are non-reciprocal transfers to a not-for-profit organization of cash or other assets or non-reciprocal settlements or cancellations of its liabilities. Government funding provided to a not-for-profit organization is considered to be a contribution.

**Current assets** are those assets that are in the form of cash or expected to become cash within the coming 12 months.

**Current liabilities** are those obligations that have to be paid within the coming 12 months.

**Current ratio** is a measure of organizational liquidity and measured from the statement of financial position. The current ratio is calculated by dividing the current assets by the current liabilities. A ratio greater than 1.0 is desired. This indicates there are enough assets available to pay the financial commitments of the organization for the next 12 months.

**Deferral method** Under the deferral method of accounting for contributions, restricted contributions related to expenses of future periods are deferred and recognized as revenue in the period in which the related expenses are incurred. The College of Physiotherapists of Ontario sets up registration fees and Ontario Clinical Exam fees as deferred revenue. The registration fees are collected from PTs in advance in February and March and are recognized on a monthly basis from April to the following March (e.g., 1/12 of the deferred revenue recognized each month). The OCE fees are recognized as revenue when the OCE has been administered.

**Expenditures / Expenses** are decreases in economic resources, either by way of outflows or reductions of assets or incurrences of liabilities, resulting from an entity's ordinary activities.

**Fair value** is the amount of the consideration that would be agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no

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compulsion to act.

**Financial health** is an assessment of the statement of financial positions. The College of Physiotherapists uses a financial health indicator tool to assess the financial health of the College of Physiotherapists. The financial health indicator assess (1) current ratio, (2) number of months of the operating reserve, and (3) percentage of actual net income to budgeted net income.

Rating	Op Reserve (Op Res)	Current Ratio (CR)	% Budget Net Income (% Budget NI)
7 Excellent	>9m	>2.00	<90%
6 Very Good	>6m	>1.75	90%
5 Good	>5m	>1.50	95%
4 Fairly Good	>4m	>1.25	100%
3 Average	>3m	>1.00	105%
2 Below Avg	>2m	>0.90	110%
1 Poor	≤2m	≤0.90	>110%

“Good” financial health means the College’s operating reserve is within the policy limits, the current ratio has enough cushion to ensure the College can cover its debt commitments over the

“Poor” financial health means...

**Financial performance** is an assessment of the statement of operations. The assessment is reviews the variances of actual revenues, expenses, and net income to the budget and the prior year.

**Financial statements** present the financial information for the College of Physiotherapists of Ontario. They are prepared according the Accounting Standards for Not-for-Profit Organizations and consists of (1) Statement of Financial Position, (2) Statement of Operations, (3) Statement of Cash Flows, and (4) Statement of Changes in Net Assets.

**Fiscal year** is the twelve-month period designated by the organization for its “business year.” The fiscal year for the College of Physiotherapists of Ontario is from April 1<sup>st</sup> to March 31<sup>st</sup> each year.

**Forecast** is an estimate of the organization’s financial performance to the fiscal year end and takes into account actual revenue and expenses, planned revenue and expenses based on the budget, and any changes in the planned activities from a



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specific period in time.

**Internal controls** are all measures taken to safeguard assets, check the accuracy and reliability of accounting data, promote operating efficiency and ensure compliance with the organization's policies and legislation under which it operates.

**Liabilities**, a synonym for debt, represent amounts that it is expected will require settlement in the future as a result of events and transactions that occurred prior to the accounting date, or obligations for future delivery of goods or services for which payment has already been received.

**Long-term assets (or capital assets)** are not expected to be converted to cash within the coming 12 months.

**Long-term liabilities** are obligations to make payments in the future, beyond the coming 12 months.

**Materiality** is the quality of being important. There is no universal amount used to determine materiality. As a general rule, in the context of financial reporting, materiality may be judged in relation to the reasonable prospect of an item or aggregate of items being significant to financial statement users in making decisions.

**Net assets**, sometimes referred to as equity or fund balances, is the residual interest in a not-for-profit organization's assets after deducting its liabilities. Net assets may include specific categories of items whose use may be either restricted or unrestricted. The value of net assets does not necessarily equal to the amount of money that an organization has available. Net assets may include assets such as cash, investments, accounts receivable, pre-paid expense, and tangible or intangible capital assets. The College of Physiotherapists of Ontario has two (2) internally restricted net asset accounts: (1) complaints and discipline; (2) therapy for victims of sexual abuse. Two other net asset categories are used by the College as well: (3) net assets invested in capital; (4) unrestricted net assets.

**Operating reserve** is the unrestricted net assets available to the College of Physiotherapists of Ontario. The amount of the operating reserve is decided by

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the Council and policy. The operating reserve is expressed as the number of months of annual expenses based on the current budget that can be covered by the unrestricted net assets. See “unrestricted net assets.”

**Restrictions** are stipulations imposed that specify how resources must be used. External restrictions are imposed from outside the organization, usually by the contributor of the resources. Internal restrictions are imposed in a formal manner by the organization itself, usually by resolution of the board of directors. Restrictions on contributions may only be externally imposed. Net assets or fund balances may be internally or externally restricted. Internally restricted net assets or fund balances are often referred to as “reserves” or “appropriations.” The College of Physiotherapists of Ontario has two (2) internally restricted net asset funds (see Net Assets). Having amounts designated as internally restricted net assets do not mean that these funds are held in separate accounts.

**Revenues** are increases in economic resources, either by way of inflows or enhancements of assets or reductions of liabilities, resulting from the ordinary activities of an entity. The College of Physiotherapists of Ontario revenue is recognized using a deferred method of accounting.

**Statement of changes in net assets** provides information about changes in the portions of net assets attributable to endowments, internal and external restrictions, and unrestricted net assets for the period.

**Statement of cash flows** provides information about the sources and uses of cash by the organization in carrying out its operating, financing and investing activities for the period.

**Statement of financial position** presents the organization’s economic resources, obligations and net assets as at the reporting date.

**Statement of operations** presents information about changes in the organization’s economic resources and obligations for the period.

**Unrestricted net assets** are net assets available to cover ongoing operations of the College of Physiotherapists of Ontario that do not require approval from the Council to access. The unrestricted net assets is referred to as the

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“operating reserve.” Having an amount designated as unrestricted net assets do not mean that these funds are held in separate accounts.

**Working capital** is the difference between current assets and current liabilities.