



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

AGENDA

December 14 – 15, 2017

At

The College Board Room

375 University Avenue, Suite 800, Toronto

10:30 AM

Welcome

1 Approval of the Agenda

Motion For Decision

2 Approval of the Council Meeting Minutes of September 28 and 29, 2017

Motion For Decision

3 Registrar's Report

For Information

- Dashboard
- Budgeting process
- Clinic Regulation update
- Operational and strategic highlights
- Canadian Alliance of Physiotherapy Regulators (CAPR) Report

4 Q2 Financial Reports

For Information

5 Reserve Policy Review

Motion For Decision

The College's reserve policy is subject to annual review. As a result of the change in auditors with this fiscal year, we received new advice about our approach. At this time, Council is asked to consider Finance Committee's recommended policy with respect to the names and nature of the reserves. Target reserve levels will be brought forward in a second policy at a later meeting.

6 Honoraria and Expense Policy

Motion For Decision

In accordance with our review schedule, the Honoraria and Expense Policy has been reviewed and updated with current rates and policies. Council is asked to review and approve the proposed changes.



9:00 AM

December 15, 2017

7 **Request to go *in camera* pursuant to s. 7(2) of the Health Professions Procedural Code**
Motion For Decision

8 **Quality Assurance Working Group: Recommended Program**
Motion For Decision

The Quality Assurance Working Group has developed recommendations for revisions to the College's Quality Assurance Program. Executive Committee recommends that Council approve the Working Group's recommended program in principle after which further formal consultations will be undertaken for acceptability and to identify implementation considerations.

Council will also be asked to consider whether the College should suspend the current Quality Assurance program for the next fiscal year, per while the new program is being developed.

9 **By-law Review, 2017-2018**
Motion For Decision

Each year the College reviews its by-laws to keep them consistent with changing laws, policies and the environment. Council is asked to approve Executive Committee's recommended by-law changes.

10 **Governance Policy and By-law for nomination of Canadian Alliance of Physiotherapy Regulators Nominee**
Motion For Decision

Council is being asked to consider Executive Committee's recommendation that its by-laws be changed to remove the CAPR nomination process from the by-laws and replace it with a new governance policy describing the terms of reference for the College's CAPR nominee.

11 **Duty to Provide Care Standard**
Motion For Decision

In March 2017, Council approved the development of a document that would explicitly describe expectations about a physiotherapist's duty to provide care. After suggesting a few changes, the Executive Committee is recommending that Council approve the proposed Duty to Provide Care Standard with an effective date of February 1, 2018.



12 Scope of Practice – Submission to Government

For Discussion

The profession has developed a submission in response to a request from the Ministry of Health for more information about the profession's request for an extension to its authority that would permit physiotherapists to order diagnostic tests including x-ray, diagnostic ultrasound and laboratory tests.

13 President's Report

- Q2 Committee Activity Summary
- Executive Committee Report
- Feedback from Council member telephone meetings
- Annual General Council meeting update
- Conference Learnings

14 Councillor Conference Learnings

For Information

Councillors have provided written reports of their key conference learnings.

15 Member's Motions

Motion For Decision

Adjournment

Future Council Meeting Dates

- March 19 – 20, 2018
- June 25 – 26, 2018 (Offsite: Niagara-on-the-Lake)



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 1.0

Motion

**Council Meeting
December 14 - 15, 2017**

Agenda #1 - Approval of the agenda

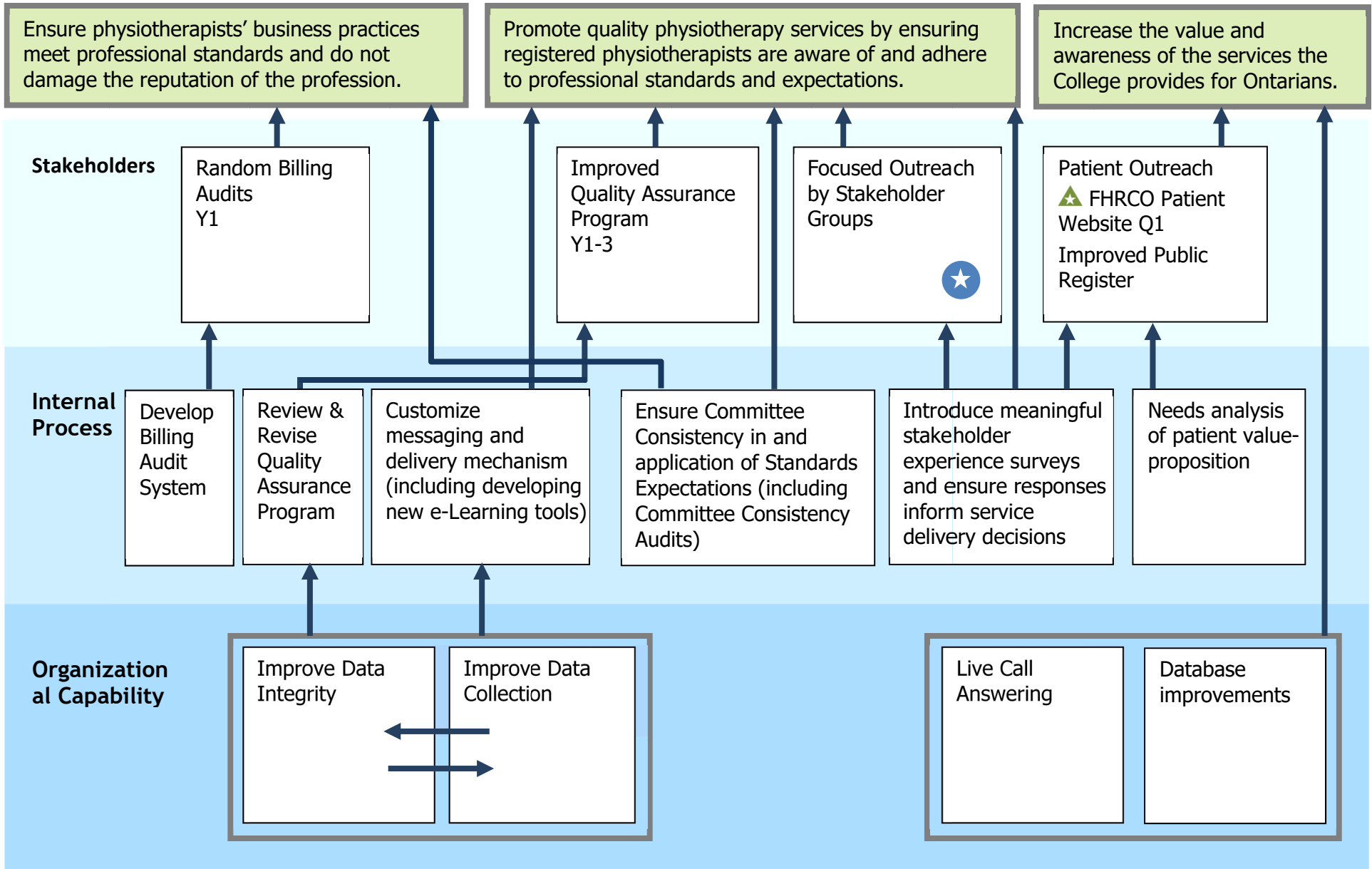
It is moved by

and seconded by

that:

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

Strategy Map 2017–2020



Ongoing/External



Y1: Supervisors, Students, Educators

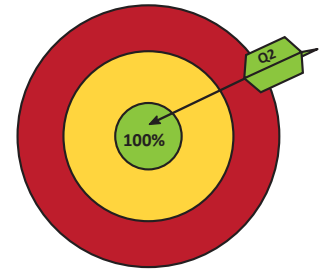
Y2-3: Internationally Educated PTs, Employers, Insurers and Registration Ceremony for new graduates

College Dashboard

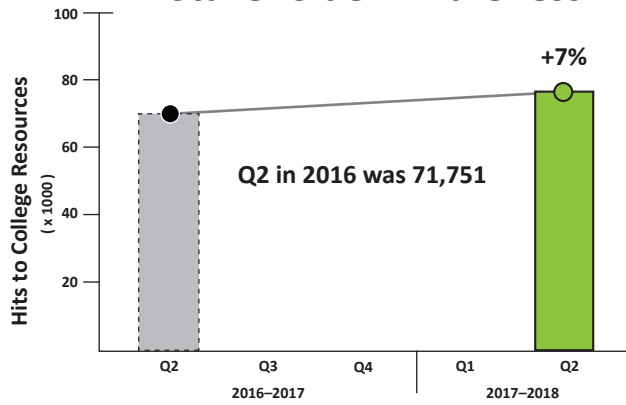
(Q2) JULY-SEPTEMBER 2017

Strategic

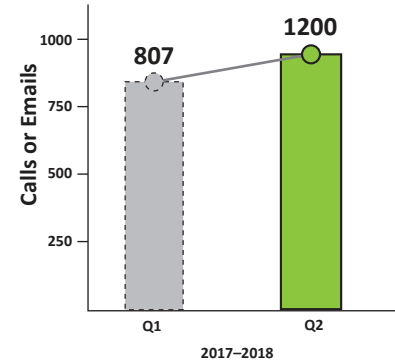
Progress of Tactics



Stakeholder Awareness

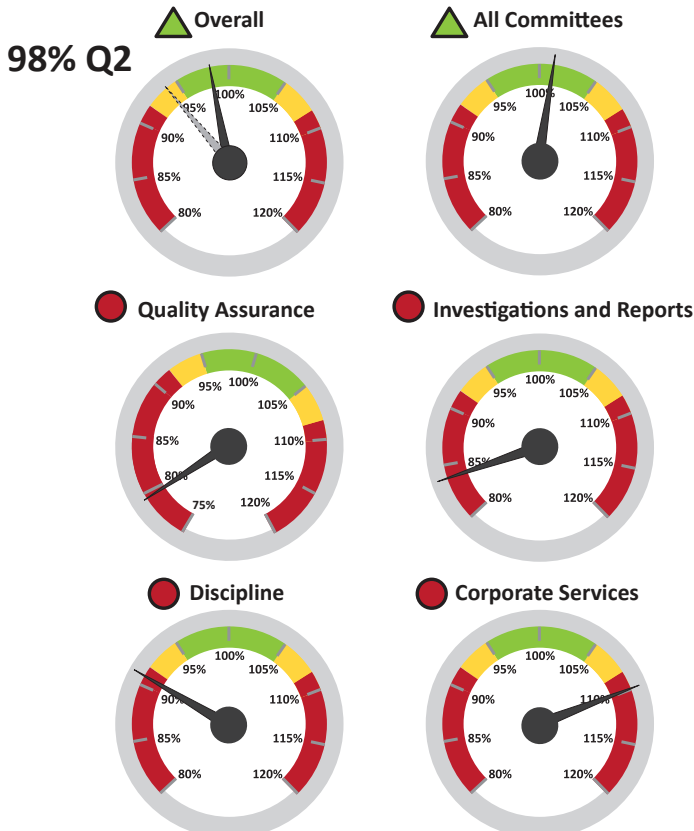


Practice Advice



Operational

Financial Accountability



	Target	Q2
Human Resource Excellence		
Absenteeism	< 1.7 days per employee	▲
Turnover	Green ≤ 3 Amber > 3 ≤ 5	■

	Target	Q2
Stat Program Performance		
ICRC	Met all Statutory timelines	■
Quality Assurance	Met all Statutory timelines	▲
Registration	Met all Statutory timelines	▲



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 2.0

Motion

**Council Meeting
December 14 – 15, 2017**

Agenda #2- Approval of the Council Meeting Minutes of September 28- 29, 2017

It is moved by

and seconded by

that:

the Council meeting minutes of September 28 – 29, 2017 be approved.



MEETING OF THE COUNCIL OF THE COLLEGE OF
PHYSIOTHERAPISTS OF ONTARIO

MINUTES

September 28 & 29, 2017

At

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

Attendees:

Mr. Gary Rehan (President)
Ms. Catherine Hecimovich (Vice President)
Mr. Ron Bourret
Ms. Jane Darville
Ms. Zita Devan
Ms. Theresa Stevens
Ms. Nadine Graham
Mr. Darryn Mandel

Ms. Janet Law
Mr. James Lee
Ms. Nicole Graham
Ms. Sharee Mandel
Mr. Tyrone Skanes
Ms. Lisa Tichband
Ms. Jennifer Dolling
Ms. Kathleen Norman

Staff:

Ms. Shenda Tanchak
Mr. Rod Hamilton
Ms. Anita Ashton
Ms. Lisa Pretty
Ms. Fiona Campbell
Ms. Robyn MacArthur
Ms. Joyce Huang
Ms. Tėja Bain
Ms. Shelley Martin
Ms. Tova Wallace
Ms. Cici Czigler
Ms. Michelle Legara

Recorder: Ms. Elicia Ramdhin

Observer: Ms. Sarah Grace Bebenek, Ontario Physiotherapy Association
Ms. Amanda Smart, Ontario Physiotherapy Association (September 29, 2017)

9:15 AM **Welcome**

1.0 Approval of the Agenda

Motion 1.0

It is moved by Mr. Tyrone Skanes and seconded by Ms. Jane Darville that:

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

CARRIED.

2.0 Governance Training

Ms. Cathi Mietkiewicz, Associate at Steinecke Maciura LeBlanc, provided Council with Governance training including a review of roles and structures, common



challenges for council members, role education, code of conduct, dealing with conflict of interest, and conducting meetings.

The presentation concluded at 11:32 a.m.

3.0 Approval of the Council Meeting Minutes of June 21 & 22, 2017
Motion 3.0

It is moved by Ms. Janet Law and seconded by Ms. Theresa Stevens that:

The Annual General Council meeting minutes of June 21 and 22, 2017 be approved. **CARRIED.**

4.0 Registrar's Report

Perspective changes to the Regulated Health Professions Act, Dashboard review, Advertising Audit, Citizen's Advisory Group and Communications update.

There was a suggestion to consider changing the word Citizen in "Citizen's Advisory Group" to be more inclusive.

Update in meeting process:

Following lunch Mr. Gary Rehan, President, announced after reviewing the Rules of Order, a small change will be implemented in the process for conducting all council meetings moving forward: all motions will need to be moved prior to Council discussion on decision items.

5.0 Proposed Committee Slate
Motion 5.0

It is moved by Mr. Darryn Mandel and seconded by Ms. Sharee Mandel that:

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

CARRIED.

6.0 Approval of Amended Budget
Motion 6.0

It is moved by Mr. James Lee and seconded by Ms. Jane Darville that:

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

CARRIED.

7.0 Q1 Financial Report

Received with no comments.



8.0 Councillor and non-Council Committee Member Preparation Time

Motion 8.0

It is moved by Ms. Sharee Mandel and seconded by Mr. Darryn Mandel that:

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

CARRIED.

9.0 Infection Control and Equipment Maintenance Standard

Motion 9.0

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

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

CARRIED.

10.0 Record Keeping Standard

Motion 10.0

It is moved by Ms. Kathleen Norman and seconded by Ms. Sharee Mandel that:

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

CARRIED.

11.0 Fee Credits: Financial Assessment and Next Steps

Motion 11.0

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

Council approve the following regarding fee credits:

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

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

CARRIED.

Motion 11.1

It was moved by Ms. Jennifer Dolling and seconded by Mr. Tyrone Skanes That:

For the period for which fee credits are available is extended to 18 months for those applying for fee credits for maternity and parental leave.

CARRIED.



Mr. Darryn Mandel requested his opposition for this decision be recorded as he does not believe it is in the best interest of the public and will have implications on the College's reserves.

Staff were directed to bring this back to Council in two years with updated data.

12.0 President's Report

The Registrar's Performance Appraisal process was reviewed by the President and a public member of the Executive Committee; all concerns around the process have been addressed. To ensure the process is given adequate time to determine its success, the process will be reviewed in one year. To assist Council with setting next year's performance goals for the Registrar, a Human Resources consultant who specializes in this will be invited to the March Council meeting.

Council agreed it is valuable to continue to maintain a corporate hotel and were in favour of changing to the DoubleTree hotel.

Additionally, an update was provided on scope of practice and key learnings from the World Confederation for Physical Therapy and International Network of Physiotherapy Regulatory Authorities conference.

**9:00
AM**

September 29, 2017 (Day 2)

13.0 Round Table Discussion: Quality Assurance Program

Council was asked to provide guidance to the Quality Assurance working group by identifying if quality assurance (QA) or quality improvement (QI) should be the focus of the new program. The majority of Council was in agreement that the working group should focus on QA as it contains components of QI.

It was suggested the working group should also incorporate a method for high risk members.

14.0 Patient Focus Group Report

Ms. Lisa Pretty, Director of Communications, provided an overview of the results of the patient research that was conducted in support of the strategic goal to increase the value and awareness of the services the College provides to Ontarians. One of the recommendations from the research was to change the name of Practice Advisor to include the words "Physiotherapy and Information" e.g. Physiotherapy Information Advisor.



15.0 Collaborative Care Standard
Motion 15.0

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

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

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

CARRIED.

16.0 Governance Policies Update 2016-17
Motion 16.0

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

Council approve the proposed changes to the College's Governance Policies.

CARRIED.

17.0 Members Motions

No motions were made.

Adjournment

Motion 18.0

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

The Council meeting be adjourned.

CARRIED.

Council was adjourned at 12:00 p.m.

Gary Rehan, President

Meeting Date:	December 14 & 15, 2017
Agenda Item #:	3
Issue:	Registrar's Report
Submitted by:	Shenda Tanchak, Registrar

I am presenting the registrar's reporting in writing for the first time. I welcome your feedback about whether you would like to continue to receive it in this way or if you are satisfied with an oral report made at Council.

It offers some highlights (in no particular order) from the past quarter.

Scope of Practice Changes

- MOHLTC indicated that they wished to move forward with changes to scope which were initially announced and partially implemented ten years ago
- MOHLTC required a full submission to justify scope changes within about one month of their request
- CPO worked with four other Colleges who had received the same request to ensure a common approach
- We also worked with Ontario Physiotherapy Association because MOHLTC approached us together and because the initial request for the scope change was made in partnership
- Submission drafted in time for Council review (under separate cover) – since the content of the submission is limited to supporting implementation of legislation that has already been passed and which Council was supportive of at the time, this item is for information rather than decision

Operational and Regulatory Changes required by legislative change (Bill 87)

- Obtained legal advice about changes required to practice, policy and by-laws to implement legislative change
- By-law changes proceeding at this meeting
- Policy and operational changes to be complete by year end
 - Note – the new legislation permits the Registrar to accept withdrawals of complaints and close files. We do not anticipate acting on this power except in cases where the complaint was trivial and the withdrawal is early. In most instances, I anticipate I will seek the ICRC's approval to close a complaint file

Clinic Regulation

- See separate note
- We are wrapping this project up after several years
- Advancing and advocating for clinic regulation involved extensive partnership, public consultation, presentations to other College Councils and, with the President, to the Standing Committee

- While it is unlikely that our highest level goal of prompting some mechanisms for clinic oversight will be achieved at this time, the project has been highly beneficial in terms of stakeholder awareness (the issue has come up repeatedly in consultation about our new QA program), profile with the Ministry (several meetings with top Ministerial staff) and relations with other Ontario regulators
- We believe that it was a strong indicator of CPO's commitment to the public interest even where the issue fell outside the College's strict mandate

Quality Assurance Program

- See separate materials
- To recap:
 - A comprehensive research base and some stakeholder consultation was developed over the previous two years
 - This established a foundation for discussions of best practices and alternatives
 - A small group of key stakeholders brought together for facilitated discussion about program options
 - We conducted extensive, well-received outreach events to generate discussion and get early feedback about the existing program and options
 - Following the first meeting of the working group, further specific implementation research was turned around in a quick timeframe to enable the working group to make concrete recommendations
- Note – while we had initially intended to bring in an external consultant or project manager for this work, after reviewing our recruiting options, we determined that the best expertise was in-house. This required reallocation of tasks for a handful of staff.
- Program recommendations were achieved by the working group who are satisfied with the integrity of the process

Database

- CPO is working in loose partnership with the College of Medical Radiation Technologists of Ontario with a vendor who is developing a regulatory database specific to Ontario needs. The vendor has a view to using this database as a product for broader service in this sector and is highly motivated
- The two Colleges are learning from each other in terms of the requirements of the database and potential procedural fine-tunings
- At this time, development is ending for phase one (registration, annual renewal and professional conduct)
- Staff have seen a rough draft of the new system and have identified gaps and areas for improvement and the developers are working on stabilization
- Changes should be complete by the New Year at which time intensive staff testing and training will begin
- Implementation for registration and renewal is anticipated to come in on target: February 1, 2018
- Some anticipated benefits of the new database include:
 - gains in procedural efficiency and consistency as it will offer program support
 - compare it to a software 'wizard' that leads you step by step through a registration or other process on line

- better record-keeping accuracy that will permit us to ensure that we have thorough physiotherapist history and other file details at our fingertips
- data mining/reporting functionality that will enable us to further our research into risk and practice supports and meet any external reporting requirements
- The project is on time and on budget, but does not presently include a full quality assurance element – development in this area is pending final program approval and will likely entail additional development costs
- Staff support for this project also required some reallocation of human resources. The results have been outstanding to date.

Governance

- Attended Boardsource Biannual Governance Forum with President Gary Rehan
 - Boardsource is the American recognized leader in nonprofit board leadership and offers governance training and education for nonprofit leaders
 - The last three Presidents have attended Boardsource training
- Coordination of President's calls to all Council members and subsequent discussions at Executive Committee about educational needs and plans
- Introduced some changes to financial reporting materials and coordinated delivery of additional financial educational information
- Additional Council educational priorities identified and an implementation plan is being developed

Citizen's Advisory Group (CAG)

- Established last year by our College, after a year, we extended the invitation to other Ontario Health regulators to join
- Membership continues to grow, with College of Optometrists most recently joining and CPSO expressing an interest
- The CAG has attracted the attention of the consultant retained by the MOHLTC to advise about best practices, as well as the Health Professions Regulatory Advisory Council, who asked to use them in a recent consultation
- Benefits of the CAG:
 - Meeting the MOHLTC's direction to increase public involvement and consultation in regulatory activities
 - Works as a focus group – members have no fiduciary duty to the College and may be seen as arm's length in a way that our more experienced and informed public members are not
 - The partnership with other Colleges has saved our College thousands of dollars

Federation of Health Regulatory Colleges of Ontario (President)

- Current activities include
 - Joint development of Discipline Committee Rules of Procedure
 - Intervenor status on two key legal cases
 - Ongoing discussions about potential future governance models for self-regulation
- Strategic planning will take place in March

- Benefits of FHRCO
 - Shared costs and staff resource time on public-oriented website:
<https://ontariohealthregulators.ca/>
 - Shared legal opinions and ability to intervene in judicial cases that may have a future impact on our regulatory activities
 - 'communities of interest' that allow resource and idea sharing across Colleges – ultimately identifying best practices and potential savings
 - Unified voice in discussions with government about policy matters

Canadian Alliance of Physiotherapy Regulators (CAPR) Registrar's Committee (Chair)

- Current activities include discussions about:
 - Harmonization of registration categories and processes
 - National repository of documents
 - Increased collaboration with academic community to further 'professionalism' at student level
 - National guidance about online physiotherapy offerings by unregistered, offshore PT

Operations

- Employing two 'interns' through Royal Bank program for new Canadians
- Cross-training to more evenly distribute work and expertise during peak periods (improve customer service, reduce staff stress and promote staff personal growth)
- Negotiated savings on credit cards and interact fees that should have a dramatic impact in the new year

Key Presentations

International Network of Physiotherapy Regulatory Authorities (INPTRA)

- Changes to legislation and regulatory horizon in Ontario
- Risk and supports for PTs in practice

Canadian Network of Agencies for Regulation (CNAR) (invited to present and prepared presentations, though unable to attend for health reasons – presentations were used by others)

- Human Resource Excellence (CNAR 'boot camp')
- Risk-based regulation
- Measurement of Regulatory Effectiveness (CNAR masterclass)
- Threat to Self-Regulation

Invited (funded) speaker at The Federation of State Boards of Physical Therapy (FSBPT)

- Risk-Based regulation

A final note

I attended the Health and Care Professions Council/Australian Health Practitioner Regulatory Agency Research Seminar in November in conjunction with the Council on Licensure, Enforcement and Regulation (CLEAR) International meeting.

The seminar's focus was ways in which research adds value to regulatory policy, decision-making and compliance activities.

Presentations included:

- Longitudinal study of the effectiveness of regulatory interventions
- Mapping the contours of risk: an analysis of complaint hotspots across fourteen health professions in Australia
- Designing behavior change interventions

Across the world, the work in this area is in its infancy. Our own risk research puts us squarely in the forefront of the movement. While it is too soon to take significant action based on the emerging research, Council can look forward to an increasing focus on concrete risk measures and mitigation in future policy discussions.

Meeting Date:	December 14-15, 2017
Agenda Item #:	3
Issue:	Registrar's Report: Clinic Regulation Project
Submitted by:	Joyce Huang on behalf of Shenda Tanchak

Issue

The Clinic Regulation Working Group has agreed to end their work on the clinic regulation project. We are very pleased with the collaboration on this important project to pursue the public interest. The Working Group was able to raise awareness of a gap in patient protection to the Ministry. Ministry staff signaled an interest in exploring ways to address it. However, due to competing government priorities the Ministry is not able to make a formal commitment to take action at this time. As a result the Working Group does not anticipate being able to move this issue forward.

Background

The Clinic Regulation Working Group was formed in early 2015 with a number of health Colleges to explore potential ways to regulate clinics in Ontario. The colleges shared a concern about a gap in accountability where clinics and their unregulated owners do not have a formal duty of care to patients, and no formal accountability for the quality of the care provided in their clinics. The Working Group sees this as a serious gap in public protection.

The Working Group undertook research and analysis to explore potential solutions. The research looked at facility regulation in comparable jurisdictions across the world. Based on that research, the Working Group developed a hypothetical model for clinic regulation and consulted with a wide range of stakeholders to determine its feasibility. The feedback we received indicated that while stakeholders agreed that there are issues in clinics, they have reservations about the costs and implications of full clinic regulation. The Working Group concluded that the public interest could be served by a range of possible interventions, yielding varying elements and degrees of public protection.

The Working Group is certain that some form of clinic oversight would serve the public interest. So in September 2016, the Working Group formally submitted a report to the Minister of Health and Long-Term Care, and recommended further exploration to identify a solution that will best protect patients in Ontario.

The Working Group proposed that the government establish a forum for the examination and discussion of how to ensure that Ontarians receive safe, patient-centred care in all settings.

Since submitting the report in September 2016, the Working Group has had ongoing discussions with Ministry staff to ensure they understand the concern that the Working Group has identified, and to discuss how the group can work with them to meaningfully address the problem. We were encouraged when the Minister's staff signaled interest in taking some action.

Most recently, since the tabling of Bill 160, *Strengthening Quality and Accountability for Patients Act*, our discussions with the Ministry has focused on the potential to address clinic regulation under the proposed *Oversight of Health Facilities and Devices Act*. Even though the proposed oversight regime is intended to address the existing independent health facilities, the definition of "community health facility" in the proposed legislation appears to be sufficiently broad to potentially include other types of clinics.

In early November, the College of Physiotherapists of Ontario, on behalf of the Working Group, appeared before the Standing Committee on General Government as part of the public hearings on Bill 160. The presentation highlighted the accountability gap that the Working Group has identified, and asked that the government consider incorporating clinic regulation into the community health facility regime that is proposed in Bill 160. The questions and comments from the Committee members suggested that they acknowledged the problems that stem from the current accountability gap, and that it should be addressed to protect the public. However it is not clear what action, if any, the government will take regarding this issue.

In our most recent meeting with Ministry staff in early November, they indicated that their immediate priority is to transition the existing independent health facilities into the new community health facility regime, and that consideration of other types of clinics would happen only after that initial phase of work is complete. The Ministry also expressed the desire to have more concrete evidence of the risk of harm that results from the accountability gap that the Working Group has identified before considering potential solutions.

The Working Group believes that to provide any further evidence of harm would require a detailed economic analysis at the system level, which would be outside of the mandate and expertise of the colleges to do so. We asked that the Ministry consider carrying out this work.

The Working Group does not believe that any further work on our part would be fruitful, and has agreed to formally conclude our work on the clinic regulation project. The Working Group sent a letter to the Ministry to urge them to undertake the work to determine how best to address the accountability gap.

Attachments:

- Clinic Regulation Working Group Letter to the Ministry of Health and Long-Term Care (December 1, 2017)



December 1, 2017

Lynn Guerriero
Assistant Deputy Minister
Negotiations and Accountability
Management Division

Denise Cole
Assistant Deputy Minister
Health Workforce Planning and
Regulatory Affairs Division

Dear Ms. Guerriero and Ms. Cole,

I am writing on behalf of the Clinic Regulation Working Group in response to your letter of November 3, 2017.

Thank you for your consideration of the Working Group's report. It is still our hope that the ministry will consider the inclusion of non-medical clinics in the proposed Community Health Facility oversight regime. We appreciate the ministry's desire to determine a course of action based on consideration of a solid evidence base and sound analysis. However, it would appear that any additional evidence and analysis beyond what the Working Group has already considered would likely involve a detailed economic analysis at the system level. That kind of analysis would be beyond the mandate and the expertise of the regulatory Colleges to conduct.

The Working Group believes that the ministry would have the resources and expertise to do that kind of analysis, and we urge the ministry to undertake that work to determine how the gap in accountability can be best addressed to improve patient protection. If the ministry undertakes this work in the future, the Working Group would be happy to assist in any way we can.

Thank you again for your consideration of the Clinic Regulation Working Group's report.

On behalf of the Clinic Regulation Working Group,

Shenda Tanchak
Registrar & CEO
College of Physiotherapists of Ontario

Meeting Date:	December 14 & 15, 2017
Agenda Item #:	4
Issue:	Financial Report – Statement of Operations (alternative format report)
Submitted by:	James Lee and Robyn MacArthur

Issue:

The College has now come to the end of the second quarter of its fiscal year.

At this time, we have spent 98% of the amount budgeted to be spent at this period in the year.

The target for budget accuracy established by Council is that spending should be within 5% of budget. The target has been met this quarter.

Background

Staff analyzes actual spending for all budgeted items as a way of ascertaining our own budgeting and program planning accuracy, to control spending, and as a secondary mechanism to assess whether projects are moving forward on the predicted timeline. The analysis is reported as part of the Statement of Operations (Appendix A) and notes are provided for any budget items that do not meet the established target.

The Balance Sheet is presented as Appendix B.

The variance notes are reviewed by Finance Committee and Executive Committee prior to being seen by Council.

Please note that this information has always been provided to Council – it is not a new category of information. It is provided in this briefing note as an alternative for those who prefer a narrative format.

Individual budget items where spending has not met the target:

The items are numbered in accordance with the Statement of Operations for ease of cross reference.

4004 The College issued more invoices for recovery of cost orders, court orders and remediation programs than anticipated, resulting in receipt of 30% more money than anticipated in the budget.

4003 The number of compensable remediation programs ordered by Committees was lower than estimates. (Accurate predictions are difficult because the number of orders depends on the nature of the specific cases reviewed by the Committee).

The costs of coaches (including expenses) are averaging \$260 below budget due to some technology adaptations and more reliance on in-house staff coaching.

Lower costs in this area have led to lower charges billed out to those members undergoing remediation. As a result, we have recovered only 52.19% of the amount that we had expected to receive during this period. (Note, however, that remediation expenses are dealt with in two lines in the Statement of Operations: Line 5880 reflects the expenses that the College incurs for remediation and Line 4003 reflects our recuperation of these amounts. When taken together, the two lines cancel each other out).

- 4001 Registration Fees are significantly higher than budgeted, at approximately \$214,000 over our YTD budget. This is a combination of two factors:
1. We budgeted for an overall increase of membership to 8,829, and are now projecting closer to 9,150. We have no explanation for the higher than anticipated registration numbers.
 2. We did not budget for collection of certain administrative fees, including such things as Wall Certificates and Letters of Standing.
- In the next quarters, we will identify these revenue items separately for additional accuracy and transparency.
- 4002 Interest Income is ahead of our budgeted amount because we have more revenue than anticipated, as described above, and interest rates are rising.
- 5003 Council per diem expenses are below budget because significant claims were not received in time to include in this quarter's report. Q3 reports will have up to date amounts.
- 5005 Discipline Committee per diem expenses are higher than budgeted due to one case (Boon) which required more time for deliberations than was anticipated. Otherwise, the number of days budgeted for Discipline Committee was accurate.
- 5006 Executive per diems are lower than budget because members did not require as much meeting preparation time as had been expected.
- 5010 Patient Relations per diems are lower than budget because only 1 meeting took place and one professional member was not in attendance.
- 5012 Registration Committee per diems are well below budget because fewer cases have required Committee consideration than anticipated and because we have found significant savings in teleconference expenses through a new phone system.
- 5052 As with the Committee expenses lines referred to above, the number and nature of the matters that Committees deal with is unpredictable and beyond the control of the College. For this reason, all Committee costs are volatile. For this line item, more ICRC cases were received than budgeted and because they were complex, more preparation and travel time was required.

- 5055 Discipline Committee expenses: as with Account 5005, expenses are over budget due to the Boon case.
- 5056 Costs related to the President testifying at the Standing Committee Hearings on Bill 87 were not budgeted for. Note Executive Committee expenses relates to Account 5006.
- 5062 QA Committee expenses are over budget. The budget is approved prior to Committee slate selection. With respect to this Committee a local member was replaced with a member who must travel to attend meetings, resulting in higher than budgeted costs. This will continue throughout the year. Higher than expected expenses for this Committee are offset by lower than expected expenses for other Committees and do not reflect a concerning trend.
- 5063 Registration Committee expenses relate to Account 5012, and since only 1 teleconference, there were no expenses.
- 5101 IT Hardware is over budget because a printer was purchased that was unbudgeted for but needed in the new space.
- 5102 IT Software is over budget due to some unforeseen upgrades that were required to improve functionality in the Finance area.
- 5104 IT Database costs are over budget for this reporting period. This is because we took the total amount and distributed it evenly over the 4 quarters for budgeting purposes, but the invoicing is more heavily weighted to the early part of the project. The project is on time and on budget.
- 5300 Networking, Conferences and Travel expenses are greater than budgeted because the Canadian dollar is weaker than budgeted; meaning foreign travel costs are higher than planned.
- 5402 Bank and service charge expenses are lower than budgeted due to a change in our accounting approach prompted by advice from our auditors. We are now reflecting credit charge expenses at the time they are charged, rather than spreading them across the year as had been our previous practice. We anticipate the variance to correct itself by year end.
- 5408 Postage and courier expenses are lower than budget as a result of an increased push to pay our vendors electronically (see Account 5102 - additional expense for software), which has saved staff time and reduced the cost of printing and mailing payments.
- 5490 Rent is higher than budgeted due to a budgeting oversight: Council will recall that due to a problem with the construction schedule for our new office, we had to extend the lease in our old and pay rent on both spaces for two months. One of these months fell in the old fiscal year. The other was the first month of this year and was not budgeted for. As a result, we will be over budget in this line at year end.

- 5411 Printing, Filing & Stationary expenses are over budget as a result of modernization improvement pains. A summer digitalization project led to increased shredding costs. We anticipate that this variance will reduce over the balance of the year as our off-site storage costs are reducing in concert with the increase in shredding costs.
- 5412 Telephone costs are higher than budgeted. There are 2 factors for this. A new telephone system required some additional startup costs that were unbudgeted and increasing data use required an upgrade to our corporate cell phone plan.
- 5503 Council education expenses are over budget because some events took place earlier in the year than anticipated. These timing issues will disappear as the later quarter budgeted amounts are taken into account.
- 5505 Policy development costs are under budget due to lower Citizen's Advisory Group expenses and because some costs anticipated this quarter have been deferred.
- 5605 French language services expense is over budget due to higher than expected demand for translation. This is unpredictable and there is no year over year pattern.
- 5620 The Print Communications expense is below budget, in part because 2 small jobs have been delayed to Q4.
- 5621 Online Communications expense is over budget. In order to provide best possible customer service, we required than anticipated when the College switched to its new website.
- 5622 In-person communications expense is over budget. Higher than anticipated member participation in outreach events has led to increased catering and room rental costs. This is a case where we are happy to be overspent, while understanding that predicting participation is difficult from one year or topic to the next. It is likely that we will close out the year over budget in this area.
- 5701 Audit expenses are over budget because we were billed nearly double the quote we had received for the audit. Hilborn explains this as the cost of some set-up expenses and advice that led to changes that we made in our reporting and reserves accounting.
- 5704 Investigations expenses are over budget resulting from the need to get a legal opinion on a privacy issue and the use of an external investigator.
- 5760 Fewer legal services have been required in the first half of the year than anticipated. This is largely due to obtaining essential legal advice through our membership in the Federation of Health Regulatory Colleges rather than paying for it separately.
- 5761 Cases that were expected to take five days were able to be resolved in two. Accordingly, independent legal advice savings were found.

- 5762 As above, hearing counsel expenses are lower than budget, because costs were budgeted for five days but matters were able to be resolved more quickly.
- 5763 Divisional Court Appeals expenses are over budget. For the first 2 quarters of this year, there have been 5 complex cases dealt with, when only 2 matters were budgeted for. Since the court determines the timing of these cases, which may span several fiscal years, it is difficult to achieve budgeting accuracy.
- 5811 For QA program development and evaluation, we had anticipated retaining an external consultant and budgeted accordingly. Ultimately we felt that we could get a better product relying on internal expertise. This led to some operational adjustments in terms of staffing and workload. We anticipate eliminating the variance by year end.
- 5821 QA Assessor Travel costs are below budget as a result of an initiative to distribute assessments in Northern Ontario with assessors in the closest geographical areas.
- 5823 Assessor training costs are significantly below budget because the majority of the training is through direct observation and is being completed in Q3.
- 5824 Assessor online assessment fees are directly related to Account 5821. There have been fewer cases than budgeted for in the first half of the year, and therefore fewer fees.
- 5802 Jurisprudence activities have been delayed into Q2 and Q3. This variance is expected to correct itself in the Q3 reports.
- 5870 Practice enhancement costs are below budget. As explained in the note to line 5052, the number and nature of the matters that Committees deal with is unpredictable and beyond the control of the College. In this instance, QA Committee has seen fewer cases and made fewer practice enhancement orders. This may change in the next quarter and we could see this expense-to-budget variance even out by year's end.
- 5880 Remediation expenses are well below budget, due to fewer cases going to remediation than anticipated.
- 5890 Sexual Abuse Therapy costs are below budget. There is no year-over-year predictability in this area. Changes to the legislation, to increase entitlement to costs for therapy, may have a future impact.
- 6001 Depreciation and amortization are the accounting methods of expensing an item that has a useful life of greater than one fiscal year. This accounting mechanism permits us to spread the costs of our assets over a period of time. In this case, we anticipated finalizing payments for our move related costs by the end of the quarter but encountered some deficiencies that caused us to withhold payment. Once we have fully paid out the expenses, we will begin to see movement in this budget line.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Council

Net Income

Income is significantly higher than expected. However, application of our amortization costs related to the move have not yet been applied. At year end, we expect the higher revenue to reduce our anticipated deficit, leaving us in a position of about 75% of the budgeted deficit of \$845K.

Decisions for Council

This item is for information only.

Appendix A
College of Physiotherapists of Ontario
Statement of Operations - Budget vs. Actual
April 2017 to Sept 2017

	Q2 YTD				Full Year		Notes for Council
	Apr - Sept 17	Budget	% of Budget	Apr '17 - Mar 18	Budget	% of Budget	
Ordinary Income/Expense							
Income							
4007 · Registration fee credits	-23,674.47	-30,625.55	77.3%	-23,674.47	-47,960.40	49.36%	
4004 · Cost recovery from cost orders	13,000.00	10,000.00	130.0%	13,000.00	46,000.00	28.26%	The College issued more invoices for recovery of cost orders, court orders and remediation programs than anticipated.
4003 · Remediation Chargeback	8,557.81	16,396.50	52.19%	8,557.81	32,793.00	26.1%	The # of Remediation cases were lower than budgeted, and the actual costs of the coach and the related costs are averaging \$260 below budget (due to some technology adaptations and in house staff coaching that we don't charge for), leading to overall lower costs and therefore lower charges billed out to our Membership.
4001 · Registration Fees	2,789,598.01	2,599,177.50	107.33%	2,789,598.01	5,253,381.64	102.05%	Budgeted 8,829 Members - Actualizing closer to 9,150 and Application Fees took effect April 1st, that were not included in the Budget.
4002 · Interest Income	56,635.75	33,248.12	170.34%	56,635.75	66,496.24	134.61%	Better rates on investments than budgeted.
4010 · Miscellaneous Income	11,410.00	13,050.00	87.43%	11,410.00	26,100.00	43.72%	
Total Income	2,855,527.10	2,641,246.57	108.11%	2,855,527.10	5,376,810.48	53.11%	
Gross Profit	2,855,527.10	2,641,246.57	108.11%	2,855,527.10	5,376,810.48	53.11%	
Expense							
5000 · Committee Per Diem							
5002 · ICRC - per diem	12,477.00	12,478.50	99.99%	12,477.00	24,957.00	49.99%	
5003 · Council - per diem	20,340.00	22,683.00	89.67%	20,340.00	45,366.00	44.84%	
5005 · Discipline Committee - per diem	9,826.00	6,680.00	147.1%	9,826.00	35,780.00	27.46%	5 hearings days budgeted and held. 1 case (Boon) took much longer than expected and an unbudgeted number of deliberation days.
5006 · Executive - per diem	7,286.00	8,978.40	81.15%	7,286.00	16,372.80	44.5%	Lower than expected claims for Per Diems in Q1 related to Prep Time.
5010 · Patient Relations - per diem	90.00	331.00	27.19%	90.00	662.00	13.6%	One meeting in Q1. One professional member was not in attendance, therefore no per diem expense.
5011 · QA Committee - per diem	5,532.00	5,620.00	98.43%	5,532.00	11,240.00	49.22%	
5012 · Registration Com. - per diem	67.50	3,329.54	2.03%	67.50	5,782.94	1.17%	Budget for teleconference meetings higher than actual usage based on new phone system savings and fewer issues raised leading to shorter calls.
5017 · Finance Committee - per diem	972.50	956.26	101.7%	972.50	2,868.77	37.04%	
Total 5000 · Committee Per Diem	56,591.00	61,056.70	92.69%	56,591.00	143,029.51	39.57%	
5050 · Committee Reimbursed Expenses							
5052 · ICRC - expenses	10,551.03	9,815.28	107.5%	10,551.03	19,630.57	53.75%	High volume and complex cases required more prep and travel time than anticipated.
5053 · Council - expenses	48,756.46	47,068.95	103.59%	48,756.46	70,812.87	68.85%	
5055 · Discipline Committee - expenses	9,959.90	7,371.90	135.11%	9,959.90	37,193.88	26.78%	Number of deliberation days exceeded what was anticipated.
5056 · Executive Committee - expenses	6,011.83	4,299.02	139.84%	6,011.83	8,598.04	69.92%	Additional costs associated with President testifying at the Standing Committee hearings on Bill 87.
5062 · QA Committee - expenses	4,382.75	3,580.92	122.39%	4,382.75	7,161.84	61.2%	Committee slate makeup results in higher travel costs than budgeted as a local member was replaced with a member who must travel to attend meetings, and this will continue throughout the year.
5063 · Registration Comm. - expenses	0.00	1,384.79	0.0%	0.00	1,384.79	0.0%	Only meeting was a teleconference in Q1. No meeting required in Q2.
5075 · Finance Committee - expenses	0.00	0.00	0.0%	0.00	1,725.00	0.0%	
Total 5050 · Committee Reimbursed Expenses	79,661.97	73,520.86	108.35%	79,661.97	146,506.99	54.37%	

Appendix A
College of Physiotherapists of Ontario
Statement of Operations - Budget vs. Actual
April 2017 to September 2017

	Q2 YTD			Apr '17 - Mar 18	Full Year		Notes for Council
	Apr - Sept 17	Budget	% of Budget		Budget	% of Budget	
5100 · Information Management							
5101 · IT Hardware	5,453.62	3,868.74	140.97%	5,453.62	7,737.48	70.48%	A printer was purchased that was unbudgeted but needed in the new space.
5102 · Software	4,517.13	4,060.82	111.24%	4,517.13	23,925.26	31.72%	Upgraded Treasury Software after budget was created.
5103 · IT Maintenance	32,699.13	37,944.00	86.18%	32,699.13	75,888.00	61.3%	
5104 · IT Database	406,378.68	361,045.30	112.56%	406,378.68	722,090.60	56.28%	Per Ammended Budget - Database being expensed as occurred rather than Capitalized, per Hilborn Best Practices Recommendation - Timing of invoices as they come in. We budgeted evenly across the quarters.
Total 5100 · Information Management	449,048.56	406,918.86	110.35%	449,048.56	829,641.34	54.13%	
5200 · Insurance	4,717.43	4,688.80	100.61%	4,717.43	9,440.30	86.21%	
5300 · Networking, Conf. & Travel	18,560.52	15,798.02	117.49%	18,560.52	46,170.78	63.01%	Travel costs & foreign exchange for USD higher than budgeted.
5400 · Office and General				0.00			
5402 · Bank & service charges	11,382.01	26,000.00	43.78%	11,382.01	170,825.14	6.66%	Hilborn recommendation is to expense Credit Card charges as they occur and not to accumulate on Balance Sheet and expense evenly throughout the year. Timing of budget not accurate.
5403 · Maintenance & repairs	926.73	977.58	94.8%	926.73	1,955.16	55.44%	
5405 · Memberships & publications	95,457.54	97,360.49	98.05%	95,457.54	196,385.06	71.33%	
5407 · Office & kitchen supplies	8,221.84	8,600.00	95.6%	8,221.84	17,200.00	50.95%	
5408 · Postage & courier	3,002.52	4,480.00	67.02%	3,002.52	8,960.00	33.74%	Efforts are being made to transfer to auto payments to cut down on postage.
5409 · Rent	259,966.37	236,672.60	109.84%	259,966.37	450,623.48	66.63%	Paid for both Suites 901 & 800 for the month of April.
5411 · Printing, Filing & Stationery	6,781.76	5,750.00	117.94%	6,781.76	11,500.00	62.92%	Shredding costs up as a result of our digitalization project to transfer files out of offsite storage.
5412 · Telephone & Internet	17,991.08	13,945.48	129.01%	17,991.08	27,890.96	70.7%	Some start up costs related to new VOIP service provider.
5413 · Bad Debt	1,979.74	1,979.74	100.0%	1,979.74	5,909.48	33.5%	
Total 5400 · Office and General	405,709.59	395,765.89	102.51%	405,709.59	891,249.28	45.52%	
5500 · Regulatory Effectiveness							
5503 · Council Education	29,195.71	26,735.71	109.2%	29,195.71	67,724.30	79.85%	Late expenses for OPA Conference from previous fiscal year and one National Conference and Council In-service Education that was budgeted in a later quarter were received this quarter.
5504 · Elections	0.00	0.00	0.0%	0.00	3,200.00	0.0%	
5505 · Policy Development	9,213.26	14,250.00	64.65%	9,213.26	22,000.00	42.1%	Lower participation by CAG in online survey than anticipated. \$1500 budgeted for by-law changes as a result of RHPA changes will happen later this year, likely Q4.
Total 5500 · Regulatory Effectiveness	38,408.97	40,985.71	93.71%	38,408.97	92,924.30	41.33%	
5600 · Communications							
5605 · French Language Services	4,749.62	4,000.00	118.74%	4,749.62	8,700.00	54.59%	More demand by stakeholders for translation than anticipated.
5620 · Print Communication	6,155.06	9,600.00	64.12%	6,155.06	14,800.00	41.59%	2 small print related projects have been delayed to Q4.
5621 · Online Communication	54,221.45	42,080.00	128.85%	54,221.45	112,510.00	50.71%	New website support needed - broken links that needed repair.
5622 · In-Person Communication	6,301.14	5,400.00	116.69%	6,301.14	27,600.00	46.79%	Greater Member participation in Outreach events, therefore increasing in catering and room rental costs.
Total 5600 · Communications	71,427.27	61,080.00	116.94%	71,427.27	163,610.00	43.66%	
5700 · Professional fees							

Appendix A
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	Apr - Sept 17	Budget	% of Budget	Apr '17 - Mar 18	Budget	% of Budget	
5701 · Audit	24,408.02	9,040.00	270.0%	24,408.02	18,080.00	185.0%	The Hilborn invoice came in at \$15K more than budgeted. This is a onetime cost associated with the advice to change our accounting practices and policies, and newly adopted formats.
5702 · Hearing Expenses	4,914.42	4,977.60	98.73%	4,914.42	16,418.80	29.93%	
5704 · Investigations	14,301.68	4,058.26	352.41%	14,301.68	8,116.52	181.63%	\$1K prior qtr exp. \$3K for legal opinion on privacy issue. \$7K for external investigator, not budgeted.
5710 · Temporary staff	1,092.00	3,735.00	29.24%	1,092.00	3,735.00	29.24%	
5750 · Legal							
5753 · Legal - Professional Conduct							
5760 · General Counsel	15,806.88	24,199.53	65.32%	15,806.88	30,021.53	52.65%	Savings come from partnership with FHRCO for legal advice.
5761 · Independent Legal Advice	34,297.39	50,307.60	68.18%	34,297.39	159,940.20	21.44%	Fewer full days of ILC support required as 5 days of hearings were held over 2 days.
5762 · Hearing Counsel	28,335.82	32,193.70	88.02%	28,335.82	106,587.25	26.59%	College counsel attendance was required for 2 days as opposed to 5 anticipated days for 5 matters.
5763 · Divisional Court appeals	27,810.57	10,000.00	278.11%	27,810.57	10,000.00	278.11%	The College had anticipated that there would be two matters in divisional court. At this time there are five files before the court and in two matters more than one appearance has been required.
Total 5753 · Legal - Professional Conduct	106,250.66	116,700.83	91.05%	106,250.66	306,548.98	34.66%	
5755 · General Legal	9,969.78	10,000.00	99.7%	9,969.78	20,000.00	49.85%	
Total 5750 · Legal	116,220.44	126,700.83	91.73%	116,220.44	326,548.98	35.59%	
Total 5700 · Professional fees	160,936.56	148,511.69	108.37%	160,936.56	372,899.30	43.16%	
5800 · Programs							
5810 · Quality Program							
5811 · QA Program Development & Eval.	0.00	40,000.00	0.0%	0.00	40,102.00	0.0%	Budgeted to occur in Q1 & Q2, but delayed to Q2 & Q3 Staff work activities reallocated to allow this work to be performed internally.
5821 · Assessor Travel	43,044.30	47,163.62	91.27%	43,044.30	94,327.24	46.17%	Northern Ontario assessments are now distributed throughout the year and this has affected travel costs, and deferrals are up which means travel has been reduced.
5823 · Assessor Training	3,811.08	10,938.50	34.84%	3,811.08	12,953.50	31.93%	Timing - costs for assessors training through direct observation will occur in next two quarters.
5824 · Assessor Onsite Assessment Fee	61,327.50	68,084.34	90.08%	61,327.50	136,168.68	45.56%	More than the usual number of deferrals has reduced the total of the fees charged for them.
Total 5810 · Quality Program	108,182.88	166,186.46	65.1%	108,182.88	283,551.42	38.15%	
5802 · Jurisprudence	12,337.50	22,600.00	54.59%	12,337.50	22,600.00	54.59%	Budgeted to occur in Q1, activity occurring in Q2 and Q3.
5870 · Practice Enhancement - QA	5,306.84	10,249.58	51.78%	5,306.84	20,499.16	25.89%	Fewer cases at committee in first quarter of this year so there are fewer enhancements and lower than predicted costs. Efficiencies in the use of coaches and staff and simpler issues needing enhancements resulted in lower costs.
5880 · Remediation - PC	8,627.54	23,895.76	36.11%	8,627.54	38,407.52	22.46%	Remediation costs were lower than anticipated - see 4003 for explanation. # of and cost of SCERPS directed from ICRC down from budgeted.
5890 · Sexual Abuse Therapy	1,160.00	4,000.00	29.0%	1,160.00	8,000.00	14.5%	Fewer claims than anticipated.
Total 5800 · Programs	135,614.76	226,931.80	59.76%	135,614.76	373,058.10	36.35%	

Appendix A
College of Physiotherapists of Ontario
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April 2017 to September 2017

	Q2 YTD			Apr '17 - Mar 18	Full Year		Notes for Council
	Apr - Sept 17	Budget	% of Budget		Budget	% of Budget	
5900 · Staffing							
5901 · Salaries	1,275,224.36	1,299,711.55	98.12%	1,275,224.36	2,608,756.00	49.04%	
5902 · Employer Benefits	42,613.68	47,621.92	89.48%	42,613.68	96,837.88	44.01%	
5903 · Employer RRSP Contribution	56,541.22	57,464.15	98.39%	56,541.22	118,540.46	47.7%	
5904 · Consultant fees	0.00	0.00	0.0%	0.00	0.00	100.0%	
5905 · Staff Development	36,641.50	37,335.45	98.14%	36,641.50	89,050.56	55.66%	
5906 · Recruitment	0.00	800.00	0.0%	0.00	1,600.00	0.0%	
5907 · Staff Recognition	4,591.38	4,640.00	98.95%	4,591.38	12,530.00	37.61%	
5911 · CPP - Canadian Pension Plan	36,463.73	37,733.74	96.63%	36,463.73	76,638.03	47.58%	
5912 · EI - Employment Insurance	15,914.18	17,235.91	92.33%	15,914.18	35,034.25	45.43%	
5913 · EHT - Employer Health Tax	26,132.65	25,344.37	103.11%	26,132.65	42,095.74	62.08%	
5914 · Vacation Accrual	0.00	0.00	0.0%	0.00	5,000.00	0.0%	
Total 5900 · Staffing	1,494,122.70	1,527,887.09	97.79%	1,494,122.70	3,086,082.92	48.91%	
Total Expense	2,914,799.33	2,963,145.42	98.37%	2,914,799.33	6,154,612.82	50.27%	
Net Ordinary Income	-59,272.23	-321,898.85	18.41%	-59,272.23	-777,802.34	-304.17%	
Other Income/Expense							
Other Income							
6001 · Amortization	-14,242.91	-25,513.36	55.83%	-14,242.91	-67,780.54	21.01%	
Total Other Income	-14,242.91	-25,513.36	55.83%	-14,242.91	-67,780.54	21.01%	
Net Other Income	-14,242.91	-25,513.36	55.83%	-14,242.91	-67,780.54	21.01%	
Net Income	-73,515.14	-347,412.21	21.16%	-73,515.14	-845,582.88	-278.1%	

New office space not yet being amortized as not all costs have been accumulated and finalized. This will occur in Q3.

Appendix B
College of Physiotherapists of Ontario
Balance Sheet
As of 30 Sept 2017

	30 Sep 17	31 Mar 17	30 Sep 16
ASSETS			
Current Assets			
Chequing/Savings			
1000 · Cash on Hand			
1001 · Petty Cash	250.00	250.00	250.00
1002 · Petty Cash (USD)	0.00	200.00	200.00
1003 · CC Clearing - RBC - 100-999-2	14,539.74	226,536.49	124,490.93
1005 · Operating - RBC - 102-953-7	328,310.94	102,396.08	18,480.73
1000 · Cash on Hand - Other	195.16	195.16	195.16
Total 1000 · Cash on Hand	343,295.84	329,577.73	143,616.82
1100 · Investments			
1104 · Investments - Long Term	3,547,068.40	3,547,068.40	0.00
1102 · Investments - Short Term	1,192,366.89	1,159,494.15	4,630,540.70
1103 · Savings - RBC - 100-663-4	4,048,442.85	7,104,759.84	4,792,223.57
Total 1100 · Investments	8,787,878.14	11,811,322.39	9,422,764.27
Total Chequing/Savings	9,131,173.98	12,140,900.12	9,566,381.09
Accounts Receivable			
1200 · Accounts Receivable	249,875.24	246,931.22	254,199.20
Total Accounts Receivable	249,875.24	246,931.22	254,199.20
Other Current Assets			
1201 · Allowance for Doubtful Accounts	-237,814.46	-235,834.72	-223,500.00
1400 · Prepaid Expenses			
1411 · Prepaid Rent	22,712.72	22,712.72	0.00
1401 · Prepaid Software	5,619.62	8,021.64	126,760.30
1403 · Prepaid IT services	10,892.43	13,916.47	23,616.23
1405 · Prepaid Insurance	4,217.13	4,697.72	2,603.61
1406 · Prepaid Membership	45,192.94	134,284.65	43,804.72
1408 · Prepaid staff development	6,172.26	11,311.13	5,070.90
1410 · Prepaid Conferences	43,319.62	19,744.57	12,994.92
Total 1400 · Prepaid Expenses	138,126.72	214,688.90	214,850.68
Total Other Current Assets	-99,687.74	-21,145.82	-8,649.32
Total Current Assets	9,281,361.48	12,366,685.52	9,811,930.97
Fixed Assets			
1301 · Computer equipment	295,527.04	287,095.82	274,977.12
1302 · Computer Software	7,940.84	7,940.84	89,027.94
1305 · Computer equipment - Acc dep	-278,126.86	-267,757.35	-240,182.02
1306 · Computer Software - Acc Dep	-7,569.18	-6,126.36	-51,153.15
1310 · Furniture and Equipment	464,531.23	464,531.23	464,531.23
1312 · Furniture and Equipment - Dep	-462,785.23	-460,354.65	-439,836.45
1320 · Leasehold Improvements	402,013.85	402,013.85	402,013.85
1322 · Leasehold Improvements -Acc dep	-402,013.85	-402,013.85	-402,013.85
1325 · Construction Work In Progress	731,173.36	154,742.89	0.00
Total Fixed Assets	750,691.20	180,072.42	97,364.67
TOTAL ASSETS	10,032,052.68	12,546,757.94	9,909,295.64

Appendix B
College of Physiotherapists of Ontario
Balance Sheet
As of 30 Sept 2017

	30 Sep 17	31 Mar 17	30 Sep 16
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 · Accounts Payable	180,133.52	113,619.29	112,674.35
Total Accounts Payable	180,133.52	113,619.29	112,674.35
Other Current Liabilities			
2011 · Vacation Accrual	85,384.91	87,729.01	0.00
2010 · Accrued Liabilities	316,022.46	261,686.62	34,000.00
2100 · Deferred Revenue			
2101 · Deferred Registration Fees	2,571,590.02	5,143,180.00	2,561,398.19
2105 · Deferred credit card charges	0.00	0.00	-64,829.66
2110 · Banked refunds	32,116.28	35,125.48	30,421.76
Total 2100 · Deferred Revenue	2,603,706.30	5,178,305.48	2,526,990.29
2150 · Other Payables			
2154 · Citizen's Advisory Group	14,779.50	0.00	0.00
2151 · Due to Great-West Life	0.00	0.00	1,204.10
2152 · Due to London Life (RRSP)	14,942.13	14,817.66	33,292.91
Total 2150 · Other Payables	29,721.63	14,817.66	34,497.01
Total Other Current Liabilities	3,034,835.30	5,542,538.77	2,595,487.30
Total Current Liabilities	3,214,968.82	5,656,158.06	2,708,161.65
Total Liabilities	3,214,968.82	5,656,158.06	2,708,161.65
2190 · Lease Inducements	0.00	0.00	2,869.14
Total Long Term Liabilities	0.00	0.00	2,869.14
Total Liabilities	3,214,968.82	5,656,158.06	2,711,030.79
Equity			
3000 · Unrestricted Reserve	303,936.00	303,936.00	258,058.34
3001 · Invested in Capital Assets	180,073.00	180,073.00	153,330.65
3010 · Restricted Reserves			
3011 · Contingency Reserve	6,078,725.00	6,078,725.00	5,171,999.81
3012 · Fee Stabilization Reserve	327,865.00	327,865.00	1,328,000.19
Total 3010 · Restricted Reserves	6,406,590.00	6,406,590.00	6,500,000.00
3900 · Retained Earnings	0.00	0.00	0.00
Net Income	-73,515.14	0.88	286,875.86
Total Equity	6,817,083.86	6,890,599.88	7,198,264.85
TOTAL LIABILITIES & EQUITY	10,032,052.68	12,546,757.94	9,909,295.64

Motion

**Council Meeting
December 14 - 15, 2017**

Agenda #5 - Reserve Policy Review

It is moved by

and seconded by

that:

Council approve the new Reserve Policy.

Meeting Date:	December 14 & 15, 2017
Agenda Item #:	5
Issue:	Reserve Policy Review
Submitted by:	Robyn MacArthur

Issue:

Council will remember that our current reserve policy is being reconsidered because of concerns expressed by our audit firm, that the reserve for fee stabilization may attract unwanted attention from Revenue Canada.

Background:

By way of background, staff looked at how other similar organizations classify their reserves. This information is attached at Appendix A. In the list below, our College is not included.

- 11 of 25 Colleges maintain reserves for professional conduct.
- 5 of 25 have reserves for strategic initiatives.
- 2 have research reserves.
- 4 have reserves related to building.
- 7 have reserves for funding for sexual abuse therapy.
- 8 have reserves for contingency.
- 4 have reserves for fee stabilization.

It is apparent that there is no 'best practice' or significant trend, although the reserve for professional conduct appears to be most popular.

It is very important to note that until the last and current fiscal years, our College has not drawn down reserves for operations, including special projects. The operational philosophy has been to coordinate activities to revenue. Accordingly, when Council is considering this issue, it should bear in mind that unless the College were to significantly alter its philosophy with respect to its' activities and expenditures, the reserves will continue to be our 'rainy day' funds and will not be drawn down for operations unless something extraordinary happens.

For example, in order to fund the last research project, we reduced spending in other areas. We did not call upon reserves. If we continue to operate in this fashion, we do not need to have a research reserve to 'save up' for another project.

Accordingly, the revisions to the reserve policy will not have a direct impact on our choice of future initiatives and may be considered to be largely about nomenclature.

After much work in Finance Committee, it was decided to follow the advice of our Audit firm, and to adhere to the format as presented in the draft reserve policy with 3 classes of reserves:

- Invested in Capital Assets
- Net Assets Internally Restricted
- Unrestricted Net Assets

Finance Committee will next work on a strategy to reduce the overall amount of the Unrestricted Net Assets, and this will be presented to Executive Committee and Council at a later date.

Both the Finance and Executive Committees approved the revised reserve policy, attached as Appendix B to be brought forward to Council.

Decision Sought:

1. Does Council approve the Reserve Policy as presented?

APPENDIX A

College	Invested in Capital Assets Actual \$	Professional Conduct	Strategic Initiatives	Practice Research	Premises / Building	Sexual Abuse	Contingency	Fee Stabilization	Unrestricted	Total Reserves	Revenue	Reserves as a % of Operating Expenses	Audit Firm
Audiologists	11%	20%	10%	13%	0%	0%	0%	0%	46%	1,512,320.00	2,694,650.00	56%	Hilborn
Chiropractors	0%	0%	0%	0%	0%	3%	37%	0%	60%	327,439.00	1,341,685.00	24%	Clarke Henning
Chiropractors	0%	0%	0%	0%	29%	0%	0%	0%	71%	6,924,175.00	4,854,446.00	143%	Tator, Rose & Leong
Dental Hygienists	14%	13%	0%	0%	0%	0%	0%	0%	73%	1,284,532.00	2,518,849.00	51%	Hilborn
Dental Tech's	1%	11%	12%	0%	0%	2%	0%	0%	75%	1,309,066.00	959,616.00	136%	Hilborn
Dentists	20%	67%	0%	0%	0%	0%	0%	0%	13%	36,656,007.00	23,181,663.00	158%	Deloitte
Denturists	1%	0%	0%	0%	0%	1%	0%	34%	64%	1,049,651.00	1,486,455.00	71%	Hilborn
Dietitians	14%	13%	0%	0%	0%	0%	0%	0%	73%	1,284,532.00	2,518,849.00	51%	Kopstick, Osher
Doctors	25%	0%	0%	0%	75%	0%	0%	0%	0%	49,514,166.00	66,838,211.00	74%	Tinkham & Associates
Kinesiologists	33%	14%	0%	0%	9%	3%	0%	0%	40%	973,948.00	1,835,225.00	53%	Crowe Soberman
Massage Therapists	12%	25%	12%	4%	0%	0%	0%	0%	48%	6,097,030.00	9,131,994.00	67%	Hilborn
Medical lab Techs	6%	9%	4%	0%	0%	2%	32%	7%	40%	2,747,910.00	2,460,761.00	112%	Clarke Henning
Medical Radiation Techs	28%	0%	0%	0%	0%	0%	0%	0%	72%	1,190,619.00	3,344,567.00	36%	KPMG
Midwives	32%	0%	0%	0%	0%	0%	2%	0%	67%	632,806.00	2,487,708.00	25%	Hilborn
Naturalpaths	0%	0%	0%	0%	0%	0%	0%	0%	100%	34,068,526.00	17,232,992.00	198%	E&Y
Nurses	36%	0%	0%	0%	0%	0%	0%	0%	64%	21,115,370.00	32,067,012.00	66%	Hilborn
Occupational Therapists	8%	11%	0%	0%	7%	1%	34%	9%	30%	3,051,804.00	3,820,392.00	80%	Clarke Henning
Optometrists	7%	0%	65%	0%	0%	0%	0%	0%	28%	3,609,895.00	2,427,269.00	149%	Radvany Jurina Cleary
Pharmacists	32%	18%	0%	0%	0%	0%	36%	12%	2%	12,886,790.00	17,006,853.00	76%	Clarke Henning
Physiotherapists	3%	0%	0%	0%	0%	0%	88%	5%	4%	6,890,599.00	5,365,707.00	128%	Hilborn
Psychologists	4%	0%	0%	0%	0%	0%	58%	0%	38%	5,635,761.00	3,284,402.00	172%	Clarke Henning
Psychotherapists	3%	0%	0%	0%	0%	0%	0%	0%	97%	829,754.00	1,903,702.00	44%	Crowe Soberman
Respirologists	9%	11%	26%	0%	0%	2%	38%	11%	2%	1,314,385.00	1,638,187.00	80%	Clarke Henning
AVERAGE	13%	9%	6%	1%	5%	1%	14%	3%	48%			89%	

Opticians - No Information Available On Line

Psychological Associates - No Information Available On Line

Traditional Chinese Medicine (Acupuncturists) - No Information Available On Line

RESERVE POLICY – APPENDIX B

Purpose

The purpose of the reserve policies for The College of Physiotherapists of Ontario is to ensure the stability of the mission, programs, employment and continuity of on-going operations of the organization, or to offset liabilities in the event of future catastrophic unknown costs.

Three (3) classes of reserves:

1. Invested in Capital Assets
2. Net Assets Internally Restricted
3. Unrestricted Net Assets

Invested in Capital Assets

- This is equal to our actual Net Fixed Assets.

Net Assets Internally Restricted

- Internally restricted reserves are identified by specific need or strategic activity. These are funded based on estimates prepared by the College and can be adjusted as new information becomes available.
- Reserves can be added or retired as the operational needs of the College require, subject to Council approval.
- The College has identified four (4) areas of their operation that demand funds be earmarked for specific reasons. They are as follows:
 - Complaints and Discipline
 - \$1,000,000.00, being 2.5 times the actual 2016-2017 expense of \$400,000.00
 - Sexual Abuse Therapy
 - \$100,000.00, approximately 1.5% of total Net Assets
 - Strategic Initiatives
 - \$500,000.00, approximately 8% of total Net Assets
 - IT Improvements
 - \$250,000.00

Unrestricted Net Assets

- This is where the residual funds available after each of the other funds has been met would be maintained. Operational surpluses or losses would be funded to/from this reserve.

Fund Access Authorization

- Changes to this policy are subject to the direction of the Council upon the recommendation of the Finance Committee.

Motion

**Council Meeting
December 14, 2017**

Agenda #6- Honoraria and Expense Policy

It is moved by

and seconded by

that:

Council approve the Honoraria and Expense Policy, as updated in 2017.

Meeting Date:	December 14 & 15, 2017
Agenda Item #:	6
Issue:	Honoraria and Expense Reimbursement Policy
Submitted by:	Robyn MacArthur

Issue:

Council is being asked to review the College's policy on honoraria and expenses in accordance the biennial review schedule.

Background:

The College's guidance on honoraria and expenses for professional members of Council, non-council committee members, and staff was updated and consolidated into one policy in March of 2015.

At that time, a working group had been formed to determine appropriate per diem's and expense rates, upon which the current policy is now set. Also at that time, the review timing was set at 2 years.

The Executive Committee, in its November 27th meeting has updated the policy as follows:

- change the range in distance from which you can be expected to travel for a 1 day meeting **from** 50 km's **to** 40 km's for both meals and accommodation requirements;
- change the language of the paragraph called "Additional Interpretation"
 - **From** "For additional interpretation in circumstances not explicitly covered in these interpretive rules, please refer to the Ministry of Health and Long-Term Care's Per Diem and Expense Guidelines" **to** "For expenses not explicitly covered in these rules, the Finance Committee shall determine whether the expense is compensable."
- Add a Cost of Living Allowance (COLA) to the Per Diem rates, to take effect annually on April 1st;
- Add the Corporate Hotel Rate for 2018

Honoraria and Expense Policy is Appendix A.

Decision Sought:

Does the Council approve the Honoraria and Expense Policy as updated by the Executive Committee?



APPENDIX A

Section:	Finance	Policy #5.1
Title:	Honoraria and Expenses	
Applicable to:	Councillors who are members of the profession¹, committee members, members of task forces and working groups, where applicable, staff	
Date approved:	March, 2015	
Date revised:	December, 2017	

Legislative References

None

Policy

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

Eligible expenses are reimbursed to Councillors who are members of the profession, committee members, members of task forces and working groups, and, where applicable, staff, when they are incurred while conducting College business. Reimbursement is made on the basis of the rules and the rates in this policy.

In order to maintain currency the Policy on Honoraria and Expenses is to be reviewed biennially by the College's Executive Committee.

Procedure

1. Claims for honoraria or expenses are to be submitted to the College within 30 calendar days of the activity that resulted in the claims.
2. Claims should be submitted to the College through Corporate Services.
3. Corporate Services will seek approval of the claim from the director with oversight for the activity that resulted in the claims.
4. Once approved, all claims are to be submitted to the Director, Corporate services.

¹ 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.



5. The College will endeavor to pay claims within one month of receiving them.
6. Any discrepancies between what this policy permits and claims will be addressed with the claimant by the Director, Corporate Services.

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

Definitions

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

Rules for Honoraria

1. General
 - a. A daily claim for honoraria may include any or all of per diems, travel time and/or preparation time in keeping with the rules and rates in this policy.
 - b. Teleconferences are meetings and are therefore considered to be time that may be claimed.
 - c. Honoraria will be paid to people who are requested by the College to attend a function for representation or education purposes.
 - d. Per Diem rates are to be updated annually at the beginning of each fiscal year to adjust for a Cost of Living Allowance (COLA); to be communicated to via email once the new rates have been set.



2. Per Diem - General

- a. For meetings that are three hours or less in duration, the actual number of full or partial hours up to a maximum of three hours may be claimed.
- b. For meetings that are more than three hours in duration, the full day per diem may be claimed. This is the maximum per diem time that may be billed in any one day although other types of honoraria (travel or preparation time) may be claimed for the same day or meeting.
- c. If a meeting or function is cancelled without at least 48 hours notice, those who were scheduled to attend may claim up to three hours per diem.

3. Per Diems - Councillor/Committee/Task Force Member

- a. Meetings involving deliberation of a panel will be considered to be scheduled meetings and are eligible for per diems.
- b. Time spent writing decisions will be paid the hourly per diem rate. The amount of time people can bill for decision writing will be determined by the chair of the panel.
- c. Per diems for Councillor/committee/task force members are paid in accordance with the rate section of this policy.

4. Per Diem - Chairs

- a. Committee chairs are paid a higher per diem rate when they are acting in the capacity of the chair at a scheduled meeting.
- b. A chair's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
- c. Per diems for chairs are paid in accordance with the rate section of this policy.

5. Per Diem - President

- a. The President may claim for the time he or she spends performing the duties of the President at the rate a committee chair receives.
- b. A President's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
- c. Per diems for chairs are paid in accordance with the rate section of this policy.



6. Preparation Time

- a. The time billed for preparation should be less than or equal to the time billed for the meeting. (e.g.:
 - i. For meetings of up to three hours duration, the maximum preparation time is three hours.
 - ii. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours).
- b. When a committee member requires more time for preparation than is permitted under a., the committee member may ask the committee chair to authorize additional preparation time.
- c. When a committee chair requires more time for preparation than is permitted under a., a request for additional preparation time may be approved by the program manager.
- d. There are no restrictions on the number of requests for additional preparation that a committee member or chair may make.
- e. Preparation time is paid in accordance with the rate section of this policy.

7. Travel Time

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

Rules for Expenses

8. Expenses General

- a. Detailed itemized invoices or receipts are required for all expense claims².
- b. Invoices and or receipts must include a description of the goods purchased or services rendered, the cost, taxes and if applicable, HST Registration Number³.

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

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



9. Travel Expense

- a. Travel includes:
 - i. Economy airfare for flights of six hours duration or less;
 - ii. Business class airfare for flights of six hours duration or more;
 - iii. Economy class train fare for trips of three hours or less;
 - iv. First class train fare for trips of greater than three hours;
 - v. Local public transportation;
 - vi. Taxi; or
 - vii. Use of a personal automobile.
- b. The cost of the most economical or practical mode of travel may be claimed unless other means are more practical and this is evident from the explanation on the claim form⁴.
- c. Local taxis may be used when warranted by expedience and practicality.
- d. Travel expenses incurred in traveling to/from home or place of employment, or to/from the point of business and public transportation terminal may be claimed when they are part of a larger journey.
- e. An allowance per kilometer will be paid for the use of a personal automobile in accordance with the rate section of this policy.

10. Accommodation

- a. Where overnight stays are required, the cost of the standard room rate at a conveniently located hotel will be reimbursed. Additional costs for upgrades to premium or larger rooms are not covered.
- b. For single day meetings, hotel accommodation will be provided to individuals who reside beyond a 40 kilometer radius of the meeting site.
- c. For multi-day meetings, hotel accommodation will be provided to individuals who reside beyond a 25 kilometer radius of the meeting site.
- d. Where overnight stays are required for meetings held at the College, people may choose to stay at the hotel at which the College has negotiated a corporate rate, or

⁴ 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.



another hotel, in which case the maximum reimbursement will be the lesser of the actual price paid at the other hotel or the corporate rate at the College hotel.

- e. Hotel accommodation at conventions, congresses etc. should take advantage of any special group or convention rates at the conference hotel or be taken at another hotel where the rate does not exceed the conference hotel rate.
- f. When private accommodations (e.g. friends or family) are used in lieu of hotel accommodation, claims for reimbursement may be submitted in accordance with the rate section of this policy.

11. Meals

- a. Meal expenses incurred while travelling on College business may be claimed when the travel time exceeds two hours.
- b. Meal expenses incurred when attending external meetings or business may be claimed when the external meetings or business exceeds four hours.
- c. For single day meetings at the College, meal expenses may be claimed when the individual resides beyond a 40 kilometer radius of the meeting site.
- d. For multi-day meetings at the College, meal expenses may be claimed when the individual resides beyond a 25 kilometer radius of the meeting site.
- e. Meal expenses claimed when the College provides a meal during its meetings are not eligible for reimbursement (except in circumstances where the supplied meal is unacceptable for religious or similar reasons).
- f. Actual meal expenses may be claimed in accordance with the rate section of this policy.

12. Gratuities

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

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

- a. Parking. Multiple parking claims may be submitted in a given day however the maximum reimbursement is for 24 hours of parking in each calendar day (i.e. no overlapping claims for parking).



- b. Telephone. One personal long distance telephone call of reasonable duration for each day away from home.
 - c. Postage and delivery.
 - d. Tolls.
 - e. Purchased services such as typing, copying etc., when they cannot conveniently be provided through the College office.
 - f. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.
14. Expenses which are not Allowed
- a. Costs for entertainment (e.g. videos and pay movies).
 - b. Costs for personal services (laundry, dry cleaning) unless away from home for more than five days.

15. Additional Interpretation

- a. For expenses not explicitly covered in these rules, the Finance Committee shall determine whether the expense is compensable.

Proposed Rates for Honoraria and Expenses

- 1. Allowance for use of personal automobile
 - a. \$.52 per kilometer
- 2. Meal Expense (receipts required)
 - a. Breakfast - \$25.00
 - b. Lunch - \$35.00
 - c. Dinner - \$60.00
- 3. Private Accommodations
 - a. \$40 per night may be claimed for the use of private accommodation in lieu of hotel accommodation.
- 4. Per Diem Rate - Councillors/committee/task force members
 - a. Council/Committee/task force member – meeting time
 - i. Full day per diem (for meetings over 3 hours duration) - \$320.00



ii. Hourly rate - \$45.00

5. Chairs' (and President's) Per Diem Rate

a. Chair – meeting time (or President's duties)

i. Full day per diem (for meetings over 3 hours duration) - \$435.00

ii. Hourly rate - \$62.00

6. Preparation time rate

a. \$45.00 per hour

7. Travel time

a. \$27.00 per hour

8. Corporate Hotel Rate for 2018

a. \$269.00 + taxes & service fees = \$312.06



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 7.0

Motion

**Council Meeting
December 14 - 15, 2017**

Agenda #7 - Request to go *in camera* pursuant to s. 7(2) of the Health Professions Procedural Code

It is moved by

and seconded by

that:

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



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 8.0

**Council Meeting
December 14 – 15, 2017**

Agenda #8 - Quality Assurance Working Group: Recommended Program

It is moved by

and seconded by

that:

Council approve the Quality Assurance Working Group's recommended Quality Assurance Program in principle.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 8.1

**Council Meeting
December 14 – 15, 2017**

Agenda #8 - Quality Assurance Working Group: Recommended Program

It is moved by

and seconded by

that:

The College suspend peer assessments while the new QA program is being developed (from April 1, 2018 to March 31, 2019).

Meeting Date:	December 14-15, 2017
Agenda Item #:	8
Issue:	Quality Assurance Working Group: Recommended Program
Submitted by:	Joyce Huang on behalf of the Quality Assurance Working Group

Issue:

The Quality Assurance Working Group (“WG”) is comprised of Gary Rehan, President; Darryn Mandel, Council Member; James Lee, Council and Quality Assurance Committee Member; Theresa Stevens, Council Member and Chair of Quality Assurance Committee; Jatinder Bain, Quality Assurance Committee Member; Shelley Martin, Manager, Quality Assurance; and Jill Adolphe, Citizens Advisory Group Member.

The WG was asked to consider what changes to the Quality Assurance Program, if any, might increase its positive impact on practice without increasing cost.

Having considered research previously commissioned by the College as well as practices at other regulators, the WG recommends the following:

1. **Mandatory education:** Each year, all members will be required to complete an on-line mandatory education activity (similar to the current PISA [the Professional Issues Self Assessment]).
2. **Practice assessment:** All members will go through a modified assessment process over a 5-year cycle¹. They will be selected based on how long it has been since they were last assessed. No member who is successful in his or her peer assessment will be subject to reassessment within a 5-year cycle.

Each year, a cohort² of members will be selected for an assessment. Everyone in the cohort will participate in a short remote peer assessment, conducted using video conferencing. The purpose of the remote assessment is to identify PTs who need a more in-depth on-site assessment.

- Those who fall below a pre-determined threshold will be directed to participate in an in-depth on-site peer practice assessment.
- A small (yet to be determined) percentage of those who are above the pre-determined threshold will be randomly selected for an in-depth on-site peer practice assessment. The purpose is to blind the selection process to prevent stigma and bias.

On-site peer assessment results will be reported to the Quality Assurance Committee, as today.

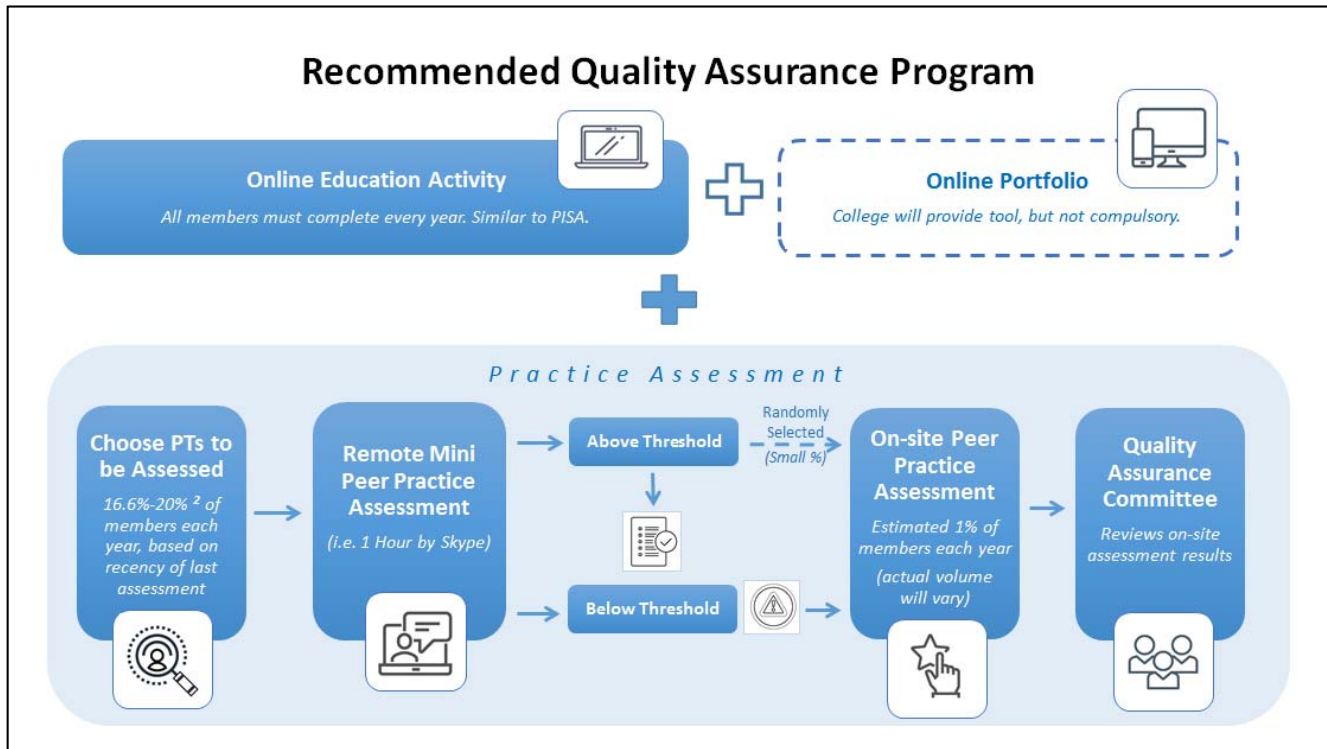
3. An electronic “portfolio” tool will be made available to members through our website but will not be compulsory.

¹ Or possibly a 6 year cycle – to be determined based on further cost analysis.

² Whether the assessment cohort should include PTs not in clinical practice will be determined when the WG considers the implementation specifics.

Figure 1 below is an illustration of the recommended program.

Figure 1: Recommended Quality Assurance Program



Background:

The objectives of the WG were to determine whether revisions to the Quality Assurance program were warranted, and to recommend changes to the program if needed. For the purposes of the discussion, contemplated changes were not to cost more than the current program.

At its September 2017 meeting, Council indicated that the primary objective of the Quality Assurance Program should be to ensure that *all* members meet pre-determined minimum standards for competency and/or quality (as opposed to the program being primarily focussed on elevating practice standards of all members).

The Recommended Program:

The compulsory educational activity presently known as PISA has value and should be retained, but can be improved. The activity should be renamed to reflect that it is not about self-assessment. It will continue to be open-book and compulsory. The College will continue to identify annual topics based on analysis of practice data and trends that would indicate where there seems to be an educational need.

In future, it may be possible to create different educational modules for different segments of the PT population.

The WG took into account research that demonstrated the beneficial impact of assessments as well as the consultation feedback that indicated strong support for practice assessments. The WG also recognized that the College's own research has demonstrated that assessments have a beneficial impact for at least 7 years. On this basis, the WG determined that it would not be unreasonable to space assessments at time frames within this window. Assessing all members within a relatively short time frame was considered to be the best approach for public protection.

The WG felt, based on anecdotal evidence and experience, that in most cases, it is possible to identify problematic practices relatively quickly. The WG believed that much of the utility of the on-site assessment could be attained through a briefer, remote assessment. This would reduce costs significantly, which would permit increased volume without increased expense.

Practitioners whose remote assessments suggest concerns about their practice would be required to undergo a more in-depth on-site assessment.

To avoid the stigma associated with being selected for an on-site assessment (i.e. colleagues being aware that selection for on-site assessment must be a result of practice problems having been identified), a certain number of PTs will be randomly selected to do the on-site assessments during each program cycle. During the discussions at the Executive Committee meeting, the Committee suggested that the privacy protection would be strongest if all PTs in the assessment cohort went through the remote assessment, and then a small number of PTs are randomly selected from those who are above the threshold. A slight change was made to the recommended program to incorporate this suggestion.

Practitioners would be selected for assessment based on the time since they had their last assessment. Accordingly, in the first year of the program those who have never before been assessed would be selected.

A number of operational and implementation details remain to be worked out, including:

- whether to assess PTs who are not in clinical practice,
- whether to assess PTs in their first few years of practice,
- the nature of the tool that would best work for the remote assessment (including a determination of whether chart stimulated recall would form part of the remote assessment)
- how best to select charts if required for discussion during the assessment, and
- what to do about PTs who can demonstrate that they do not have access to the appropriate technology for the remote assessment.

Costs:

The WG explored whether the costs of assessing every PT every five years could be managed without increasing overall program costs.

Apart from costs associated with inflation or member volume, the cost associated with the mandatory annual educational activity would be the same as the costs associated with PISA today. Likewise, for the purposes of

this analysis, it was assumed that costs associated with the Quality Assurance Committee would remain more or less constant.

At this time, because there is no precedent for peer assessment selection based on remote assessments, it is not possible to predict how many of those who undergo a remote assessment would be required to proceed to a more costly on-site assessment. Accordingly, in the earliest years it will be difficult to accurately predict costs. With this caveat in mind, we have prepared rough cost estimates for the purpose of cost comparison.

Assumptions:

- 10,000 members
- 1% (or 100 members) selected annually for on-site assessment
 - For example, that might include 80 members who had issues identified through the remote assessments and another 20 members who are randomly selected. We expect that the total number of on-site assessments, and the mix of members who are identified through the remote assessments and those who are randomly selected, will vary from year to year

Although the WG recommended that all members should be assessed over a 5-year cycle, the group also recommended that costs for a 6-year assessment cycle be presented for Council's consideration:

Length of Assessment Cycle	Initial Development Cost (One-time)	Ongoing Implementation Cost (Annual)
5-year cycle (assess all members over 5 years, i.e. 20% each year, with 1% on-site)	\$166,960	\$333,480
6-year cycle (assess all members over 6 years, i.e. 16.67% each year, with 1% on-site)	\$166,960	\$268,480
Present assessment costs		\$305,000

Overview of the Working Group's Decision-Making Process:

The Working Group conducted their work over the course of two meetings, one in September and a second in November.

The first meeting was attended by the Quality Assurance Working Group members, as well as eight invited guests from other regulatory organizations who have program expertise, or could otherwise offer unique and valuable stakeholder perspectives.

During the first meeting, the WG achieved the following objectives:

- Reviewed findings from an initial scoping review, which identified tools that are currently in use in quality assurance programs, and the available data about the efficacy of those tools
- Brainstormed new ideas for further exploration, including tools that have been tried but were not included in the scoping review, or those that have never been tried
- Identified a short list of quality assurance tools for which staff would conduct implementation research.

Prior to the second meeting, the WG reviewed information about the quality assurance tools under consideration. The information included the utility of each tool as either an education or an assessment tool, and the implementation requirements for each tool. The tools were categorized based on how they might be used in a potential quality assurance program: as a stand-alone activity, as a screening tool to identify who should undergo a practice assessment, or as a component of a practice assessment.

The WG also considered the feedback collected from members through the College's in-person outreach sessions. At the sessions, staff asked members about their general perception and level of acceptance of various quality assurance tools. Members seemed to like the tools that are in the current QA program (i.e. the Portfolio, PISA, and peer assessment), and they also generally liked the idea of a chart-based review. However, they tended not to like direct observation, secret shopper, multisource feedback, and a re-certification exam.

Working Group members were asked to come up with a proposed quality assurance program on their own. Then the group members worked with each other, first in small groups then as a large group, to come to agreement on a single proposed program design.

During their discussions, the Working Group members considered Council's direction regarding the objective for the quality assurance program as a whole, and articulated their rationale for the inclusion of specific tools in the program.

Detailed information about the Working Group's decision-making process, and the research that the Working Group reviewed, is provided in the appendix.

Initial Member Reaction to the Recommended Program:

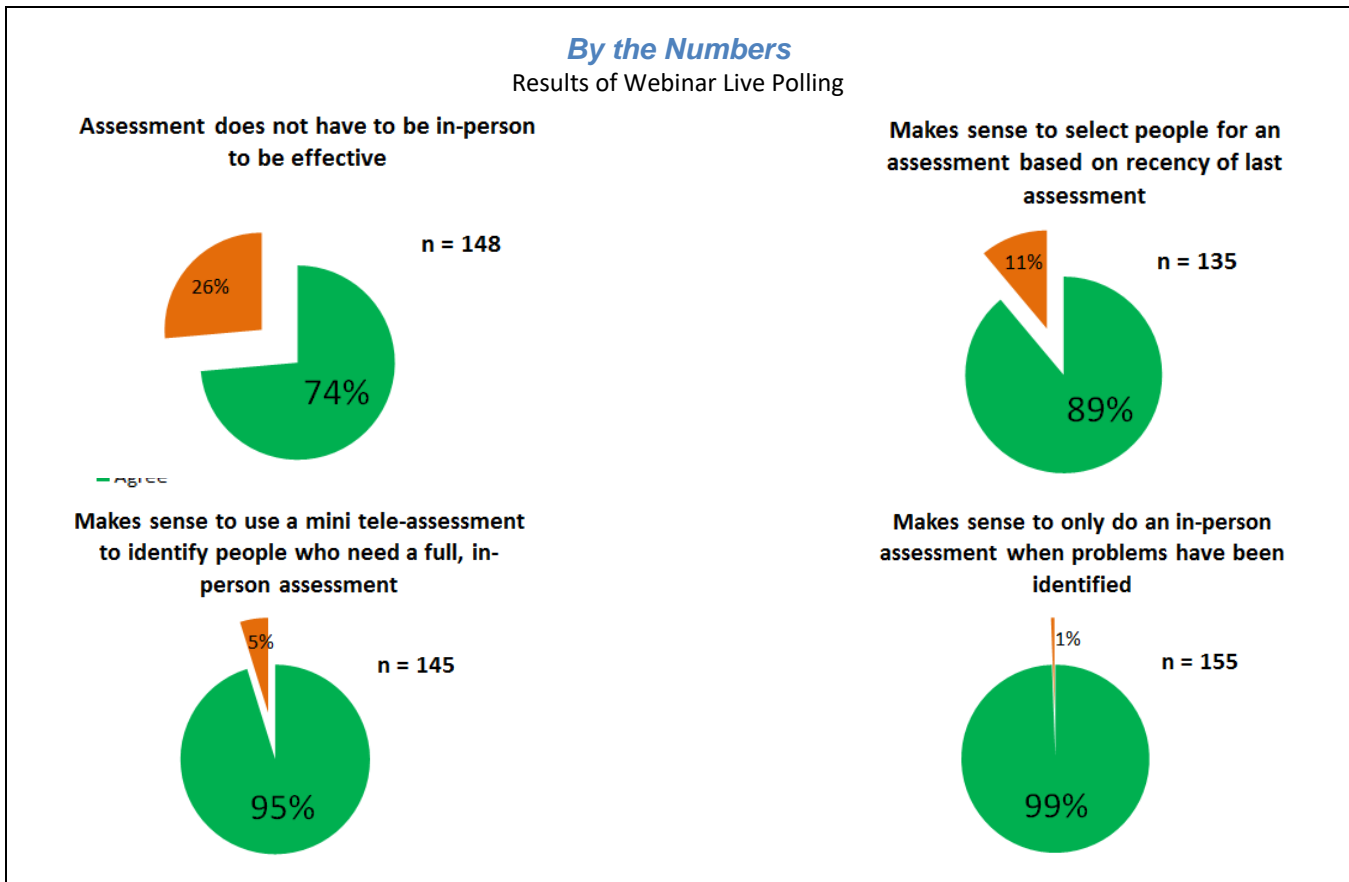
The College has had the opportunity to share the recommended program with members and gauge their initial reaction to the program during two outreach events (one in-person event and one webinar).

Early feedback suggests that physiotherapists support the recommended program. They generally agree with the idea of assessing all PTs over a multi-year cycle, and using a short remote assessment as a screen for a more in-depth on-site assessment. The questions and concerns they have expressed are mostly about the implementation specifics that have yet to be worked out (for example, what kinds of things would be assessed during the remote assessment, clarification about the selection process, how would the process apply to new grads and PTs who have been out of practice). Some of the comments and suggestions will be helpful as staff and the WG consider the implementation specifics.

PTs did not identify any significant barriers to participating in a remote assessment. Almost all PTs who responded have access to the necessary equipment to participate in a remote assessment (i.e. a computer or phone that has a camera and microphone), although a few PTs had concerns about their internet connectivity. A couple of PTs also indicated that they would not be able to do the remote assessment at their workplace due to lack of private space, but would be able to do it from home.

The College is holding another outreach event on December 6. The feedback we receive at that session is not included in this briefing, but will be provided to Council at the meeting.

Some of the responses to the webinar polling questions are shown in the box below.



Next steps in the Quality Assurance Program Review Project:

If Council approves the recommended program in principle in December, then the College will engage in a more extensive formal consultation. The purpose of the consultation will be to identify potential weaknesses in the program proposal, implementation considerations and potential unintended consequences.

Based on the results of the consultation, the WG will be asked to consider whether they wish to make revisions to the recommendations. The program, either with or without changes, will return to Council at its March meeting for a final decision.

Following program approval, the WG will continue to act as an advisory group as the details (some of which are referred to above) are worked through. Development of tools will commence upon program approval.

Executive Committee Recommendation:

The Executive Committee reviewed the WG’s recommended program, and suggested a slight change to how PTs are randomly selected to do an on-site assessment to make the privacy protection even stronger. The Executive

Committee recommends that Council approve the Working Group's recommended program in principle, with that suggested change.

Additional Consideration: Should the College carry on with peer assessments as the new QA program is being developed?

Staff is recommending that peer assessments be suspended during the year of development of the new QA program. This would enable us to devote full-time in-house expertise to develop and implement the program and train assessors as required.

It is anticipated that if peer assessments were suspended, the College would nevertheless maintain a Quality Assurance program through delivery and completion of PISA and members' maintenance of their portfolios. QA Committee meetings will also continue, as the Committee will need to review outstanding cases from the previous assessment cycle and monitor the progress of members who had been directed to practice enhancement programs.

The program development work would include:

- Undertaking further research to provide an evidence basis for addressing implementation questions
- Working with the WG to identify and resolve implementation issues and flesh out the program details
- Resolving technical and practical barriers to implementation
- Developing the assessment tools for the remote and on-site assessments by working with subject matter experts, through several stages of development and refinement
- Working with the College's database vendor to develop additional database functionality to facilitate QA processes and tools
- Revising internal policies and procedures and training staff to support the new program
- Recruiting and training peer assessors on the new assessment process and the new assessment tools

It is expected that the College will need to work with external experts to assist with some components of the program development work, while the other components of the work could be done by existing QA program staff.

There are several benefits to having QA program staff undertake aspects of the program development:

- the project's timeline is ambitious and using experienced people will shorten the learning curve that would otherwise be necessary;
- staff are proven experts in quality program administration and are more likely to be in a position to identify potential problems, solutions and efficiencies than an external advisor;
- staff can leverage existing relationships with external stakeholders and key informants (again saving time, identifying problems and solutions and further developing a set of best practices);
- staff are the end users of the program, so having them do the development work will help ensure a smooth transition to the new program.

There are three potential options under consideration: 1) to pause peer assessments completely; 2) to carry on with peer assessments at a reduced volume; or 3) to carry on with peer assessments at the normal volume. The implications of each option are explored further below.

Consideration	Option 1 – Pause peer assessments completely	Option 2 – Continue peer assessments at reduced volume (e.g. 1%)	Option 3 – Continue peer assessments at normal volume (5%)
What have other Colleges done? ³	TBC	We are aware of at least one College that greatly reduced the volume of their peer assessments as they redeveloped their QA program. In addition, to ensure members still did continuing education in this interim period, they maintained that requirement even though they did not audit the entries as they normally would.	We are aware of at least one College that is operating their existing QA program as usual while they redevelop their program. They expect the program development to take at least 2 years to complete.
What are the relevant considerations related to legislation, regulations, by-laws, and policies?	The College's QA Regulations specify that the QA Committee selects a portion of members to undergo practice assessment each year. The specific volume is determined by Council as a matter of policy. Council could direct the QAC not to select anyone to do the assessment under the current program.	Same as in Option 1.	None – Option 3 is the status quo.
Cost comparison	Using in-house expertise plus limited external advise on technical tools development: Estimated program development cost: approx. \$167,000 Estimated cost to maintain the reduced	Hiring .5 staff to maintain peer assessments at a reduced level, using in-house expertise plus limited external advise on technical tools development: Estimated program development cost: approx. \$167,000	Hiring 2.5 staff to maintain assessments at current level, using in-house expertise plus limited external advise on technical tools development: Estimated program development cost: approx. \$167,000

³ We reached out to our regulatory colleagues for this information, however as of this writing only a few have responded. Staff will provide any additional information received at the meeting.

Consideration	Option 1 – Pause peer assessments completely	Option 2 – Continue peer assessments at reduced volume (e.g. 1%)	Option 3 – Continue peer assessments at normal volume (5%)
	activities of the current program: approx. \$31,000	Estimated cost to maintain the reduced activities of the current program: approx. \$133,500	Estimated cost to maintain the activities of the current program: approx. \$466,500
	Total: \$198,000	Total: \$300,500	Total: \$633,500

Is the public interest compromised by suspending the peer assessment program for one year?

Current evidence suggests that for the Quality Assurance program to most effectively identify physiotherapists whose practice is at risk of problems, the College should not be assessing members who have been assessed previously.⁴ When we take this into account, the effective 'risk trap' of our current program is the 5% we randomly select each year less those who have previously undergone assessment (about one-third of those eligible for selection): which is approximately 3% of practicing physiotherapists each year. Based on past experience, it may be predicted that 125 PTs will likely be identified as requiring practice improvement in a year if the College were to continue peer assessments at the normal volume.

Our 'risk trap' under the new program will be 20% of practicing physiotherapists each year – or more than six times the status quo. Accordingly, within the first three months of implementation, the new program will have completed assessments of the same number of physiotherapists as would have been assessed in the preceding year.

Council may wish to consider the perceived value of using in-house expertise both in terms of quality of the potential program and time to implementation, the relatively short delay in assessments, and the small number of physiotherapists whose practices are likely to be identified as requiring improvement if the College were to continue peer assessments.

Decision Sought:

1. That Council approve the Quality Assurance Working Group's recommended Quality Assurance Program in principle.
2. That the College suspend peer assessments while the new QA program is being developed (from April 1, 2018 to March 31, 2019).

Attachments:

- Appendix: Quality Assurance Working Group Summary Report

⁴ A study by Dr. Kathleen Norman and colleagues (2015) found that physiotherapists are likely to meet professional standards in a repeat practice assessment 5-7 years after an initial one.

Appendix

Quality Assurance Working Group Summary Report

The Quality Assurance Working Group was asked to consider what, if any, changes to the Quality Assurance Program might increase its positive impact on practice without increasing cost. This report summarizes the work that was conducted by the Quality Assurance Working Group to identify a recommended Quality Assurance Program. The report includes an overview of the Working Group's decision-making process and a summary of the research that the Working Group considered.

Overview of the Working Group's Decision-Making Process

The Working Group conducted their work over the course of two meetings. Below is a summary of the discussion at both meetings.

Meeting 1: September 8, 2017

The first meeting was attended by the Working Group members, as well as a number of invited guests.

Working Group Members

1. Gary Rehan, President
2. Darryn Mandel, Council Member
3. James Lee, Council and Quality Assurance Committee Member
4. Jatinder Bain, Quality Assurance Committee Member
5. Shelley Martin, Manager, Quality Assurance
6. Jill Adolphe, Citizens Advisory Group Member

Regrets

7. Theresa Stevens, Council Member, Chair of Quality Assurance Committee

Invited Guests

1. Marnie Lofsky (College of Massage Therapists of Ontario)
2. Kara Ronald (College of Occupational Therapists of Ontario)
3. Alexandra Carling (College of Audiologists and Speech-Language Pathologists of Ontario)
4. Sandra Winkelbauer (Ontario College of Pharmacists)
5. Kim Lambert (College of Veterinarians of Ontario)
6. Jane Keir (College of Dental Hygienists of Ontario)
7. Amanda Smart (Ontario Physiotherapy Association)
8. Karen Kirkham (College of Nurses of Ontario)

The purpose of the first meeting was for the group to consider quality assurance program methods identified in the initial scoping review research, to allow the group to identify additional methods, and for the group to choose a short list of methods on which staff will conduct implementation research.

First, the group was provided with an overview of the quality/competence assurance methods identified in an initial scoping review. The overview also included any data on the efficacy of the methods. The list of methods included:

- Self-declared continuing education
- Continuing professional development (portfolio)
- Chart review-based assessment
- Multisource feedback
- Direct observation
- Simulation-based assessment
- Examinations
- Self-assessment
- Peer assessment
- Analyzing outcome or quality measures

Next, the group was asked to identify other quality assurance methods that are currently in use but were not covered in the initial research, as well as to brainstorm activities that might contribute to quality assurance that no one has tried yet, but may be worth considering.

Finally, the group was asked to go through a filtering process so that the large list of potential quality assurance methods is narrowed down to a short list of methods on which staff will conduct implementation research.

The group used a list of assessment criteria that they identified for this filtering process:

1. Likelihood of achieving QA objectives (i.e. physio safety and competency)
2. Operational cost to the College (money, time, personnel, etc.)
3. Cost to the member (time, money)
4. Legal considerations (e.g. Human Rights Code, Fairness Commissioner)
5. Practical logistics
6. Acceptability to membership
7. Acceptability to public

The short list of methods that the group identified at the end of the first meeting included:

1. Continuing professional development portfolio-based assessment
2. Chart review-based assessment (by staff)
3. Multisource feedback / Group approach to peer assessment
4. Direct observation
5. Self-assessment
6. Peer assessment
7. Compulsory learning modules with a quiz
8. Staff assessors on-site to look at processes, with coaching for continuous quality improvement
9. Presentation of specific cases chosen to demonstrate competencies identified through written test
10. Identify quality indicators and look for those – but only for patient experience
11. Technology-based assessment module (e.g. an app) based on competencies, results are scored, with links to learning resources. Module could be taken again after the learning activities.
12. Resource modules sent to individual practitioners – which could trigger self-assessment and improvement

13. On-site quick screen by a practice coach, findings could be used to trigger an in-depth assessment. Alternatively, could provide coaching after the quick screen to address minor issues, without an in-depth assessment
14. Demonstrate knowledge/learning through audit of patient cases

At the first meeting, the group also reviewed a summary of the research commissioned by the College about indicators of risks to competence for physiotherapists, in anticipation of discussions about assessment selection methods during the second meeting.

Meeting 2: November 9, 2017

The second meeting was attended by the Working Group members only. The purpose of the meeting was for the Working Group to arrive at concrete recommendations for components of the Quality Assurance Program in the future.

First, the Working Group was provided with an overview of the quality assurance tools that are under consideration, along with the findings from the implementation research. The list of tools is based on the list identified at the first meeting, and was refined after further research.

The tools were presented in three categories, based on how the tools might be used in a potential Quality Assurance Program.

Potential stand-alone quality assurance activities:

1. Self-assessment for the purpose of developing a learning plan (confidential)
2. Continuing professional development portfolio
3. Compulsory learning module (with or without a quiz)
4. Patient experience survey (confidential, results reported to the member only)

Potential screening tools to identify who should go through a peer assessment

1. Random selection
2. Risk-based random selection
3. Chart audit done by College staff off-site
4. Chart audit done by peer assessor off-site
5. Multisource Feedback (results reported to the College)
6. Practice questionnaire (results reported to the College to be used for risk-based screening, questionnaire would include questions to identify risk mitigation along with risk identification)
7. Patient experience survey (results reported to the College)
8. Online test (lower stakes than a re-certification exam)

Potential types of practice assessment by a peer

1. On-site practice assessment by a peer (Status quo)
2. Remote practice assessment by a peer (via video conference) – *during the discussion at the meeting, the group noted that a short remote peer assessment could also be used as a screening tool*

A number of questions were posed to the Working Group to assist with their consideration of potential program designs:

- What, if any, quality assurance activities should physiotherapists participate in? The activities could be for assessment or education purposes.
- Should the College continue doing practice assessments?
- If the College continues to do practice assessments, how should it identify members to be assessed?
- If the College continues to do practice assessments, should the assessment be done on-site at the member's practice, or done remotely using video conferencing?

The Working Group members were asked to individually come up with a proposed Quality Assurance Program based on the available information about the efficacy of the different tools and their implementation requirements.

Then, the group members worked together, first in small groups then as a large group, to consolidate their proposed programs and come to agreement on one preferred program design.

During the group's discussions, a number of themes emerged:

- All members should go through some kind of assessment over a multi-year period, to ensure that all members who are practicing below standards will be identified
- There should be some mandatory education component to ensure members know the standards
- In order to prevent real or perceived bias and to protect the privacy and confidentiality of PTs screened to do the on-site practice assessment, the selection process should include some element of randomness
- The group was generally against using a risk-based random selection process, due to the risk of perceived bias
- The group generally agreed to discontinue the use of the professional development portfolio as it exists today
- The group was generally supportive of using some type of filtering tool to identify members who should go through an on-site practice assessment

After the group arrived at their preferred program design, they were then asked to consider the desired volume of the practice assessments, while considering the impact of volume on total program cost. The group was assisted by a cost calculator provided by staff.

At the end of their discussion, the group confirmed their preferred program design, with the desired volume of practice assessments, as follows:

Each year:

- All members participate in a mandatory education activity (which will replace the existing PISA)
- A cohort of 20% of members will go through the assessment process, in one of two alternate tracks:
 - A certain percentage of that 20% will be randomly selected to do an on-site peer practice assessment
 - The remainder of the 20% (those who were not randomly selected) will first go through a short remote peer assessment, done using video teleconferencing
 - Those who fall below a pre-determined threshold would go on to an on-site practice assessment

- Those who are above the threshold have completed the process
- The estimated total volume of on-site practice assessments in each year is around 1% of members, however the actual volume will likely vary from year to year
- The goal is that all members will go through the assessment process over a 5-year cycle

Summary of the Research Considered by the Working Group

Scoping Review of Quality/Competency Assurance Tools

The College commissioned Dr. Zubin Austin to conduct a scoping review to identify the quality/competency assurance methods that are used by regulators in different jurisdictions, and review literature research about the impact of the methods on competency. Staff also conducted additional research about tools that are in use but not covered in the scoping review.

The Austin research also describes the concept of competence as having four main domains: knowledge, skills, judgement, and behaviour. This concept of competence was used through the Working Group’s deliberations.

The table below is a summary of the findings of the scoping review research.

Description of Tool	Ability to Assess Competence	Impact on Competence
Self-declared continuing education: Educational activities undertaken after completing formal education to improve knowledge and skills	<ul style="list-style-type: none"> • Only a competence indicator, not a measure of competence • Proxy measure – assumes that compliance with CE indicates competence 	<ul style="list-style-type: none"> • Broad range of activities means difficult to assess impact • Requires multiple exposure • Some positive impact on knowledge, skill/performance, and behaviour
Continuing professional development portfolio: Self-identify learning needs, then undertake learning and professional development to meet those needs	<ul style="list-style-type: none"> • Some evidence of utility as general indicator of competence – but large variation • Effective in assessing competence not assessed by other tools (e.g. practice improvement, judgment, ethics) 	<ul style="list-style-type: none"> • Fosters self-reflective practice • Contributes to retention • Users reported positive impact on knowledge and behaviour • Some evidence of improvements in skill and judgment
Chart review-based assessment: Use the professional’s records to determine competence, review of examples of their own practice	<ul style="list-style-type: none"> • Useful for evaluating multiple aspects of competence: behaviour, judgment, decision-making, application of knowledge • Can evaluate follow up practice and continuity of care • Limited value for assessing technical and communication skills 	Not discussed in research report

Description of Tool	Ability to Assess Competence	Impact on Competence
<p>Multisource feedback: Questionnaire-based tool that assesses individuals based on feedback from peers, patients, and colleagues on key performance indicators (also called a 360° evaluation)</p>	<ul style="list-style-type: none"> • Useful for assessing some skills like communication, collaboration, professionalism, and interpersonal skills • Limited ability to assess clinical knowledge • Needs to be combined with other assessment tools to ensure well-rounded assessment 	<ul style="list-style-type: none"> • Stimulates change in 40-70% of participants • Improves clinical knowledge/competence and soft skills in many professionals
<p>Direct observation: Assessing competence by directly observing an individual in practice; can be concealed or unconcealed</p>	<ul style="list-style-type: none"> • Useful to assess people based on what they really do rather than what their knowledge suggests they would do • Can assess examination techniques, history taking, communication, and counselling skills 	<ul style="list-style-type: none"> • Some evidence of improvements in performance over time
<p>Simulation-based assessment: Assessment of individual's ability to perform activities in a simulated environment</p>	<ul style="list-style-type: none"> • Useful in assessing aspects of competence relating to skills and performance that reflect reality 	<ul style="list-style-type: none"> • Can be used to as educational tool
<p>Examinations: A formal test to demonstrate knowledge</p>	<ul style="list-style-type: none"> • Different kinds of exams can measure different competency domains • Some types of questions can assess how knowledge is applied • OSCE exams can assess some aspects of critical practice skills, decision-making, and behaviour 	<p>Not discussed in research report</p>
<p>Self-assessment: The professional reflects on their own practice and identify areas of strength and areas in need of improvement</p>	<ul style="list-style-type: none"> • Data from jurisdictions that have used a self-assessment method shows that it is not able to evaluate the professional's competence 	<ul style="list-style-type: none"> • Some users find it helpful to identify learning needs
<p>Peer assessment: Evaluation of someone by one or more peers</p>	<ul style="list-style-type: none"> • Assesses knowledge and how people gain knowledge 	<ul style="list-style-type: none"> • Can assist knowledge and skill development by identifying deficient competency areas • Has some impact on behaviour
<p>Analyzing outcome or quality measures: Using tools that assess impact of health care services on patient health as a proxy measure for competence</p>	<ul style="list-style-type: none"> • Limited – outcomes might serve as a proxy competence measure but many of the factors that impact outcomes 	<ul style="list-style-type: none"> • Can improve outcomes through assisting in process improvements

Description of Tool	Ability to Assess Competence	Impact on Competence
	are beyond the professional's control	

The research also commented on other considerations about the various quality/competency assurance methods, such as acceptable to users and the public, and practical considerations. The chart below is a high level summary of that data.

Competency/Quality Assurance Methods – Framework for Analysis and Comparison

☐ = No data ✓ = Poor ✓✓ = Fair ✓✓✓ = Good

Quality Assurance Method	Competency domains				Impact		Benefits and limitations					Acceptability	
	Knowledge	Skill / Performance	Judgment/ Decision-making	Behaviour (i.e. soft skills)	Learning / Development	Patient Outcomes	Practicality	Relevance to practice	Objective/ Honest	Reliable, Accurate, Valid	Generalizable	User	External Stake-holders
Self-declared continuing education	✓	✓	✓	✓	✓ - ✓✓	✓✓	✓✓✓	✓	✓	✓		✓ - ✓✓	
Cont Prof Dev Portfolio-based Assessment	✓ - ✓✓	✓ - ✓✓	✓ - ✓✓	✓ - ✓✓	✓✓		✓✓	✓✓✓	✓	✓ - ✓✓	✓	✓✓ - ✓✓✓	✓
Chart Review-based Assessment	✓✓✓	✓	✓✓✓	✓✓✓			✓ - ✓✓	✓✓✓		✓✓	✓	✓✓	
Multisource Feedback	✓✓	✓✓		✓✓✓	✓✓✓	✓✓	✓✓	✓✓✓	✓	✓✓	✓✓	✓✓	
Direct Observation	✓	✓✓	✓	✓✓✓			✓ - ✓✓	✓✓✓	✓✓	✓✓ - ✓✓✓		✓ - ✓✓	
Simulation-based Assessment	✓✓	✓✓✓		✓✓✓		✓✓	✓	✓✓✓	✓✓	✓✓ - ✓✓✓	✓✓ - ✓✓✓	✓✓	
Exams	✓✓✓	✓✓	✓✓	✓✓		✓✓	✓	✓	✓✓	✓✓✓	✓✓✓	✓	✓✓✓
Self-Assessment	✓	✓	✓	✓	✓✓	✓						✓ - ✓✓	
Peer-Assessment	✓✓ - ✓✓✓	✓✓ - ✓✓✓		✓✓	✓✓✓	✓✓	✓✓	✓✓✓	✓✓	✓✓	✓✓	✓✓	
Outcome/ Quality Measures					✓✓	✓✓✓	✓✓✓	✓✓		✓✓✓	✓✓	✓✓✓	✓✓✓

Research about Risks to Competence

The College commissioned Drs. Marla Nayer and Susan Glover Takahashi to conduct research about risks to competence for physiotherapists. Their research first looked at the literature to identify all potential risks to competence, then analyzed College data to confirm which of those indicators of risk appear to be present in the physiotherapist population.

Their research found that the following indicators of risks to competence seem to be present among our members:

- Gender (males tend to be at higher risk than females)
- Age (older practitioners tend to be at higher risk)
- Lower PCE score
- Having previous complaints or investigations
- Non-compliance with a regulatory requirement (e.g. renewal, jurisprudence)
- Being an IEPT (particularly if the physiotherapist was educated in a jurisdiction where the physiotherapy education is not designed to prepare graduates for autonomous practice and decision-making)
- A high number of worksites over one's career (i.e. frequent changes in worksite)

Implementation Research

Once the working group identified a short list of quality/competency assurance methods that they thought were worth exploring further, staff conducted research about what would be required to implement those tools. The research included a literature review to identify any best practices, and contacting regulators who have used the tools to understand the practical requirements and costs of implementation.

In addition to specific implementation requirements, two additional learnings emerged from this research:

- Some tools are effective as education tools, while others are effective as assessment tools
- Tools could be used in three ways:
 - As a stand-alone activity
 - As a screening tool
 - As a component of a practice assessment

These learnings informed how the various tools were presented and categorized for the Working Group's consideration.

The following three tables summarize the findings from the implementation research.

Potential Stand-Alone Quality Assurance Activities

Tool Description	Utility as Education or Assessment Tool	Implementation Requirements
<p>1. Self-assessment for the purpose of developing learning plan (confidential) The member reflects on their own practice and identifies areas of strength and areas in need of improvement.</p>	<ul style="list-style-type: none"> - Not effective as an assessment of competence - Can help professionals identify learning needs 	<ul style="list-style-type: none"> - Three working group sessions to develop the assessment tool; the group would include members from a variety of practice settings - A consultant with assessment or testing expertise to write the questions/items, validate the tool and establish scoring scheme - Development of a platform in the database to allow members to complete the assessment online, and keep the results confidential
<p>2. Continuing professional development portfolio Members self-identify learning needs, then undertake learning and professional development to meet those needs.</p>	<ul style="list-style-type: none"> - Useful as a learning tool - Can help improve knowledge, skill, judgment and behaviour - Limited utility as assessment of competence 	<ul style="list-style-type: none"> - Development of a platform in the database to allow members to enter their portfolios online
<p>3. Compulsory learning module (with or without a quiz) Compulsory learning about a topic chosen by the College based on an assessment of practice trends and learning needs. (Currently the PISA activity serves this purpose)</p>	<ul style="list-style-type: none"> - Learning tool to help members gain knowledge about specific topics 	<ul style="list-style-type: none"> - Staff time to identify learning objectives and create content - A consultant with assessment or testing expertise to create the module and any testing tool - Technology to host the module
<p>4. Patient experience survey (confidential, results reported to the member only) Questionnaire-based tool to measure patient experience and satisfaction.</p>	<ul style="list-style-type: none"> - Not an effective tool to assess competence - The feedback can stimulate change in non-clinical skills 	<ul style="list-style-type: none"> - A consultant with assessment or testing expertise to adapt an existing survey tool for the physiotherapy context - A third party company to manage the survey distribution and data collection

Potential Screening Tools to Identify Who Should Go Through a Peer Assessment

Tool Description	Utility as Education or Assessment Tool	Implementation Requirements
<p>1. Random selection Randomly select a certain number of members from the eligible pool. Each member has an equal likelihood of being chosen.</p>	N/A	<ul style="list-style-type: none"> - Staff time to administer selection process in database
<p>2. Risk-based random selection Members are assigned risk weightings based on characteristics that indicate risks to competence. A certain number of members are randomly selected from the eligible pool. The higher a member's risk weighting, the higher their likelihood of being chosen.</p>	N/A	<ul style="list-style-type: none"> - Development of functionality in the database to allow for a modified random selection - A consultant to help identify risks to competence based on existing research, and to create a scheme for assigning risk weightings - Staff time to administer selection process in database
<p>3. Chart audit done by College staff off-site College staff conducts review of the member's records and examples from their practice to determine competencies.</p>	<ul style="list-style-type: none"> - Can assess behaviour, judgment, and application of knowledge 	<ul style="list-style-type: none"> - Three working group sessions to develop a chart audit tool; the group would include members and assessors from a variety of practice settings - A consultant with assessment or testing expertise to write the questions/items, validate the tool and establish scoring scheme - Hiring one additional staff to conduct the audits, on a part-time or full-time basis, depending on volume
<p>4. Chart audit done by peer assessor off-site Peer assessor conducts review of the member's records and examples from their practice to determine competencies.</p>	<ul style="list-style-type: none"> - Can assess behaviour, judgment, and application of knowledge 	<ul style="list-style-type: none"> - Three working group sessions to develop a chart audit tool; the group would include members and assessors from a variety of practice settings - A consultant with assessment or testing expertise to write the questions/items, validate the tool and establish scoring scheme - Compensation to assessors for conducting the audits - Staff time to review reports
<p>5. Multisource Feedback (results reported to the College)</p>	<ul style="list-style-type: none"> - Can assess non-clinical skills such as communication, collaboration, and professionalism 	<ul style="list-style-type: none"> - A consultant with assessment or testing expertise to adapt an existing survey tool for the physiotherapy context

Approved by the Quality Assurance Working Group

Tool Description	Utility as Education or Assessment Tool	Implementation Requirements
Questionnaire-based tool that assess individuals based on feedback from peers, patients and colleagues.	<ul style="list-style-type: none"> - Limited ability to assess clinical knowledge 	<ul style="list-style-type: none"> - A third party company to manage the survey distribution and data collection - Staff time to review results
<p>6. Practice questionnaire (results reported to the College to be used for risk-based screening)</p> <p>Survey-based tool to collect information about a member's practice, which can be used to identify potential risks to competence.</p>	<ul style="list-style-type: none"> - In this context, it is only intended as a tool for data collection 	<ul style="list-style-type: none"> - A consultant with assessment or testing expertise to create the survey tool and establish a scoring scheme, based on existing research about risks to competence - Development of a platform for members to complete the questionnaire online and to score the results - Staff time to review the results
<p>7. Patient experience survey (results reported to the College)</p> <p>Questionnaire-based tool to measure patient experience and satisfaction.</p>	<ul style="list-style-type: none"> - Not an effective tool to assess competence - The feedback can stimulate change in non-clinical skills 	<ul style="list-style-type: none"> - A consultant with assessment or testing expertise to adapt an existing survey tool for the physiotherapy context - A third party company to manage the survey distribution and data collection - Staff time to review results
<p>8. Online test (lower stakes than a re-certification exam)</p> <p>A formal test to demonstrate knowledge.</p>	<ul style="list-style-type: none"> - Can assess knowledge, application of knowledge, and reasoning 	<ul style="list-style-type: none"> - Recruitment of a pool of item writers, which would include members from a variety of practice settings - Compensation to item writers - A consultant with assessment or testing expertise to assist with item writing, validate the tool and establish scoring scheme - A third party vendor to administer the test online, with proctoring - Staff time to review results

Potential types of practice assessment by a peer

Type of practice assessment	Utility as Education or Assessment Tool	Implementation Requirements
<p>1. On-site practice assessment by a peer (Status quo): Currently the practice assessment includes behaviour-based questions and chart stimulated recall. Could also include direct observation.</p>	<ul style="list-style-type: none"> - The combination of behaviour-based questions and chart stimulated recall can assess a member's judgment, behaviour, and application of knowledge - Direct observation can assess a member's clinical and non-clinical skills (e.g. communication) 	<ul style="list-style-type: none"> - Three working group sessions to update the assessment tool; the group would include members and assessors from a variety of practice settings - A consultant with assessment or testing expertise to write the questions/items, validate the tool and establish scoring scheme - Compensation to assessors, and reimbursement of expenses - Staff time to review reports
<p>2. Remote practice assessment by a peer (via video conference) A peer assessment conducted through video conferencing, which would include behaviour-based questions and chart stimulated recall.</p>	<ul style="list-style-type: none"> - The combination of behaviour-based questions and chart stimulated recall can assess a member's judgment, behaviour, and application of knowledge 	<ul style="list-style-type: none"> - Two working group sessions to develop the assessment tool; the group should include members and assessors from a variety of practice settings - A consultant with assessment or testing expertise to write the questions/items, validate the tool and establish scoring scheme - Compensation to assessors - Licensing fee for video conferencing technology - Staff time to review reports

Summary of member feedback about various quality assurance tools

Through in-person outreach sessions, staff collected input from members that indicate their overall impressions and level of acceptance of the various tools. Below is a summary of that feedback.

Tool	Members' comments about this tool
Self-declared continuing education: Education undertaken after completing formal education to improve knowledge and skills	N/A – we did not ask members about this tool
Continuing professional development portfolio: members self-identify learning needs, then undertake learning and professional development to meet those needs	<ul style="list-style-type: none"> - Members generally like using the Portfolio to track their education and learning - There is demand for a mechanism to input the Portfolio online - Some would like the College to provide a specific framework, and to be able to include informal learning (not just formal courses)
Chart review-based assessment: use the professional's records to determine competencies, review examples of their own practice. Could be paper-based review or a Chart Stimulated Recall.	<ul style="list-style-type: none"> - Members generally like a chart-review based assessment - Some suggested that it would be more effective if the charts were chosen at random - Some suggested that the College should provide a checklist with specific parameters
Multisource Feedback (or 360° evaluation): questionnaire-based tool that assess individuals based on feedback from peers, patients and colleagues.	<ul style="list-style-type: none"> - Members tended not to like the multisource feedback - Many were concerned that the feedback would not be an objective assessment of their competency - Some were also concerned about the challenge in getting feedback from patients
Direct observation: assessing competence by directly observing an individual in practice; may be concealed or unconcealed	<ul style="list-style-type: none"> - Members generally did not like direct observation, whether concealed or unconcealed - Many noted that it would not be practical to do in some practice settings - Many were concerned that it may be intrusive for patients - There were also concerns about cost, logistics and stress for the member
Simulation-based assessment: assessment of individual's ability to perform activities in a simulated environment (e.g. OSCE).	N/A – we did not ask members about this tool
Examinations: a formal test to demonstrate knowledge (e.g. a re-certification exam).	<ul style="list-style-type: none"> - Members were strongly against a re-certification exam - Some wondered how an exam can be used to test all members when some may have specialized - They were also concerned about the stress of writing an exam

Tool	Members' comments about this tool
Self-assessment: the professional reflects on their own practice and identifies areas of strength and areas in need of improvement. Should be confidential to encourage honest assessment.	<ul style="list-style-type: none"> - Members like the current PISA activity, particularly the discussions they have with peers - They also appreciate the opportunity to reflect on their practice and to update their knowledge about rules and standards
Peer assessment: evaluation of the professional by one or more peers	<ul style="list-style-type: none"> - Members generally like the peer practice assessments - Some suggested adding the ability to make submissions online in advance, so that the on-site visit can take less time - Many members preferred that everyone is assessed at least once before anyone is assessed again - There were also suggestions that members should not be re-assessed for at least 10 years - Many suggested using a screening tool to identify who should be assessed, and to target those who have had complaints/concerns reported to the College
Analyzing outcome or quality measures: using tools that assess impact of health care services on patient health as a proxy measure for competence	N/A – we did not ask members about this tool

Research sources

Staff contacted a number of regulators and other organizations to learn from their experience with implementing various quality assurance tools, they include:

1. Alberta Ministry of Education
2. Canadian Institute for Health Information
3. College of Dental Hygienists of Ontario
4. College of Dietitians of Ontario
5. College of Massage Therapists of Ontario
6. College of Medical Radiation Technologists of Ontario
7. College of Nurses of Ontario
8. College of Occupational Therapists of Ontario
9. College of Physical Therapists of British Columbia
10. College of Physicians and Surgeons of Ontario
11. College of Veterinarians of Ontario
12. Ontario College of Pharmacists
13. Ottawa Health Research Institute
14. Physiotherapy Alberta

Staff reviewed the following literature sources:

1. Zubin Austin. "Professional Quality Assurance and Competency Assessment: A Scoping Review". March 21, 2016.
2. Nayer and Glover Takahashi. "What Ontario Physiotherapist Data Says about Risks to Competence". March 14, 2017.
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5. O'Donovan, Mary Jane, Fiona Campbell, and Kathleen E. Norman. "Exploring Record Keeping, Clinical Reasoning, and Practice Context: Peer Assessment Findings from the Perspective of Situational Competence." *Physiotherapy Canada* (2017): 1-12.
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7. Kershaw, Ruth. "Peer assessment and feedback: opportunities for implementation in dietetic practice education." *Investigations in university teaching and learning* 6.2 (2010): 137-143.
8. Bose, Sujata, Elizabeth Oliveras, and Wendy Newcomer Edson. "How can self-assessment improve the quality of healthcare." *Operations Research Issue Paper* 2.4 (2001): 1-27.
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14. Weldring, Theresa, and Sheree MS Smith. "Patient-reported outcomes (PROs) and patient-reported outcome measures (PROMs)." *Health services insights* 6 (2013): 61.
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17. Benjamin Andrea. "Audit: how to do it in practice" *BMJ* 2008; 336: 1241.
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19. Yorston, David, and Richard Wormald. "Clinical auditing to improve patient outcomes." *Community eye health* 23.74 (2010): 48.
20. Phillips, Donna P., et al. "Direct Observation: Assessing Orthopaedic Trainee Competence in the Ambulatory Setting." *Journal of the American Academy of Orthopaedic Surgeons* 24.9 (2016): 591-599.
21. Easdown, L. Jane, et al. "The behavioral interview, a method to evaluate ACGME competencies in resident selection: a pilot project." *The journal of education in perioperative medicine: JEPM* 7.1 (2005).
22. College of Physicians and Surgeons of Ontario. "Peer assessment evolves with introduction of new tools." *Dialogue*, 2017, Issue 2: 11-13.
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COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 9.0

Motion

**Council Meeting
December 14 – 15, 2017**

Agenda #9- By-law Review, 2017-2018

It is moved by

and seconded by

that:

Council approve the proposed by-law changes detailed in Appendix 1, subject to the normal requirements to circulate changes to members in advance of final approval.

Meeting Date:	December 14, 15, 2017
Agenda Item #:	9
Issue:	By-law Review, 2017-2018
Submitted by:	Rod Hamilton, Associate Registrar, Policy and Quality

Issue:

Each year the College reviews its by-laws to keep them consistent with changing laws, policies and the environment. This year, in addition to the changes to the by-laws required by Bill 87, Council needs to consider a number of other changes that have been recommended by the Executive Committee as well as a possible change upon which advice is being sought.

Background:

As Council will recall, each year the College conducts a review of its by-laws (and where necessary, the associated governance policies) in order to ensure these reflect the current regulatory environment.

Last year the by-law review was a substantial one, with significant effort being made to rationalize the existing by-laws to make them shorter, easier to read and up to date from a legal perspective. One might think that after such a substantial review, the review the next year would be relatively small.

However a number of factors have combined which ultimately require this year's review to be a bit more substantive than was originally anticipated. These include:

- Bill 87, the Protecting Patients Act, has made a number of changes to the RHPA which require corresponding by-laws changes. These changes are not really debateable because the legislative changes are already in effect and the legislative authority in the RHPA supersedes the College's authority in its by-laws.
- The language the College uses in its programs continues to evolve and this means that each year College staff identify words or phrases in the by-laws that are confusing or have the potential to be misinterpreted. This review has suggested a number of relatively minor wording changes which are not anticipated to be particularly controversial.
- The College is renewing its database, which necessitates a close review of its by-law to ensure the database is consistent with the rules. This review has helped the College to identify a number of potential changes to the kinds of information it collects and posts on the register in order to meet the College's administrative needs as well as expressed needs of patients. These are what might be considered to be "minor policy changes" – they need thoughtful consideration but may not be highly controversial.
- The evolving external environment of accountability and transparency has resulted in the College identifying a number of concepts governed by by-laws that have the potential to prompt significant debate. These are the most controversial aspects of the by-law proposals.

The Issues – Appendix 1

Attached as Appendix 1 is a table of the by-law changes that are being proposed for consideration this year. There are four sections to the document that correspond to the categories of by-law changes discussed above:

- Changes driven by Bill 87 changes to the RHPA
- Wording clarity changes
- Minor policy changes
- Significant policy changes

Each of the identified by-law issues is then discussed in the context of four headings:

- The by-law section number (if relevant)
- The name of the issue
- Information on the issue
- Possible resolutions or discussion points on the issues.

The Executive Committee has gone through this list and in nearly all cases has made recommendations for the approval of by-law changes that it would like Council to consider.

On one issue, that is whether the College should drop the guilty of an offence provision from the eligibility/disqualification criteria for Councillors and Committee members, the Executive Committee was not able to arrive a clear resolution and is asking for the advice of the full Council.

The recommendations of the Executive Committee have already been incorporated into the content of the by-laws in a marked-up version that is attached as Appendix 2. It contains those changes upon which the Executive Committee was able to make a clear resolution and recommendation.

The issue upon which the Executive Committee is seeking Council direction will also be incorporated into proposed changes to the legal language of the by-laws, if this is Council's direction.

Council will also recall that the Regulated Health Professions Act includes obliges the College to consult with its members on by-law changes that affect members directly (i.e. content of the register, requirements to provide information and fees). Therefore, if Council approves the by-law changes proposed by the Executive Committee, some of these changes will not take effect immediately. The changes that require consultation will have to be sent to members for consultation and be approved by Council at its next meeting, based on the consideration of the feedback.

Note: At the Executive Committee meeting, one of the by-law issues under consideration was how the College should nominate the person who attends meetings of the Canadian Alliance of Physiotherapy Regulators (CAPR). This issue also requires consideration of proposed content for a governance policy on the matter. This issue is therefore now being considered separately on the Council agenda.

Proposed by-law Amendments - Appendix 2

Appendix 2 is a copy of the current College by-laws with the proposed amendments highlighted.

Decision Sought

The Executive Committee is recommending to Council that it approve the proposed by-law changes, subject to the normal requirements to circulate the changes to members in advance of final approval.

The Executive Committee is also seeking direction from Council as to whether the College should drop the guilty of an offence provision from the eligibility/disqualification criteria.

Attachments

Appendix 1 – By-law Overview

Appendix 2 – Proposed Revisions to College By-laws

Appendix 1

By-law/Governance Policy Changes for Discussion at Council

December 4, 2017

Section	Name	Issue	Possible Resolution/Discussion
RHPA Changes as a result of Bill 87 – Corresponding By-law Changes			
8.1(2)(d)	Deceased member	<p>The College’s register currently requires that information on deceased members be made available for a period of two years after the member has died (subject to certain conditions).</p> <p>The RHPA changes resulting from Bill 87 now require that information on deceased members stay on the register forever.</p>	The Executive Committee recommends that the by-law be changed to reflect the current requirements in the RHPA.
8.1(2)(i)	Hearing result- Discipline committee	<p>Originally, staff were of the view that as a result of the RHPA changes resulting from Bill 87, the existing provisions in the College’s by-law on the content of the register for referrals to the Discipline Committee needed to include the hearing result.</p> <p>Discussions with the College’s lawyers have clarified that these provisions are actually duplications of new provisions that were added to the RHPA as a result of Bill 87 (s. 23 (2) 8, 9 and 10) so the by-law provisions can be removed as they are no longer needed</p>	The Executive Committee recommends that the by-law be changed to reflect the current requirements in the RHPA. This would mean deleting this section.

Section	Name	Issue	Possible Resolution/Discussion
8.1(2)(aa)	Undertakings - ICRC	<p>The College's register currently includes undertakings that are a result of ICRC outcomes for a period of 3 years after the completion of the undertaking (subject to certain other conditions).</p> <p>The RHPA changes resulting from Bill 87 continue to require undertakings to appear on the register however the law now dictates that undertakings are removed upon completion.</p>	The Executive Committee recommends that the by-law be changed to reflect the current requirements in the RHPA.
8.1(2)(bb)	Cautions - ICRC	<p>The College's register currently includes cautions that are a result of ICRC outcomes for a period of 3 years from the finding (subject to certain other conditions).</p> <p>The RHPA changes resulting from Bill 87 now require that cautions stay on the register forever.</p>	The Executive Committee recommends that the by-law be changed to reflect the current requirements in the RHPA.
8.1(2)(cc)	SCERPs - ICRC	<p>The College's register currently includes SCERPs that are a result of ICRC outcomes for a period of 3 years from the finding (subject to certain other conditions).</p> <p>The RHPA changes resulting from Bill 87 now require that SCERPs stay on the register forever.</p>	The Executive Committee recommends that the by-law be changed to reflect the current requirements in the RHPA.
8.1(2)(o)	Agreements to resign	The College's current register by-law includes the provision requiring the College to post	It is recommended that the existing provision be removed from the by-law

Section	Name	Issue	Possible Resolution/Discussion
		<p>notation of agreements to resign. Originally Staff were proposing to add undertakings to the list of content that would be made public</p> <p>However upon review, it is clear that the statute now has a broader provision that in s, 23(2)17 requires the College, when a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and the agreement (which is equivalent to the undertaking proposed).</p> <p>Given that the statutory provision is now more comprehensive than the by-law, it is proposed that the by-law be revised to remove the provision.</p> <p>Note: Although the Executive Committee supported the addition of the undertaking to the by-law provision, this approach is somewhat different although the outcome is the same.</p>	<p>as the statute now requires the publication of the agreement/undertaking.</p>
By-law changes suggested on the basis of wording clarity			
1.1(r)	Place of practice definition	<p>This definition currently includes not only the place of practice but any places where records are kept. It is intended to inform the College where members' keep their records.</p> <p>The current wording is troublesome because it means the College is supposed to record the places where members keep their records on</p>	<p>The Executive Committee recommends that the by-law be changed as follows:</p> <ul style="list-style-type: none"> • Make a change to the definition to: 1.1.(r). "Any location where member practice physiotherapy".

Section	Name	Issue	Possible Resolution/Discussion
		<p>the public register (which is not what we really intended).</p> <p>What the College really wants to know for the register is where the member practices physiotherapy. The College also wants to have the authority to ask members where they keep records so if it needs to look at this information, it knows where to look. However this kind of information does not need to be made public.</p>	<ul style="list-style-type: none"> Make a change to the list of information that the member must provide to the College upon request to add the location of places where records are kept (in 8.2(1)(k.1)).
3.1(8)(b)(i)	Eligibility for Election: Practice in Ontario	<p>The eligibility criteria for running for election for Council currently requires members to practice in Ontario.</p> <p>The current wording is troublesome because it may be interpreted to mean that a prospective Councillor must actually be actively practicing physiotherapy (perhaps by providing patient care). Many prospective Councillors do not actively practice physiotherapy as their roles may be more administrative in nature.</p> <p>In order to ensure that such members clearly understand the eligibility criteria, it may be worthwhile to amend the language indicating that what is desired is registration with the College.</p>	The Executive Committee recommends that the by-law be changed to require members to be “registered for practice” in Ontario (in 3.1(8)(b)(i)).
5.1(7)	Reporting conflicts of interest	The requirement for Councillors to reports conflicts of interest includes a requirement	The Executive Committee recommends that the by-law be

Section	Name	Issue	Possible Resolution/Discussion
		<p>that the actual conflict be described and recorded.</p> <p>This is troublesome because the requirement to describe the conflict has the potential to bias the discussion for other members of the committee.</p> <p>In order to resolve this issue, it may be worthwhile to amend the by-law to remove the obligation to record the description of the nature of the conflict.</p>	<p>changed to remove the requirement to record the nature of the conflict (in 5.1(7)).</p> <p>The College legal counsel indicates that if a member desires to have these reasons recorded, they can do so upon request with no by-law change needed.</p>
8.1(2)(w)	Support Personnel/Physiotherapist assistant use	<p>The current register by-law requires an indication of whether members use support personnel in their practices.</p> <p>This is troublesome because it actually uses the words “support personnel” and the College now uses the term “physiotherapist assistants” to refer to these people.</p> <p>In order to resolve this issue, it may be worthwhile to change the language to make it consistent with the currently used term.</p>	<p>The Executive Committee recommends that language of the by-law be changed to refer to support personal as “physiotherapist assistants” (in 8.1(2)(w)).</p>
8.6(2)(a)(ii) and (iii)	Remediation/enhancement requirements	<p>The by-law references requirements to complete remediation or enhancements directed by the QA Committee as “requests”.</p> <p>This is troublesome because this kind of language may tend to obscure that fact that</p>	<p>The Executive Committee recommends that language in the by-law be changed from request to “direction” (in 8.6(2)(a)(ii) and (iii)).</p>

Section	Name	Issue	Possible Resolution/Discussion
		<p>such requests are actually direction from the Committee in its statutory role.</p> <p>In order to resolve this issue, it may be worthwhile to update the language to make it clear that these requests are really Committee directions.</p>	
Appendix B	Registration fees discretion	<p>Appendix B defines the rules Council has directed staff to use in applying discretion for fee credits however the current wording is not entirely consistent with Council's direction.</p> <p>This is troublesome because these inconsistencies result in the possibility that Council's direction might not being followed.</p> <p>In order to resolve the issue, the language of Appendix B should be updated consistent with Council's direction.</p>	The Executive Committee recommends that the language of Appendix B be changed consistent with Council direction.
By-law changes for consideration – minor policy changes			
8.1(2)	Accessibility – physical space	<p>The College's register by-law does not currently permit the College to collect or publish information about whether members' practice locations are accessible to patients who have impaired mobility.</p> <p>This is troublesome because members of the public have sometimes indicated that the availability of this kind of information would</p>	The Executive Committee recommends that the by-law be changed to add whether each current Place of Practice of the member is accessible to patients who have impaired mobility (8.1(2)(g.1).

Section	Name	Issue	Possible Resolution/Discussion
		<p>be of assistance in helping them to choose a physiotherapist.</p> <p>In order to resolve this issue it may be worthwhile to consider whether the College should begin to collect and post this information on the register.</p> <p>In order to ensure the currency of this information, the College could collect and update this information at renewal and require updates to it every time members update any other register information. This would require members to update the information within 30 days of making a change</p>	
8.2(1)(k)	Facility owner operator information	<p>The College's by-law currently requires members to provide the names of their employers. This information is not made public however it often serves as useful information.</p> <p>The current provision is not adequate because members are only required to name an employer instead of the actual place where they work. Nor are they required to provide the name and email address of their supervisor at the place where they actually work.</p> <p>In order to resolve this issue, it may be worthwhile to consider whether the College</p>	The Executive Committee recommends the addition of a provision in the by-law to collect names and business addresses and emails of the member's employer and direct supervisor (8.2 (1)(k)).

Section	Name	Issue	Possible Resolution/Discussion
		<p>should begin to require members to provide this more detailed information.</p> <p>While there is no intention of making this detailed information public, it would appear that the availability of this information would be helpful to make it easier for the College to contact employers at member's workplaces.</p> <p>The College's legal counsel indicate that requesting this information is not in violation of any privacy rules provided it relates to business addresses.</p>	
8.6(1)(e)	Fees	<p>The list of fees in the by-law includes a \$50.00 fee when a member's credit card is declined.</p> <p>This is troublesome because this fee is not reflective of the College's effort in dealing with declined credit cards since this is an electronic process which does not incur costs or time demands to the College.</p> <p>In order to resolve the issue, it may be worthwhile to remove this fee from the College's fee list.</p>	The Executive Committee recommends a change to the by-law to remove the \$50.00 credit card declined fee 8.6(1)(e)
By-law changes for consideration – significant policy changes			
3.1(8) (g) 3.1(25)(a)(vi) 3.2(2)(h) 3.2(7)(f)	Eligibility/Disqualification Criteria – Council or Committee: Guilty of	The College's by-laws for Council or committee membership currently include the eligibility/disqualification criteria of being guilty of an offence under Criminal Code or	The questions that Council is being asked to consider are:

Section	Name	Issue	Possible Resolution/Discussion
7.5(3)(f)	offence under Criminal Code, Health Insurance Act	<p>the Health Insurance Act, <u>unless a pardon or record suspension has been granted with respect to the finding</u>. These are automatic disqualifications with no consideration of the actual issue that led to the guilty finding.</p> <p>This issue is under consideration because it is possible that a guilty finding may not be relevant to a person's current ability to perform as a member of Council or a committee. (e.g., a DUI offense from years past).</p> <p>It should also be noted that when the College becomes aware of a guilty finding that is relevant to a member's suitability to practice, it will normally pursue a finding from the College's Discipline Committee. This finding is also an automatic exclusion or disqualification from serving on Council or a committee.</p> <p>With this in mind, it would seem that the findings made by the College's Discipline Committee may be the issue of concern rather than the more general findings of guilt under the Criminal Code or the Health Insurance Act.</p>	<p>Should Council members be held to a higher standard than the general PT population by being subject to restrictions based on findings from external bodies and the College? In other words, should being guilty of a Health Insurance Act or Criminal Code offence for which a pardon has not be granted, even if it is not relevant to practice, bar members from eligibility for Council or committees?</p> <p>Or, since not all guilty finding under the Criminal Code or the Health Insurance Act lead to a College Discipline Committee finding, should the College propose removal of guilty of offence as a criteria for eligibility or disqualification for Council or committee membership?</p> <p>Some would argue that since College Council or Committee members have a direct role in creating or enforcing the rules of the profession, they should be held to a higher standard.</p> <p>Other suggest that only those findings that are relevant to a member's ability to practice physiotherapy should be considered when assessing eligibility for membership on College Council or</p>

Section	Name	Issue	Possible Resolution/Discussion
			<p>committees.</p> <p>As such, the Executive is seeking direction from Council as to whether the College should drop the guilty of an offence provision from the eligibility/disqualification criteria.</p>
<p>3.1(8)(l) 3.1(25)(a)(xi) 3.2(2)(l) 3.2(7)(k)</p>	<p>Eligibility/Disqualification Criteria – Council: Cautions, Undertakings and SCERPS</p>	<p>The College’s by-laws currently include the eligibility/disqualification criteria of the ICRC outcomes of cautions, undertakings and SCERPS to serve on Council or a committee.</p> <p>This current list does not include interim orders. As result of the changes made to the RHPA under Bill 87 the ICRC can now apply interim orders before an actual finding is made. Since interim orders would normally only be applied in circumstances where there are significant concerns about a member, the question arises whether a member should be excluded from Council or committees on the basis of these concerns (and the resulting order).</p> <p>With this in mind, it may be worthwhile to add interim orders to the list of eligibility/disqualification criteria.</p>	<p>The Executive Committee recommends that interim orders be added to the list of eligibility/disqualification criteria to serve on Council or a committee. (3.1(8)(l); 3.1(25)(a)(xi); 3.2(2)(l); 3.2(7)(k)).</p>
<p>3.2(2)(j)</p>	<p>Eligibility Criteria – Academic Councillors: Organizational Conflict of Interest</p>	<p>The College’s by-laws include a provision to disqualify members from being Academic Councillors for being a member of an</p>	<p>After consideration of this issue, the Executive Committee remained concerned about the apparent</p>

Section	Name	Issue	Possible Resolution/Discussion
		<p>organization whose goals compete with the College's.</p> <p>This provision is not the same as the eligibility provision for elected Councillors since it does not include a one year cooling off period (i.e., the Academic member could retain membership in a competing organization until immediately prior to their College appointment). This kind of inconsistency has the potential to appear problematic.</p> <p>However it should be noted that the inconsistency is not an oversight – it is intentional due to the challenges of obtaining appropriate academic appointees, whose job duties as academics frequently require them to be members of organizations whose interests are different from the College.</p> <p>Further complications arise since as employees, academics have relatively little ability to resign these kinds of roles in time sufficient to meet the one year cooling off limit. Another problem is that the faculty may not make the appointment in a time frame sufficient for the restriction to be met.</p> <p>It should also be noted that not having academic members on Council is not an option. The Physiotherapy Act requires that at least one and no more than two members</p>	<p>inconsistency of this provision and the resulting appearance of conflict.</p> <p>The Executive Committee recommends that the organizational conflict of interest eligibility criteria for Academic Councillors be made consistent with the eligibility criteria for Elected Councillors by requiring a one year cooling off period for organizational conflicts (3.2(2)(j)(j.1))</p>

Section	Name	Issue	Possible Resolution/Discussion
		be appointed by physiotherapy faculties to properly constitute Council.	
8.1(2)(t) 8.1(2)(u) 8.1(2)(v) 8.1(2)(z)	Charges laid under the Criminal Code or the Health Insurance Act Bail or similar conditions Findings of Guilt – Criminal Code or the Health Insurance Act Misconduct Findings in other Jurisdictions	<p>The College’s register by-law currently requires the College to post charges laid under the Criminal Code or the Health Insurance Act, bail or similar conditions, findings of guilt under the Criminal Code or the Health Insurance Act and misconduct findings in other jurisdictions but only if this information is known to the College. In other words, the College does not actively pursue the collection of this kind of information from members.</p> <p>This causes potential problems because the College does not actively seek out this information and so it is possible that the public may become aware through other information sources that a member has been charged with a crime, etc., and the member’s entry on the College register might not make note of it.</p> <p>This circumstance might not only be embarrassing for the College, but may also undermine its credibility and its commitment to transparency.</p> <p>In order to resolve this issue it may be worthwhile to make changes to the College’s by-laws to require members to provide this information upon request. This would also</p>	<p>After consideration of the issue, the Executive Committee recommends that changes be made to the by-laws that will require members to report this information (8.2(1) (n), (s), (t) and (u).</p> <p>This change will also require members to report changes in this information within 30 days.</p>

Section	Name	Issue	Possible Resolution/Discussion
		<p>have the effect of requiring members to update the information when it changes.</p> <p>There are both pros and cons associated with this issue.</p> <p>The pros are largely related to the ability of the College to meet its commitments to transparency if it makes a greater effort to collect and provide information on members that its by-laws suggests should be available.</p> <p>The cons to the decision are related to the practical difficulties in making sure that the College's information is accurate. While actively pursuing the information from members can go some way to making sure the information is accurate, it is not a guarantee that members will provide it.</p>	



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 10.0

Motion

**Council Meeting
December 14 – 15, 2017**

**Agenda #10 - Governance Policy and By-law for Nomination of Canadian Alliance of
Physiotherapy Regulators' Nominee**

It is moved by

and seconded by

that:

Council direct staff to develop a governance policy on the terms of reference for the CAPR nominee using the principles identified in Appendix 1, with the addition of any other relevant principles that are identified.



2017

**Official By-Laws of
The College of Physiotherapists of Ontario/ L'Ordre
des Physiothérapeutes de l'Ontario**

Official By-Laws of The College of Physiotherapists of Ontario/ L'Ordre des Physiothérapeutes de l'Ontario

Approved by Council March 22, 2017

Made pursuant to section 94 of the *Health Professions Procedural Code* (being Schedule 2 of the *Regulated Health Professions Act, 1991*)

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Official By-Laws of the College of Physiotherapists of Ontario

Revised March 22, 2017.

All previous by-laws relating to the administration of the affairs of the College are hereby repealed and replaced with this by-law.

Part 1—Definitions

DEFINITIONS

1.1. In these by-laws, unless otherwise defined or required by the context:

- (a) “Academic Councillor” means a Councillor who is selected from a faculty of physiotherapy or physical therapy of a university in Ontario in accordance with section 3.2 of these By-laws and section 6(1)(c) of the Act;
- (b) “Act” means the *Physiotherapy Act, 1991*;
- (c) “Associate Registrar” means a senior employee of the College with signing authority as set out in the By-laws and policies of the College;
- (d) “Auditor” means the person or firm appointed under subsection 2.7 (1) of the By-laws;
- (e) “By-laws” means the By-laws of the College;
- (f) “Chair” means the person designated to preside over meetings of Committees or panels of Committees of the College;
- (g) “Code” means the Health Professions Procedural Code, being Schedule 2 to the RHPA;
- (h) “College” means the College of Physiotherapists of Ontario (l’Ordre des Physiothérapeutes de l’Ontario);
- (i) “Committee” means a committee mentioned in Part 7 of these By-laws and includes those committees set out in section 10 of the Code;
- (j) “Council” means the Council of the College established by section 6 of the Act;
- (k) “Councillor” means a member of Council and includes an Elected Councillor, an Academic Councillor and a Publicly-Appointed Councillor;
- (l) “Elected Councillor” means a Councillor who is a Member and who is elected or appointed in accordance with section 3.1 of these By-laws;
- (m) “Fiscal Year” means April 1 to March 31;
- (n) “Mail” means regular postal mail, courier mail, facsimile, or email;
- (o) “Member” means a member of the College as set out in section 13 of the Code;
- (p) “Minister” means the Minister of Health and Long-Term Care;
- (q) “Non-Council Committee Member” means a person who is not a Councillor and who is appointed to serve on a Committee in accordance with section 7.5 of these By-laws;



- (r) “Place of Practice” means any location where the Member practises physiotherapy; ~~and includes any location or facility where records related to the Member’s practice are stored;~~
- (s) “President” means the President of Council and Chair of the Executive Committee;
- (t) “Publicly-Appointed Councillor” means a Councillor who is appointed by the Lieutenant Governor in Council in accordance with section 6(1)(b) of the Act;
- (u) “Registrar” means the Registrar of the College as required by the Code and as further described in section 2.10 of these By-laws;
- (v) “Regulations” mean the regulations under the RHPA and the Act;
- (w) “RHPA” means the *Regulated Health Professions Act, 1991*, and includes the Code;
- (x) “Signing Officer” means the Registrar, Associate Registrar(s), President and Vice-President; and
- (y) “Vice-President” means the Vice-President of Council.

Part 2—College Administration

SEAL



- 2.1.** The seal depicted on the right is the seal of the College.

BANKING

- 2.2.** (1) Council shall appoint one or more Canadian banks chartered under the Bank Act (Canada) for the use of the College.
- (2) All money belonging to the College shall be deposited in the name of the College, at such banks without deduction for any purpose whatsoever.
- (3) A staff member designated by a Signing Officer of the College may endorse a negotiable instrument for collection on account of the College through the bank or for deposit to the credit of the College with the bank.

BORROWING

- 2.3.** (1) The President or Vice-President, together with the Registrar and such other officer or person as may be authorized by resolution of Council, may:
- (a) borrow money on the credit of the College;
- (b) limit or increase the amount or amounts that may be borrowed;
- (c) issue, sell or pledge debt obligations of the College, including without limitation bonds, debentures, notes or similar obligations of the College, whether secured or unsecured; and
- (d) charge, mortgage, hypothecate or pledge all or any currently owned or subsequently acquired real or personal, moveable or immovable property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such debt obligations or any money borrowed or other debt or liability of the College.

INVESTMENT

- 2.4** The Registrar may invest or reinvest funds of the College in keeping with the financial policies of the College.

CONTRACTS AND EXPENDITURES

- 2.5.** (1) Council shall approve annually,
- (a) an operating budget for the College for each Fiscal Year; and
 - (b) a capital budget for the College for each Fiscal Year.
- (2) One or more Signing Officers may obtain services for the benefit of the College as set out in the financial policies of the College.
- (3) One or more Signing Officers may authorize the purchase or lease of capital goods for the benefit of the College as set out in the financial policies of the College.
- (4) One or more Signing Officers may sign or authorize a cheque, electronic funds transfer or other document with financial implications for the College as set out in the College's financial policies as approved by Council.
- (5) A Signing Officer of the College must conduct his or her duties as set out in the College's financial policies as approved by Council.

OTHER DOCUMENTS

- 2.6.** (1) A Signing Officer may impress the seal of the College upon a document if the seal is required.
- (2) The Registrar, or one of the College's Associate Registrars when designated by the Registrar, may sign notices and other documents on behalf of any Committee of the College, except where otherwise provided by law.
- (3) No person shall sign or seal a document affecting the College unless authorized by the Act, the Regulations or these By-laws.

AUDIT

- 2.7.** (1) Council shall appoint annually one or more Auditors who are licensed under the *Public Accounting Act, 2004* to audit the College's financial statements.
- (2) Financial statements for the College shall be prepared at the close of each Fiscal Year and audited financial statements, together with the Auditor's report, shall be presented annually to Council.
- (3) The Auditor shall serve for a term of one year, but if an appointment is not made the Auditor shall continue to serve until a successor is appointed.
- (4) The Auditor may be re-appointed provided that the Auditor does not serve for more than five consecutive one-year terms.
- (5) If the Auditor is unable to continue his or her duties or in the event Council is dissatisfied with the Auditor, Council may appoint a new Auditor.
- (6) Council shall cause the performance of the Auditor to be evaluated on an annual basis and shall take such evaluation into account when considering the re-appointment of the Auditor.
- (7) Council shall set the remuneration of the Auditor and confirm the appointment and remuneration in writing.

- (8) The Auditor has a right of access at all reasonable times to all records, documents, books, accounts and vouchers of the College and is entitled to require from the Councillors, officers and employees and relevant payees of the College such information as in his or her opinion is necessary to enable him or her to report as required by law or under this section.
- (9) The Auditor is entitled to attend any meeting of Council and to be heard at any such meeting that he or she attends on any part of the business of the meeting that concerns him or her as Auditor. The Registrar shall provide reasonable notice of every Council meeting to the Auditor for this purpose.

BY-LAWS

- 2.8.** (1) The making, amending or revoking of a by-law shall be determined by a majority vote of the Councillors present and voting. Advance notice is required for all motions or resolutions applying to the making, amending or revoking of a by-law.
- (2) Proposed By-laws made under the authority of clauses (l.2), (l.3), (s), (t), (v), (w) or (y) of subsection 94 (1) of the Code shall be circulated to every Member at least 60 days before they are approved by Council.
 - (3) Every by-law shall be signed by the President or Vice-President and by the Registrar.
 - (4) Every by-law, including every amendment and revocation, shall be maintained in the College's records.
 - (5) The College shall provide copies of By-laws to the Minister and each Member and make them available to the public during normal business hours as set out in section 94 of the Code.

MEMBERSHIP IN ASSOCIATIONS

- 2.9.** (1) The College shall maintain membership in the Canadian Alliance of Physiotherapy Regulators to ensure opportunity for networking and issue development related to national physiotherapy regulatory matters. This shall include,
- (c) payment of the annual or other fees,
 - (d) regular representation at business meetings by the President, or a person designated by the President in consultation with the members of the Executive Committee, and
 - (e) representation on working groups and at meetings by College members, College staff and Councillors as permitted by the by-laws of the Alliance and in keeping with conflict of interest provisions.
- (2) The membership referred to in subsection (1) shall not include representation on the Evaluation Services Committee or any related subcommittees.
 - (3) The College may maintain memberships in any organizations that are of benefit to the College, and shall pay the annual fees and other fees required for the memberships.

THE REGISTRAR

- 2.10.** (1) The Registrar is the chief executive officer of the College.

- (2) The Registrar is subject to the direction of Council and between meetings, the related guidance of the Executive Committee and the President.
- (3) If the office of the Registrar becomes vacant, Council or the Executive Committee shall appoint an employee of the College to act as interim Registrar.
- (4) In circumstances where Council or the Executive Committee is not able to meet promptly to make the appointment referred to in subsection (3) the President may appoint an employee of the College to act as interim Registrar. This appointment is subject to the ratification of Council or the Executive Committee.
- (5) During absences, the Registrar may appoint, in writing, a senior employee of the College to act as the interim Registrar.
- (6) The Registrar has the powers and responsibilities and shall perform the duties set out in the RHPA, the Act, the Regulations and the By-laws and the policies approved by Council.
- (7) An interim Registrar has all of the powers and responsibilities and shall perform all of the duties of the Registrar.

MANAGEMENT OF COLLEGE PROPERTY

- 2.11.** The Registrar shall maintain responsibility for the management and maintenance of all College property.

RELATIONSHIPS WITH EXTERNAL ORGANIZATIONS

- 2.12.** (1) Any proposal for a relationship with an external organization, grant proposal or funding request made by the College shall be consistent with the RHPA, the Act, the Regulations and the By-laws and the policies approved by Council.
- (2) The Registrar shall assume responsibility for monitoring relationships with external organizations and for the use of any grant or other money received.

Part 3—Election or Appointment of Councillors

ELECTIONS

Electoral Districts

- 3.1.** (1) The following electoral districts are established for the purpose of the election of members to Council:
- (a) Electoral district 1 (the south western electoral district): composed of the counties of Bruce, Elgin, Essex, Grey, Huron, Lambton, Middlesex and Oxford and Perth, and the municipality of Chatham-Kent.
 - (b) Electoral district 2 (the central western electoral district): composed of the counties of Dufferin and Wellington, the regional municipalities of Niagara and Waterloo, and the municipalities of the City of Hamilton, Haldimand County, Norfolk County, the County of Brant, and Brantford.
 - (c) Electoral district 3 (the central eastern electoral district): composed of the counties of Haliburton, Northumberland and Peterborough, the regional municipalities of Durham and York, and the municipality of the City of Kawartha Lakes.
 - (d) Electoral district 4 (the eastern electoral district): composed of the counties of Frontenac, Hastings, Lanark, Lennox and Addington, Renfrew, Leeds and Grenville, Prescott and Russell and Stormont, Dundas and Glengarry, and the municipalities of the City of Ottawa and Prince Edward County.
 - (e) Electoral district 5 (the northern electoral district): composed of the city of Greater Sudbury, the districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming and the District Municipality of Muskoka.
 - (f) Electoral district 6 (the Toronto west electoral district): composed of the City of Toronto to the west of the centre of Yonge Street.
 - (g) Electoral district 7 (the Toronto east electoral district): composed of the City of Toronto to the east of the centre of Yonge Street.
 - (h) Electoral district 8 (the central electoral district): composed of the county of Simcoe and the regional municipalities of Halton and Peel.
- (2) If it is unclear to which electoral district a Member should be assigned, the Registrar may assign the Member to one of the electoral districts.
- (3) The counties, regional municipalities, districts, district municipalities, and single-tier municipalities described in this section are those that existed as of October 19, 2016 and the geographical territory of each electoral district shall be interpreted to ensure that all parts of Ontario fall into one of the above counties, united counties, regional municipalities, district municipalities, cities and districts. For greater certainty, separated municipalities found within the geographical territory of counties will fall within the electoral district of the county.

Entitlement to Vote

- (4) A Member is entitled to vote in an election if, 90 days before the election:
- (a) the Member is registered with the College;
 - (b) the Member practises or resides in Ontario; and
 - (c) the Member's home address registered with the College is in the electoral district for which an election is being held or, if the Member resides outside Ontario, the Member's primary business address is in the electoral district for which an election is being held.

Number of Members Elected

- (5) One Member shall be elected to Council for each electoral district.

Term of Office

- (6) The term of office of an Elected Councillor is approximately three years, commencing with the first regular Council meeting after the election and expiring when his or her successor takes office after the next election in his or her electoral district, unless the Councillor resigns, dies, is disqualified as set out in subsection 25 or is removed from office in accordance with the Code of Conduct.

Election Date

- (7) (a) There shall be an election,
- (i) for south western and central western electoral districts, in 2019 and every third year thereafter,
 - (ii) for central, eastern and northern electoral districts, in 2017 and every third year thereafter, and
 - (iii) for central eastern and Toronto east and west electoral districts, in 2018 and every third year thereafter.
- (b) An election shall be held on the third Wednesday in April.
- (c) If there is an interruption in Mail service or in access to the electronic voting system during a nomination or election, the Registrar shall extend the holding of nominations and the election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.

Eligibility for Election

- (8) A Member is eligible for election to Council for an electoral district if:
- (a) the Member is entitled to vote in an election in accordance with subsection (4);
 - (b) at all times between the 90th day before the election and the date of the election:
 - (i) the Member continues to [be registered for](#) practise or reside in Ontario;

- (ii) the Member's home address registered with the College continues to be in the electoral district for which the election is being held or, if the Member resides outside Ontario, the Member's primary business address is in the electoral district for which an election is being held;
- (iii) the Member is not in default of any obligation to the College under the Regulations or the By-laws; and
- (iv) the Member is not the subject of Discipline or Fitness to Practise proceedings;
- (c) the Member has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated in the six years before the election;
- (d) the Member's certificate of registration has not been revoked or suspended for professional misconduct, incompetence or incapacity at any time in the six years immediately before the election;
- (e) the Member has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
- (f) the Member's certificate of registration has not been subject to a term, condition or limitation other than a term, condition or limitation prescribed by the Regulations in the six years before the election;
- (g) the Member has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Member's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
- (h) the Member has not been disqualified or removed from Council in the three years before the election;
- (i) the Member is not and has not been in the 12 months before the election, 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;
- (j) the Member does not hold and has not held in the 12 months before the election, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
- (k) the Member is not a participant (other than on behalf of the College) in a legal action or application against the College;
- (l) the Member does not have a current notation on the register of [an interim order](#), caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
- (m) the Member is not and has not been in the 12 months before the election an employee of the College; and
- (n) the Member discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Councillor or has agreed to remove any such conflict of interest before taking office.

- (9) Any disputes about a person’s eligibility for election shall be determined by the Executive Committee. If the Executive Committee determines that a Member is ineligible for election, the Member may appeal that decision to Council and Council’s determination shall be final, without appeal.

Notice of Election and Nominations

- (10) At least 90 days before the date of an election, the Registrar shall send by Mail to every Member entitled to vote in an election a notification that an election will be held to elect a Councillor and detailed instructions about the nomination procedure.

Nomination Procedure

- (11) (a) A Member who is eligible for election to Council may be nominated for election in an electoral district if the Member:
- (i) is nominated by a Member who is entitled to vote in the election and if the nomination is:
 - (A) in the form and manner required by the Registrar; and
 - (B) received by the Registrar no later than two o’clock in the afternoon Eastern Standard Time on the date set by the Registrar; and
 - (ii) consents to the nomination.
- (b) A candidate in an election may withdraw his or her candidacy by notifying the Registrar of the withdrawal in writing within ten days of the date set by the Registrar.
- (12) (a) At the close of the nomination period, if no candidates eligible to be nominated in an electoral district have been nominated, the Registrar shall establish a new election schedule, including, where necessary, a new date for the election.
- (b) The new election schedule may permit two additional calls for nomination, after which time the office of the Councillor will be declared vacant in accordance with subsection (22) (c).

Acclamation

- (13) If only one eligible candidate is nominated for election in an electoral district the Registrar shall declare the candidate elected by acclamation.

Administration

- (14) (a) The Registrar shall supervise the nomination and election of Elected Councillors.
- (b) The Registrar shall appoint an independent electronic voting organization to administer the voting process and the counting of electronic ballots.
- (c) All questions arising in the counting of ballots, the recording of results or the determination of the result shall be decided by the Registrar.
- (d) Where the By-laws do not address an issue, the Registrar shall use his or her best judgment to ensure that the election is fair and democratic.

Voting

- (15) (a) Except for an election in which the Registrar has declared a candidate elected to Council by acclamation, the Registrar shall, at least 30 days before the date of an election, send by Mail to every Member entitled to vote in the election:
- (i) access to an electronic ballot listing all eligible candidates;
 - (ii) instructions for voting, including information on the electronic voting process; and
 - (iii) suitable biographical information about each candidate and any statement from each candidate in accordance with the College's governance policies as approved by Council.
- (b) The electronic ballot shall contain the name of each candidate in random order.
- (c) A Member entitled to vote in the election and who does not, for any reason, obtain access to an electronic ballot may ask the Registrar for replacement access to an electronic ballot and the Registrar shall provide the Member with such access provided the request is received at least 48 hours before the election day.
- (16) A Member may cast only one vote in an election for the electoral district in which the Member is entitled to vote.
- (17) Only electronic ballots cast by two o'clock in the afternoon Eastern Standard Time shall be counted.

Counting Votes

- (18) (a) The electronic voting organization appointed by the Registrar shall accept electronic ballots until two o'clock in the afternoon Eastern Standard Time on the election day and, promptly after that time, shall:
- (i) count and record the total number of votes cast and the number of votes cast for each candidate in each election;
 - (ii) subject to paragraph (b), determine the candidates who received the highest number of votes in each election; and
 - (iii) provide a report of the voting results to the Registrar.
- (b) If two or more candidates receive the same number of votes in an election, the Registrar shall have the votes recounted.
- (c) The counting of the electronic votes shall be secret and conducted so that no person knows for whom any Member voted.

By-election Where a Tie Occurs

- (19) (a) If following the recount in subsection (18) (b), two or more candidates have received the same number of votes in an election, the Registrar will hold a by-election in the electoral district in which the tie occurred.
- (b) The candidates in the by-election shall be only those candidates who were tied.

- (c) The by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.
- (d) In the event that the by-election results in a tie, the Registrar shall select by random draw one name from the names of the candidates who were tied and the Registrar shall declare that person to be elected.

Documentation and Notification of Results

- (20) (a) Promptly after receiving the report of the voting results from the electronic voting organization, the Registrar shall:
 - (i) sign a copy of the report and retain the report in the College's records;
 - (ii) declare the name of the candidate elected in each election; and
 - (iii) inform:
 - (A) each candidate of the results of the election and the right to seek a report from the electronic voting organization in accordance with subsection 21;
 - (B) Council and the Members of the results of the election; and
 - (C) each elected candidate of the time and place of the first regular Council meeting following the election.
- (b) For each election, the Registrar shall require the electronic voting organization to retain an electronic record of all electronic ballots.
- (c) Unless the results of an election are challenged, the Registrar shall direct the electronic voting organization to destroy all ballots and other material from the election 31 days after the election.

Validity of Election and Inquiries

- (21) (a) Within 30 days of being notified of the results of the election, a candidate may make a written request to the Registrar, together with a payment of \$150 to the College, to obtain a report from the electronic voting organization to review the validity of the voting and counting process.
- (b) The Registrar shall report to Council at its first meeting following any request for a report under paragraph (a), and Council shall,
 - (i) if satisfied with the results, take no further action; or
 - (ii) decide to hold an inquiry under subsection (22).
- (22) (a) If Council is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any Councillor, Council shall hold an inquiry and decide whether the election of the Councillor is valid and, if an election is found to be invalid, Council shall direct another election to be held.
- (b) No election is invalid merely because a person has not strictly complied with a requirement of this by-law.

Vacancies

- (23) (a) If an Elected Councillor dies, resigns, is disqualified or is otherwise removed from Council, the President shall declare the office of the Councillor to be vacant.
- (b) If, during an election for Council, no candidates eligible for nomination in an electoral district have been nominated after two additional calls for nominations, despite subsection (7) (d), the President shall declare the office of the Councillor to be vacant.

Filling Vacancies

- (24) (a) If the office of an Elected Councillor is declared to be vacant and the remainder of that Councillor's term is less than one year, Council shall:
- (i) leave the office vacant; or
 - (ii) appoint a successor from among the Members who would be eligible for election if an election were held.
- (b) If the office of an Elected Councillor is declared to be vacant as a result of subsection (23) (b), Council shall appoint a successor from among the Members who would be eligible for election if an election were held.
- (c) If the office of an Elected Councillor is declared to be vacant as a result of subsection (23) (a) and the remainder of the term of the Councillor whose office became vacant is more than one year, the Registrar shall hold a by-election for the electoral district.
- (d) A by-election to fill a vacancy on Council shall be held on a date set by the Registrar and the President.
- (e) A by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.

Disqualifications

- (25) (a) An Elected Councillor is disqualified from sitting on Council if the Councillor:
- (i) ceases to be a Member;
 - (ii) no longer practises physiotherapy in Ontario or is no longer a resident of Ontario;
 - (iii) is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;
 - (iv) becomes the subject of Discipline or Fitness to Practise proceedings;
 - (v) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - (vi) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Elected Councillor's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (vii) remains or becomes 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;
- (viii) is found to be mentally incompetent under the *Substitute Decisions Act, 1992* or *Mental Health Act*;
 - (ix) continues to hold or assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (x) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - (xi) has a notation posted on the register of an [interim order](#), caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (xii) fails to attend two consecutive regular meetings of Council without good reason in the opinion of Council; or
 - (xiii) fails, in the opinion of Council, to discharge properly or honestly any office to which he or she has been elected or appointed.
- (b) An Elected Councillor does not become disqualified from sitting on Council merely because his or her home address registered with the College ceases to be in the electoral district for which he or she was elected.
 - (c) Subsections (25) (a) (i), (iv), (v), (vi) and (viii) shall result in automatic disqualification.
 - (d) Subsections (25) (a) (ii), (iii), (vii), (ix), (x), (xi), (xii) and (xiii) shall result in a vote by Council regarding disqualification of the Councillor.

ACADEMIC COUNCILLORS

- 3.2.** (1) For the purposes of section 6 (1) (c) of the Act, two Members who are members of a faculty of physiotherapy or physical therapy of a university in Ontario shall be selected in accordance with this section to serve on Council as Academic Councillors.
- (2) A Member is eligible to serve on Council as an Academic Councillor if:
- (a) the Member holds a certificate of registration authorizing independent practice;
 - (b) the Member is not in default of any obligation to the College under the Regulations or the By-laws;
 - (c) the Member is not the subject of a Discipline or Fitness to Practise proceeding;
 - (d) the Member has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated at any time in the six years before the date of the selection;
 - (e) the Member's certificate of registration has not been revoked or suspended for professional misconduct, incompetence or incapacity at any time in the six years immediately before the selection;
 - (f) the Member has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992* or the *Mental Health Act*;

- (g) in the six years before the selection, the Member’s certificate of registration has not been subject to a term, condition or limitation other than one prescribed by regulation;
 - (h) the Member has not been found guilty of an offence under the Criminal Code or the Health Insurance Act that is relevant to the Member’s suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (i) the Member has not been disqualified or removed from Council in the three years before the selection;
 - (j) the Member is not and has not been in the last 12 months before the appointment 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;
 - (j.1) (j.1) the Member does not hold and has not held in the last 12 months before the appointment, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (k) the Member is not a participant (other than on behalf of the College) in a legal action or application against the College;
 - (l) the Member does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (m) the Member does not hold a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College; and
 - (n) the Member discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Councillor or has agreed to remove any such conflict of interest before taking office.
- (3) One Member shall be selected from a university mentioned in Column 1 of the following Table in the corresponding years indicated in Column 2:

Column 1	Column 2
Queen’s University	2017 and thereafter every 7 and 8 years alternatively
University of Ottawa	2018 and thereafter every 8 and 7 years alternatively
University of Toronto	2020 and thereafter every 8 and 7 years alternatively
University of Western Ontario	2014 and thereafter every 7 and 8 years alternatively
McMaster University	2015 and thereafter every 8 and 7 years alternatively

- (4) An Academic Councillor shall be selected by Council in accordance with the above schedule at the first regular Council meeting following an election of Council and the Academic Councillor shall serve for a three-year term of office.
- (5) In a selection year for a university, the physical therapy or physiotherapy faculty at that university shall submit for Council approval the name of a Member who is willing and eligible

to serve as a Councillor. The candidate may be any member of the physical therapy or physiotherapy faculty. If the university does not submit a name of an eligible candidate for Council's approval in accordance with this section, Council may nevertheless select a Member that meets the above eligibility requirements from any faculty of physiotherapy or physical therapy of a university in Ontario.

- (6) If an Academic Councillor dies, resigns, is disqualified or otherwise removed from Council, an eligible replacement shall be selected to serve the remainder of the term of office from among the members of the faculty of physiotherapy or physical therapy from which the former Academic Councillor was selected.
- (7) An Academic Councillor selected under this section is disqualified from sitting on Council if the Academic Councillor:
 - (a) ceases to be a Member with a certificate of registration authorizing independent practice;
 - (b) no longer is a member of the faculty of physiotherapy or physical therapy from which he or she was selected;
 - (c) is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;
 - (d) becomes the subject of a Discipline or Fitness to Practise proceeding;
 - (e) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - (f) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Academic Member's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (g) remains or becomes 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;
 - (h) is found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - (i) continues to hold or assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (j) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - (k) has a notation posted on the register of an [interim order](#), caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (l) fails to attend two consecutive regular meetings of Council without good reason in the opinion of Council; or
 - (m) fails, in the opinion of Council, to discharge properly or honestly any office to which he or she has been selected or appointed.
- (8) Subsections (7)(a), (b), (d), (e), (f) and (h) shall result in automatic disqualification.
- (9) Subsections (7)(c), (g), (i), (j), (k), (l) and (m) shall result in a vote by Council regarding the disqualification of the Councillor.

DECLARATION OF OFFICE

- 3.3** (1) A person elected, appointed or selected to be a Councillor must sign for the records of the College a declaration of office in the form attached as Appendix A.
- (2) A person cannot act as a Councillor unless and until he or she signs the declaration of office.
- (3) Any suspected or actual breach by a Councillor of the declaration of office shall be addressed in the same manner as the College addresses a breach or suspected breach of the Code of Conduct.

REMUNERATION OF COUNCILLORS AND COMMITTEE MEMBERS

- 3.4.** (1) Councillors and Committee members, other than Publicly-Appointed Councillors, may be paid for hours spent for preparation time, meeting time and travel time in accordance with the College's governance policies as approved by Council.
- (2) Councillors and Committee members, other than Publicly-Appointed Councillors, may be reimbursed for reasonable expenses in accordance the College's governance policies as approved by Council.

INDEMNIFICATION

- 3.5.** (1) Every Councillor, Committee member, officer, employee, agent and appointee of the College, including assessors, investigators and inspectors, and each of his or her heirs, executors and administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the College from and against:
- (a) all costs, charges, expenses, awards and damages whatsoever that he or she sustains or incurs in any action, suit or proceeding that is brought, commenced or prosecuted against him or her, for or in respect of any act, deed, omission, matter or thing whatsoever, made done or permitted by him or her, in the execution of the duties of his or her office; and
- (b) all other reasonable costs, charges, expenses, awards and damages that he or she sustains or incurs in or in relation to the affairs of the College, except such costs, charges, expenses, awards or damages as are occasioned by his or her own wilful neglect or default.
- (2) The College will purchase and maintain insurance to protect itself and its Councillors, Committee members, officers, employees, agents or appointees and to provide coverage for the indemnity referred to in subsection (1).

Part 4—Meetings of Council and Committees

COMPOSITION AND DUTIES OF COUNCIL

- 4.1.** (1) Council shall be composed of the Elected Councillors elected in accordance with section 3.1, the Academic Councillors selected in accordance with section 3.2, and the Publicly-Appointed Councillors appointed by the Lieutenant Governor in Council pursuant to section 6 of the Act.
- (2) Council has the duties set out in section 2.1 of the Code and as set out in these By-laws and the policies of the College.

REGULAR MEETINGS

- 4.2.** (1) Council shall hold at least four regular meetings in each Fiscal Year.
- (2) A regular meeting of Council shall be called by the President.
- (3) At a regular meeting, Council may only consider or transact:
- (a) matters brought by the Executive Committee;
 - (b) recommendations and reports by Committees;
 - (c) motions or matters where notice was given by a Councillor at the preceding Council meeting or in writing to the Registrar at least 14 days before the meeting;
 - (d) matters which Council agrees to consider by a majority of those in attendance and voting; and
 - (e) routine and procedural matters in accordance with the rules of order.

SPECIAL MEETINGS

- 4.3.** (1) A special meeting of Council may be called by the President or the majority of Councillors by submitting to the Registrar a written request for the meeting containing the matter or matters for decision at the meeting.
- (2) At a special meeting, Council may only consider or transact the specific matter or matters referred to in subsection (1).

NOTICE OF MEETINGS

- 4.4.** (1) The Registrar shall provide notice by Mail to all Councillors at least 30 days before a regular meeting of Council.
- (2) The Registrar shall provide notice by Mail to all Councillors at least five days before a special meeting of Council.
- (3) The notice of any meeting of Council shall state the date, time, and location of the meeting, and the nature of the matter or matters to be considered at the meeting. Where the meeting is held by technological means, the notice shall include details on how to access the meeting.

- (4) A College employee involved in the activity of a Committee shall make reasonable efforts to notify all the Committee members of every Committee meeting and to arrange the meeting date and time based on the availability of the Committee members.
- (5) The date of notice shall be the date on which the notice was sent if it was sent by email or five days after the notice was sent if it was sent by regular mail.
- (6) Reasonable notice of every meeting of Council shall be given to the Members, the Minister and the public as set out in section 7 of the Code.
- (7) Council meetings shall be open to the public except as provided in section 7 (2) of the Code.
- (8) No Council or Committee meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. In addition, any Councillor may waive notice of a meeting and ratify, approve and confirm any proceedings taken at the meeting.

MEETINGS HELD BY TECHNOLOGICAL MEANS

- 4.5.** (1) Any meeting of Council or of a Committee or of a panel of a Committee may be held in any manner that allows all the persons participating to communicate with each other simultaneously and instantaneously. Meetings may be held wholly or partly by technological means.
- (2) Persons participating in the meeting by such means are deemed to be present at the meeting.
 - (3) A vote called at a meeting under subsection (1) shall be taken in such a manner as determined by the President or Chair unless a member of Council, Committee or panel requests a roll call vote, in which case, a roll call vote shall be taken.
 - (4) This section does not apply to hearings before a Committee or a panel of a Committee.

WRITTEN RESOLUTIONS

- 4.6.** A resolution in writing, signed by all persons entitled to vote on that resolution at a meeting of Council or a Committee, is as valid as if it had been passed at a meeting. This section does not apply to hearings before a Committee or a panel of a Committee.

MINUTES

- 4.7.** (1) The President shall cause the proceedings of Council meetings to be recorded. The Chair shall cause the proceedings of Committee meetings to be recorded.
- (2) The written record of the proceedings of Council or Committee meetings when approved at a subsequent Council or Committee meeting, subject to any corrections made at a subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.
 - (3) After its approval, the written record of every Council or Committee meeting shall be retained in keeping with College policies.

RULES OF ORDER

- 4.8. Kerr and King's Procedures for Meetings and Organizations, Third Edition, are the rules of order for meetings of Council and form part of these By-laws.

Part 5 — Conduct of Councillors and Committee Members

CONFLICT OF INTEREST - COUNCIL AND COMMITTEE MEMBERS

- 5.1.** (1) A conflict of interest exists where a reasonable person would conclude that a Councillor or Committee member’s personal or financial interest may affect his or her judgment or the discharge of his or her duties to the College. A conflict of interest may be real or perceived, actual or potential, or direct or indirect.
- (2) All Councillors and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Councillors and Committee members have a duty to uphold and further the intent of the Act to regulate the practice and profession of physiotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
- (3) Without limiting the generality of subsection (1), a Councillor or Committee member’s personal or financial interests include the interests of the Councillor or Committee member’s spouse or relative. For the purposes of this section, the term “spouse” includes a person with whom the Councillor or Committee member has cohabited for at least one year and the term “relative” includes a person to whom the Councillor or Committee member is related by blood, marriage or adoption.
- (4) Without limiting the generality of subsection (1), a Councillor or Committee member shall be perceived to have a conflict of interest in a matter and shall not serve on Council or its Committees at all if he or she is 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.
- (5) Without limiting the generality of subsection (1), a Councillor or Committee member shall be perceived to have a conflict of interest in a matter and should refrain from participating in any discussion or voting on that matter if he or she is a director, officer, committee member, employee or holder of any position of decision-making influence of an organization where his or her duties may be seen by a reasonable person as influencing his or her judgment in the matter under consideration by Council or the Committee.
- (6) An individual who has a conflict of interest in a matter before Council or a Committee shall:
- (i) declare the conflict to the President, Registrar, Committee Chair or Chair of the panel at the time the individual identifies the conflict;
 - (ii) not participate in the discussion, consideration or voting on the matter;
 - (iii) withdraw from the meeting or portion of the meeting when the matter is being considered; and

- (iv) not attempt in any way to influence the voting or do anything that may be perceived as attempting to influence the decision of other Councillors or Committee members on the matter.
- (7) Every declaration of a conflict of interest shall be recorded in the minutes of the meeting ~~together with a description of the nature of the conflict.~~

CODE OF CONDUCT FOR COUNCILLORS AND NON-COUNCIL COMMITTEE MEMBERS

- 5.2.**
- (1) Councillors and Non-Council Committee Members shall abide by the Code of Conduct for Councillors and Non-Council Committee Members that is attached as Appendix C and forms part of these By-laws.
 - (2) Councillors and Non-Council Committee Members may be sanctioned in accordance with the procedures set out in the Code of Conduct.

SEXUAL CODE ABUSE PREVENTION TRAINING

- 5.3.**
- (1) All Councillors and Non-Council Committee Members shall participate in sexual abuse prevention training as set out in the College's governance policies approved by Council.

Part 6—Election of Executive Committee

ELECTION OF PRESIDENT AND VICE-PRESIDENT

- 6.1.**
- (1) Council shall annually elect a President, a Vice-President and the three remaining members of the Executive Committee, who shall take office at the first regular Council meeting in the Fiscal Year and hold office until their successors take office.
 - (2) Only Councillors are eligible to be elected to the Executive Committee.
 - (3) The Registrar shall preside over the elections to the Executive Committee.
 - (4) The election of the President and Vice-President shall be conducted in the following manner:
 - (a) The Registrar shall call for nominations for the position of President.
 - (b) If only one candidate is nominated for the position of President, the Registrar shall declare that candidate elected by acclamation.
 - (c) If more than one candidate is nominated for the position of President, the Registrar shall conduct an election by secret ballot, which may be done electronically, as follows:
 - (i) Councillors will vote by ranking the candidates in order of preference, i.e., by marking a 1 for their first choice, a 2 for their second choice, and progressively higher numbers for each of their subsequent choices.
 - (ii) The Registrar will tabulate the scores given to each of the candidates.
 - (iii) The Registrar will declare the candidate with the lowest total score (i.e., the highest level of support) to be elected.
 - (iv) In the event of a tie for the lowest total score, a second vote will be conducted. The second vote shall only include the names of the candidates who tied for lowest total score. In the event of a tie following a second vote, the Registrar shall determine the election by a random draw from the names of the candidates who tied for lowest total score.
 - (d) Once the President has been elected, the process set out in paragraph (c) shall be followed for the election of the Vice-President.
 - (5) If the office of the President becomes vacant, the Vice-President shall become the President for the remainder of the term of the office and the office of the Vice-President becomes vacant.
 - (6) Council shall fill any vacancy in the office of Vice-President at a special meeting that the President shall call for that purpose as soon as possible after the vacancy is declared.
 - (7) The office of President or Vice-President becomes vacant if the holder of the office dies, resigns, ceases to be a Councillor, or is removed from office.

ELECTION OF REMAINING EXECUTIVE COMMITTEE MEMBERS

- 6.2.** (1) Upon completing the election of the President and Vice-President, the Registrar will call for nominations for the remaining members of the Executive Committee. The election of the members of the Executive Committee shall be conducted in the following manner:
- (a) If only three candidates are nominated for the remaining positions of the Executive Committee and the candidates meet the composition requirements set out in these By-laws, the Registrar shall declare those candidates elected by acclamation.
 - (b) If the candidates do not meet the composition requirements, the Registrar shall call for additional nominations.
 - (c) If more than three candidates are nominated for the remaining positions of the Executive Committee, then the Registrar shall conduct an election by secret ballot, which may be done electronically, as follows:
 - (i) Councillors will vote by ranking the candidates in order of preference, i.e., by marking a 1 for their first choice, a 2 for their second choice, a 3 for their third choice, and progressively higher numbers for each of their subsequent choices.
 - (ii) The Registrar will tabulate the scores given to each of the candidates.
 - (iii) The Registrar will declare the three candidates with the lowest total scores (i.e., the highest levels of support) to be elected to the remaining positions of the Executive Committee, unless the composition requirements set out in these By-laws are not met in which case the Registrar shall declare the candidate with the next lowest score who meets the composition requirements to be elected.
 - (iv) Subject to the composition requirements set out in these By-laws, in the event of a tie for one of the three lowest scores, a second vote will be conducted but the second vote will only include the names of the candidates who tied. In the event of a tie following a second vote, the Registrar shall determine the election by a random draw from the names of the candidates who tied for lowest total score.

DUTIES AND POWERS OF PRESIDENT AND VICE-PRESIDENT

- 6.3.** (1) The duties of the President are to:
- (a) be cognisant of the affairs of the College;
 - (b) give or cause to be given notice of all meetings of Council and the Executive Committee;
 - (c) preside or ensure that a designate presides at all meetings of Council and meetings of the Executive Committee;
 - (d) ensure that the College is represented at all relevant meetings;
 - (e) oversee the implementation of all orders and resolutions of the Executive Committee and Council;
 - (f) act as a liaison between the College and other professional organizations as appropriate; and

- (g) perform other duties as outlined in the College’s governance policies as approved by Council.
- (2) The duties of the Vice-President are to,
 - (a) act on behalf of the President in the President’s absence; and
 - (b) perform other duties as outlined in the College’s governance policies as approved by Council.
- (3) The President is the most senior official and representative of the College and the Vice-President shall assist the President in the discharge of the President’s duties.

Part 7—Statutory and Non-statutory Committees

STATUTORY COMMITTEES

The Executive Committee

- 7.1.** (1) (a) The Executive Committee shall be composed of five persons of whom:
- (i) at least three are Councillors who are Members; and
 - (ii) at least one and not more than two are Publicly-Appointed Councillors.
- (b) In a manner consistent with subsection (1) (a), the President and Vice-President of the College shall be included in the membership of the Executive Committee.
- (c) The President of Council shall be the Chair of the Executive Committee.

The Registration Committee

- (2) (a) The Registration Committee shall be composed of at least five persons of whom:
- (i) at least one is an Elected Councillor;
 - (ii) at least one is an Academic Councillor;
 - (iii) at least two are Publicly-Appointed Councillors; and
 - (iv) at least one is a Non-Council Committee Member.
- (b) Quorum for panels of the Registration Committee is set out in subsection 17(3) of the Code.

The Inquiries, Complaints and Reports Committee

- (3) (a) The Inquiries, Complaints and Reports Committee shall be composed of at least six persons of whom:
- (i) at least two are Councillors who are Members;
 - (ii) at least two are Publicly-Appointed Councillors; and
 - (iii) at least one is a Non-Council Committee Member.
- (b) Quorum for panels of the Inquiries, Complaints and Reports Committee is set out in subsection 25 (3) of the Code.

The Discipline Committee

- (4) (a) The Discipline Committee shall be composed of at least 10 persons of whom:
- (i) at least two but no more than seven are Councillors who are Members;
 - (ii) at least three are Publicly-Appointed Councillors; and

- (iii) at least one is a Non-Council Committee Member.
- (b) Quorum for panels of the Discipline Committee is indicated in set out in subsection 38 (5) of the Code.

The Fitness to Practise Committee

- (5) (a) The Fitness to Practise Committee shall be composed of at least 10 persons of whom:
 - (i) at least two but no more than seven are Councillors who are Members;
 - (ii) at least three are Publicly-Appointed Councillors; and
 - (iii) at least one is a Non-Council Committee Member.
- (b) Quorum for panels of the Fitness to Practise Committee is set out in subsection 64 (3) of the Code.

The Quality Assurance Committee

- (6) The Quality Assurance Committee shall be composed of at least six persons of whom:
 - (a) at least two are Councillors who are Members;
 - (b) at least two are Publicly-Appointed Councillors; and
 - (c) at least two are Non-Council Committee Members.

The Patient Relations Committee

- (7) The Patient Relations Committee shall be composed of at least four persons of whom:
 - (a) at least two are Councillors who are Members;
 - (b) at least one is a Publicly-Appointed Councillor; and
 - (c) at least one is a Non-Council Committee Member.

EXECUTIVE DELEGATION

- 7.2.** The Executive Committee may exercise all the powers and duties of Council with respect to any matter that, in the opinion of the Executive Committee, requires attention between meetings of Council except to make, amend or revoke a regulation or by-law or unless the Executive Committee is otherwise restricted by the Executive Committee limitations established in the College's governance policies as approved by Council.

NON-STATUTORY COMMITTEES

The Finance Committee

- 7.3.** (1) The Finance Committee shall be composed of at least five Councillors, being:
- (a) the President and Vice-President; and
 - (b) at least three other Councillors, at least one whom shall be a Publicly-Appointed Member.

- (2) The Finance Committee shall have the duties set out in the College’s governance policies as approved by Council.

- 7.4. Council may, by resolution, establish non-statutory committees. For each non-statutory committee, Council shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.

APPOINTMENT OF NON-COUNCIL COMMITTEE MEMBERS

- 7.5. (1) Council may appoint persons who are not Councillors to serve on both statutory and non-statutory Committees.
- (2) A Member is eligible for appointment to a Committee under this section if, on the date of the appointment, the Member meets the eligibility requirements set out in section 3.1.(8) of these By-laws and any other criteria set out in the governance policies as approved by Council.
- (3) A person who is not a Member is eligible for appointment to a Committee under this section if, on the date of the appointment:
- (a) the person resides in Ontario;
 - (b) the person is not the subject of a discipline or fitness to practise proceeding before any regulator;
 - (c) the person has not been found guilty of professional misconduct, to be incompetent or to be incapacitated by any regulator in the preceding six years;
 - (d) the person has not had a certificate of registration revoked or suspended for professional misconduct, incompetence or incapacity at any time in the six years immediately before the appointment;
 - (e) the person has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - (f) the person has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the person’s suitability to serve as a Committee member, unless a pardon or record suspension has been granted with respect to the finding;
 - (g) the person has not been disqualified or removed from Council or a Committee in the preceding three years;
 - (h) the person is not 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;
 - (i) the person does not hold a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (j) the person is not an employee of the College;
 - (k) the person is not a participant (other than on behalf of the College) in a legal action or application against the College; and
 - (l) the person meets any other criteria set out in the governance policies as approved by Council.

- (4) A Non-Council Committee Member is disqualified from serving on a Committee if the person ceases to meet the requirements in subsection (2) or (3) above or if the person:
 - (a) fails to attend two consecutive meetings of the Committee without good reason in the opinion of Council; or
 - (b) fails, in the opinion of Council, to discharge properly or honestly any office to which he or she has been appointed.
- (5) The determination of Council as to whether a person is eligible for appointment or becomes disqualified under this section is final and without appeal.

SELECTION OF STATUTORY AND NON-STATUTORY COMMITTEES AND COMMITTEE CHAIRS

- 7.6.**
- (1) As soon as possible after the annual election of the President, the Vice-President and the Executive Committee, Council shall appoint the Chair and members of each Committee in accordance with the College's governance policies as approved by Council.
 - (2) If any vacancies occur in the Chair or membership of any Committee, Council or the Executive Committee may appoint a replacement Chair or Committee member in accordance with the College's governance policies as approved by Council.
 - (3) Where the Chair of a Committee is unable to act for a matter or a period of time, he or she shall appoint from the Committee a person to act on his or her behalf, failing which the President shall appoint an acting Chair from the Committee.

STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES

- 7.7.**
- (1) Each Committee shall meet from time to time at the direction of Council or the Executive Committee or at the call of the Chair at a place in Ontario and at a date and time set by the Chair.
 - (2) Subject to subsection (3), unless otherwise provided in the RHPA, the Act or the Regulations, a majority of members of a Committee, or of a panel of a Committee, including at least one Publicly-Appointed Councillor constitutes a quorum.
 - (3) Unless otherwise provided in the RHPA, the Act or the Regulations, in exceptional circumstances, the Chair of a Committee may determine that a Committee meeting may proceed without the presence of at least one Publicly-Appointed Councillor.
 - (4) The Chair or a designate shall preside over meetings of the Committee.
 - (5) Every question which comes before the Committee may be decided by a majority of the votes cast at the meeting (including the Chair's) and, if there is an equality of votes on a question, the question shall be deemed to have been decided in the negative.
 - (6) Every appointment to a Committee shall be made in accordance with the College's governance policies as approved by Council.
 - (7) A Non-Council Committee Member is eligible for re-appointment to a Committee, except that a Non-Council Committee Member may not serve for more than nine consecutive years.

- (8) Where one or more vacancies occur in the membership of a Committee, the Committee members remaining in office constitute the Committee as long as any composition or quorum requirements in the RHPA, the Act or the Regulations are satisfied.
- (9) In addition to other provisions in these By-laws that permit the removal of a Committee member in specific circumstances, any Committee member may be removed from the Committee, with or without cause, by a two-thirds majority vote of the Councillors present at a Council meeting duly called for that purpose.

Part 8 — Members' Obligations

THE REGISTER

- 8.1. (1) (a) A Member's name in the register shall be the Member's full name and shall be consistent with the documentary evidence of the Member's training.
- (b) The Registrar may direct a Member's name in the register to be different than the documentary evidence of the Member's training if the Member applies and satisfies the Registrar that the Member has validly changed his or her name since his or her training and that the use of the newer name is not for an improper purpose.
- (c) The Registrar may give a direction under paragraph (b) before or after the initial entry of the Member's name in the register.
- (2) In addition to the information referred to in subsection 23 (2) of the Code, the following information shall be kept in the register:
- (a) the Member's name and any changes in the Member's name since his or her training;
- (b) the Member's registration number;
- (c) if the Member ceases to be a Member or has died, a notation of the reason the registration terminated or a notation that the Member has died and the date of death if known;
- (d) information on a former Member that was on the register just before the registration terminated (including due to death), ~~for a period of at least two years after the termination of registration, except for any information related to the registration and discipline history of the Member in Ontario which shall be entered on the register for a period of 50 years after the termination of registration;~~
- (e) the name of the school from which the Member received his or her degree or diploma in physiotherapy and the date the Member received the degree or diploma;
- (f) all classes of certificate of registration held by the Member and the dates that each started and terminated;
- (g) the name, business address, and business telephone number of each current and previous Place of Practice of the Member;
- ~~(g)~~ (g.1) whether each current Place of Practice of the Member is accessible to patients who have impaired mobility.
- (h) a notation of which business address is the Member's primary Place of Practice;
- ~~(i) for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, until the matter has been resolved;~~
- ~~(i)~~ deleted a notation of that fact, including the date of the referral;
- ~~(ii) deleted each specified allegation that has been referred, including the particulars of the specified allegations as set out in the notice of hearing (except that personal information shall be removed);~~

~~(iii)~~ ~~deleted any hearing dates, including dates for the continuation of the hearing; and~~

~~(iv)~~ ~~deleted the status of the discipline hearing;~~

~~(j)~~ (j) for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved:

- (i) a notation of that fact, including the date of the referral; and
- (ii) the status of the Fitness to Practise hearing;

~~(k)~~ (k) a notation of the fact and status of any appeal from a decision of the Discipline Committee or the Fitness to Practise Committee and the anticipated date of the hearing, if the date has been set;

~~(l)~~ (l) any information jointly agreed to be placed on the register by the College and the Member;

~~(m)~~ (m) where the Member's certificate is subject to an interim order under section 25.4 or section 62 of the Code, a notation of that fact, the nature of the order and date that the order took effect;

~~(n)~~ (n) where the Member's certificate of registration is subject to a suspension for failure to pay a fee, the reason for the suspension and the date of the suspension in addition to the fact of the suspension;

~~(o)~~ ~~(o) deleted where, during or as a result of a proceeding under section 25 of the Code a Member has resigned, a notation of that fact;~~

~~(p)~~ (p) the Member's name as used in their Place(s) of Practice;

~~(q)~~ (q) the language(s) in which the Member is able to provide physiotherapy services;

~~(r)~~ (r) the Member's area(s) of practice and categories of patients seen;

~~(s)~~ (s) details of the controlled acts (except performing the controlled act of communicating a diagnosis) and other statutorily authorized acts (such as procedures described in subsection 6 (2) of the *Healing Arts Radiation Protection Act* and procedures authorized to Members in regulations made under the *Laboratory and Specimen Collection Centre Licensing Act*) that the Member performs in the course of practising physiotherapy;

~~(t)~~ (t) where there have been charges laid against a Member under the *Criminal Code* or the *Health Insurance Act*, made on or after July 1, 2015, and if the person against whom the charges were laid was a Member at the time of the charges, and if the charges are known to the College, a brief summary of:

- (i) the charges;
- (ii) the date the charges were laid; and
- (iii) the status of the proceedings against the Member where known to the College;

provided that any such summary shall be removed upon the written request of the Member if the charges do not result in a finding of guilt against the Member;

~~(u)~~ (u) a summary of any existing restriction imposed on or after July 1, 2015, on a Member by a court or other lawful authority and of which the College is aware that, in the

reasonable discretion of the Registrar, may restrict or otherwise impact the Member's right or ability to practise, may prompt a regulatory action on the part of the College or is connected to an existing or ongoing regulatory action by the College. The summary shall include the name of the court or other lawful authority that imposed the restriction and the date on which it was imposed;

~~(w)~~(v) where there has been a finding of guilt against a Member under the *Criminal Code* or the *Health Insurance Act*, made on or after July 1, 2015, if the person against whom the finding was made was a Member at the time of the finding, and if the finding is known to the College, a brief summary of:

- (i) the finding;
- (ii) the sentence, if any;
- (iii) where the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of; and
- (iv) the dates of (i) – (iii), where known to the College;

provided that any such summary shall be removed upon the written request of the Member if the finding is reversed on appeal or if the Member receives a pardon or record suspension;

~~(*)~~(w) whether, on or after July 1, 2015, the Member uses the services of [physiotherapist assistants support personnel](#) (whether employees or independent contractors) in the course of practising physiotherapy;

~~(y)~~(x) on or after July 1, 2015, information about the Member's registration with any other professions inside or outside of Ontario;

~~(z)~~(y) on or after July 1, 2015, information about the Member's registration in any other jurisdictions as a physiotherapist or physical therapist;

~~(aa)~~(z) where the College is aware, on or after July 1, 2015, that a finding of professional misconduct or incompetence or similar finding has been made against the Member by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal:

- (i) information on the finding;
- (ii) the name of the governing body that made the finding;
- (iii) a brief summary of the facts on which the finding was based;
- (iv) the penalty and any other orders made relative to the finding;
- (v) the date the finding was made; and
- (vi) information regarding any appeals of the finding;

provided that where a decision referred to in paragraph (z) is no longer available to the public in the originating jurisdiction, the information on the finding under paragraph (z) shall be removed from the register upon the written request of the Member.

~~(bb)~~(aa) _____ when a decision of the Inquiries, Complaints and Reports Committee, relating to complaint or report made against the Member on or after July 1, 2015, includes or is

contingent upon an undertaking to perform certain obligations given by the Member (except for an undertaking relating to the Member's capacity):

- (i) ~~the undertaking; a summary of the decision;~~
- (ii) ~~a summary of the decision; where applicable, a notation that the decision has been appealed; and~~
- (iii) ~~where applicable, a notation that the decision has been appealed; a notation, if and when applicable, that the requirements of the undertaking have been fulfilled or completed by the Member;~~

provided that where a decision referred to in paragraph (aa) is overturned on appeal or review, the summary under paragraph (aa) shall be removed from the register.

~~The summary under paragraph (aa) shall be removed from the register in the following circumstances:~~

~~(C) — where the Inquiries, Complaints and Reports Committee established a period in its decision that the undertaking shall remain on the register after the requirements of the undertaking have been fulfilled or completed by the Member, that period of time;~~

~~(C) — where the Inquiries, Complaints and Reports Committee did not establish a period in its decision that the undertaking shall remain on the register after the requirements of the undertaking have been fulfilled or completed by the Member, three years after the requirements of the undertaking have been fulfilled or completed by the Member; or~~

~~(C) — the Member has made a written request to the Registrar for the removal of the information under paragraph (aa) because the information is no longer relevant to the Member's suitability to practise, and the Registrar believes that the removal of the information from the register outweighs the desirability of public access to the information in the interest of any person affected or the public interest;~~

~~(gg)~~(bb) when a decision of the Inquiries, Complaints and Reports Committee, relating to a complaint or report made against the Member on or after July 1, 2015, includes a caution:

- (i) a summary of the decision; and
- (ii) where applicable, a notation that the decision has been appealed;

provided that where a decision referred to in paragraph (bb) is overturned on appeal or review, the summary under paragraph (bb) shall be removed from the register.

~~The summary under paragraph (bb) shall be removed from the register in the following circumstances:~~

~~(C) — three years after the decision was made unless a subsequent caution has been given to the member, or the member is participating in an undertaking, or the member has been required to participate in an initial or subsequent specified continuing education or remediation program, in which case all records of cautions or specified continuing~~

~~education or remediation programs shall remain on the register until three years after the most recent caution or specified continuing education or remediation program were made available on the register or the undertaking was completed; or~~

~~(C) — the Member has made a written request to the Registrar for the removal of the information under paragraph (bb) because the information is no longer relevant to the Member's suitability to practise, and the Registrar believes that the removal of the information from the register outweighs the desirability of public access to the information in the interest of any person affected or the public interest.~~

~~(cc)~~ (cc) when a decision of the Inquiries, Complaints and Reports Committee, relating to a complaint or report made against the Member on or after July 1, 2015, includes a requirement that the Member participate in a specified continuing education or remediation program:

- (i) a summary of that decision;
- (ii) where applicable, a notation that the decision has been appealed; and
- (iii) a notation, if and when applicable, that the requirements of the specified continuing education or remediation program have been fulfilled or completed by the Member;

provided that where a decision referred to in paragraph (cc) is overturned on appeal or review, the summary under paragraph (cc) shall be removed from the register.

~~The summary under paragraph (cc) shall be removed from the register in the following circumstances:~~

~~(C) — three years after the decision was made unless the member was required to participate in a subsequent specified continuing education or remediation program or the member is participating in an undertaking or an initial or subsequent caution has been given to the member, in which case all records of specified continuing education or remediation programs or cautions shall remain on the register until three years after the most recent specified continuing education or remediation program or caution were made available on the register or the undertaking was completed; or~~

~~(C) — the Member has made a written request to the Registrar for the removal of the information under paragraph (cc) because the information is no longer relevant to the Member's suitability to practise, and the Registrar believes that the removal of the information from the register outweighs the desirability of public access to the information in the interest of any person affected or the public interest;~~

~~(6)~~(3) All the information contained in the register is designated as public for the purposes of subsection 23 (5) of the Code.

~~(7)~~(4) (a) The Registrar may give any information contained in the register that is designated as public to any person in printed or oral form.

- (b) The Registrar may refuse to allow a person to obtain some or all of the information contained in the register that is designated as public if the Registrar has reasonable grounds to believe that the disclosure of the information may jeopardize the Member's safety.

INFORMATION TO BE PROVIDED BY MEMBERS

8.2. (1) A Member shall provide the following to the College when requested to do so by the Registrar:

- (a) information required to be contained in the register by subsection 23 (2) of the Code;
- (b) information required to be contained in the register by section 8.1 of these By-laws;
- (c) information that the College is required to collect for the purpose of health human resource planning by the Minister by section 36.1 of the RHPA;
- (d) the Member's date of birth;
- (e) the Member's electoral district;
- (f) the Member's home address;
- (g) the Member's home telephone number, if available;
- (h) the Member's mobile telephone number, if available;
- (i) an email address for the Member that is distinct from the email address of any other Member;
- (j) the mailing address, and if different, the street address of each current and previous Place of Practice of the Member (provided that no client home address is required where the Member provides home care) and if available, the business facsimile number of each current Place of Practice;
- (k) the Member's employment information including [the name and business address \(including the email address\) of the Member's employer](#), [the name and business address \(including the email address\) of the Member's direct supervisor](#), [the Member's job title](#), [the Member's area and focus of practice](#), [the Member's sector of practice](#), [the Member's employment status](#) (such as full or part-time status), and [a description of the Member's place\(s\) of employment](#);
- ~~(k)~~ [\(k.1\) the street address of any location or facility where records related to the Member's practice are located](#);
- (l) the Member's practice hours, including the percentage of time spent in each area of practice;
- (m) whether the Member's preferred language of communication with the College is English or French;
- (n) the following information about any finding of [professional misconduct or incapacity](#) or similar finding that has been made against the Member by a body that governs a profession, inside or outside of Ontario, provided that the finding has not been reversed on appeal:
 - (i) information on the finding;
 - (ii) the name of the governing body that made the finding;

- (iii) the date the finding was made;
- (iv) a summary of any order made; and
- (v) information regarding any appeals of the finding;
- (o) whether the Member successfully completed the examination required for registration and if so, the date;
- (p) information required under section 85.6.1 of the Code about any finding of guilt of any offence against the Member made after June 3, 2009;
- (q) information required under section 85.6.2 of the Code about any finding of professional negligence or malpractice by a court against the Member made after June 3, 2009; and
- (r) information about any post-secondary education (full or partial degree, certificate or program courses) the Member has completed through a college or university, together with evidence of completion.
- (s) the following information about charges laid against the Member under the *Criminal Code* or the *Health Insurance Act*:
 - (i) the charges;
 - (ii) the date the charges were laid; and
 - (iii) the status of the proceedings against the Member;
- (t) the following information about any restriction imposed on the Member by a court or other lawful authority:
 - (i) the name of the court or other lawful authority that imposed the restriction;
 - (j) the date on which it was imposed;
- (u) the following information about a finding of guilt against the Member under the *Criminal Code* or the *Health Insurance Act*:
 - (vi) the finding;
 - (vii) the sentence, if any;
 - (viii) where the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of; and
 - (ix) the dates of (i) – (iii), where known to the College;

(#)

- (2) A Member shall notify the Registrar in writing of any change to any previously provided information within 30 days of the change.

PROFESSIONAL LIABILITY INSURANCE

- 8.3. (1) All Members who provide patient care in the practice of physiotherapy, whether in a paid or volunteer capacity, must hold professional liability insurance in accordance with this section.

- (2) The professional liability insurance coverage referred to in subsection (1) may be obtained by the Member directly or may be provided through the policy of an employing agency so long as it covers the Member's entire practice of physiotherapy.
- (3) The professional liability insurance referred to in subsection (1) must have:
 - (a) a liability limit of at least \$5,000,000 for any one incident; and
 - (b) a \$5,000,000 minimum for the annual policy period for each insured individual.
- (4) The professional liability insurance referred to in subsection (1) must not be subject to a deductible.
- (5) The professional liability insurance referred to in subsection (1) must provide coverage for incidents that occurred during the Member's physiotherapy practice and must provide coverage for claims made up to 10 years after the Member ceases practice.
- (6) The professional liability insurance referred to in subsection (1) shall be subject only to such exclusions and conditions and terms as are consistent with standard insurance industry practices.
- (7) Within 30 days of any request by the College, a Member required to hold the professional liability insurance referred to in subsection (1) shall provide current documentary proof, acceptable to the Registrar, that his or her professional liability insurance coverage complies with the requirements set out in this section.

FEES – REGISTRATION

- 8.4.** (1) (a) Upon application for registration, every applicant shall pay a non-refundable application fee and a non-refundable registration fee.
- (b) The application and registration fees are as follows:

Application fee	For an initial application or re-application	\$100.00
Certificate of Registration Authorizing Independent Practice	For a certificate issued until the next March 31 (the College may in its discretion pro-rate registration fees for part year certificates or may bank registration fees for the future credit of a Member for part year certificates in accordance with Appendix B)	\$595.00
Certificate of Registration Authorizing Provisional Practice		\$ 75.00

- (2) (a) Every Member with a certificate of registration authorizing independent practice shall pay a non-refundable renewal fee as follows:

Certificate of Registration Authorizing Independent Practice	For a certificate issued until the next March 31 (the College may in its discretion pro-rate renewal fees for part year certificates or may bank renewal fees for the future credit of a Member for part year certificates in accordance with Appendix B)	\$595.00
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- (3) (a) The renewal fee is due on or before March 31 in each membership year.
- (b) If a Member holding a certificate of registration authorizing independent practice fails to pay a renewal fee on or before the day on which the fee is due, the Member shall pay a penalty in addition to the renewal fee, as follows:

Certificate of Registration Authorizing Independent Practice – Penalty	\$225.00
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- (4) If the Registrar suspends a Member's certificate of registration for failure to pay a prescribed fee in accordance with section 24 of the Code, the Registrar shall terminate the suspension on:
 - (a) completion of a new application form (in the form of an initial application form) and payment of a new initial application fee; and
 - (b) payment of:
 - (i) all outstanding amounts owing to the College, including the current renewal fee; and
 - (ii) any applicable penalties relating to such outstanding amounts.
- (5) In addition to the amounts set out in subsections (1), (2) and (3), any outstanding fees owing to the College in respect of any decisions made by a Committee and any fees payable under these By-laws will be added to and included in the annual renewal fees.

FEES – REINSTATEMENT

- 8.5.** A person whose certificate of registration was suspended or revoked by a panel of the Discipline Committee or the Fitness to Practise Committee and who applies for reinstatement of his or her certificate of registration pursuant to section 72 of the Code shall pay:
- (a) at the time the person makes the first such application, a fee of 1.5 times the fee for a certificate of registration authorizing independent practice; and
 - (b) at the time the person makes the second or any subsequent application, a fee of 3 times the fee for a certificate of registration authorizing independent practice.

FEES – GENERAL

- 8.6.** (1) The Registrar may charge a fee for anything he or she is required or authorized to do under the RHPA, the Code, the Act, the Regulations or the By-laws.
- (a) The fees for anything the Registrar is required or authorized to do, except for the fees for those things that are set out in these By-laws, are the fees set by the Registrar.
 - (b) The fee for a report regarding the results of a Council election from the electronic voting organization is \$150.00.
 - (c) The fee for a copy of any College information or documents required to be provided under sections 3.1(2) or 23(12) of the Code shall be the actual costs to the College of providing the copies.
 - (d) The fee for a letter of Professional Standing is \$50.00.
 - (e) The fee for a returned cheque ~~or declined credit card~~ is \$50.00.
 - (f) The fee for an official certificate of registration with embossed gold logo (also known as a "wall certificate") is \$25.00.
- (2) The Registrar may charge Members a fee for anything that a Committee is required or authorized to do under the RHPA, the Code, the Act, the Regulations or the By-laws.
- (a) The fees for the following programs or services that Committees are:

- (i) for the College Review Program – the actual cost of the program to a maximum of \$500.00;
- (ii) for an Onsite Assessment – the actual costs of the assessment to a maximum of \$500.00 (this does not apply to those Members who are randomly selected or volunteer for the annual Quality Assurance Program Competency Assessment process, or who are at the completion of a first cycle of remediation or enhancement at the [direction request](#) of the Quality Assurance Committee);
- (iii) for the first ten hours of the first cycle of any remediation or enhancement program that a Member volunteers for or undertakes at the [direction request](#) of the Quality Assurance Committee – no charge. All successive hours are billed at the rate of \$100.00 per hour;
- (iv) for any course or program the College provides to a Member pursuant to an order of the Discipline Committee, Fitness to Practise Committee or Registration Committee – the cost associated with providing the program to the Member;
- (v) for a specified continuing education or remediation program as required by the Inquiries, Complaints and Reports Committee – the cost associated with providing the program to the Member, and
- (vi) for fees that the Member agrees to pay in relation to an Acknowledgement & Undertaking– the cost specified in the written agreement.

Part 9 – Professional Corporations

THE REGISTER

- 9.1.** (1) In addition to the information referred to in subsection 23 (2) of the Code, the following information shall be kept in the register,
- (a) the name of the professional corporation as registered with the Ministry of Government and Consumer Services;
 - (b) any business names used by the professional corporation,
 - (c) the name, as set out in the register, and registration number of each shareholder of the professional corporation;
 - (d) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;
 - (e) the primary business address, telephone number, and email address of the professional corporation, and if available, the facsimile number;
 - (f) the address and telephone number of all other locations, other than residences of clients, at which the professional services offered by the professional corporation are provided; and
 - (g) a brief description of the professional activities carried out by the professional corporation.
- (2) The information specified in subsection (1) is designated as public for the purposes of subsection 23 (5) of the Code.
- (3) Every Member of the College shall, for every professional corporation of which the Member is a shareholder, provide in writing the information required for the register in subsection (1) on the application and annual renewal forms for a certificate of authorization, upon the written request of the Registrar within 30 days and upon any change in the information within 30 days of the change.

FEES – PROFESSIONAL CORPORATION

- 9.2.** (1) The application fee for a certificate of authorization, including on any reinstatement of a certificate of authorization, for a professional corporation is \$700.00.
- (2) The fee for the annual renewal of a certificate of authorization is \$250.00.

Part 10 — Council Approval

COUNCIL APPROVAL

APPROVED BY COUNCIL ON March 22, 2017 as confirmed by the signatures of the President and Vice-President of the College.

President

Vice-President

Appendix A

DECLARATION OF OFFICE FOR COUNCILLORS

I, _____, (Name of Councillor) hereby agree that I will:

- Accept the office as a duly elected, selected or appointed Councillor of the College of Physiotherapists of Ontario;
- Act at all times, while serving as a Councillor, to fulfil the statutory duty of the Colleges “to work in consultation with the Minister 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” (Section 2.1 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*);
- Act at all times, while serving as a Councillor, to fulfil the statutory duty of the College to serve and protect the public interest while carrying out the objects of the College (Section 3 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*. A copy of the objects are set out in Schedule 1 to this Declaration);
- Comply with the College’s Code of Conduct, as amended by Council from time to time, including the confidentiality obligations contained therein; and
- Comply with the other policies of the College applicable to Councillors, as amended by Council from time to time.

[Councillor Signature]

Witness Signature

Date

Name of Witness

SCHEDULE 1 TO THE DECLARATION OF OFFICE FOR COUNCILLORS – OBJECTS OF THE COLLEGE

The College has the following objects:

1. To regulate the practice of the profession and to govern the members 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 members.
- 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* 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 members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.

Appendix B

REGISTRATION FEES DISCRETION

Pro-Rated Fees

- Physiotherapists who register in the independent practice category after April 1 will only pay for the number of days remaining until the end of the renewal year (March 31), in which they register with the College.

Fee Credits - Effective April 1, 2014

- Physiotherapists who resign more than three months before the end of the registration year (that is a resignation that occurs prior to December 31st in any registration year) [will be eligible to receive a fee credit if they are resigning for any of the following reasons:](#)
 - [Education leave;](#)
 - [Health-related leave;](#)
 - [Compassionate/Bereavement/Family-related leave;](#)
 - [Maternity/Parental leave](#)
 - [Moving out of province.](#)
 - ~~○ may apply to the College to have a non-refundable financial credit maintained on their College record for the number of days not used in the registration year. The credit can be applied to future registration fees, up to one year from the date of resignation.~~
- [The fee credit is based on the number of days not used in the registration year.](#)
- [The fee credit can be applied to future registration fees, up to one year from the date of registration or 18 months in the case of a maternity or parental leave.](#)
- Physiotherapists resigning in the final three months of the registration year are not eligible for a fee credit.
- ~~Physiotherapists who wish to obtain a fee credit may apply for it at the time they tender their resignation or up until the end of the registration year in which they resigned.~~
- [Fee credits will expire one year after the date of resignation if the resignation was for any of the following reasons:-](#)
 - [Education leave;](#)
 - [Health-related leave;](#)
 - [Compassionate/Bereavement/Family-related leave;](#)
 - [Moving out of province; and](#)
 - [18 months in the case of Maternity/Parental leave.](#)
- ~~Fee credits are transferable into the next registration year, provided they are used within one year of resignation.~~
- [There are no fee refunds.](#)

Appendix C

CODE OF CONDUCT

Title:	Code of Conduct
Applicable to	Members of Council and Council Committees
Date approved:	December 2003
Date revised:	June 2006, March 2008, June 2010, February 2013, June 2014, March 2017

Purpose

Councillors and Committee members make decisions in the public interest, balancing this responsibility with an understanding of the profession and the settings in which it practices. They establish the College's goals and policies within its statutory mandate.

All Councillors and members of College committees are expected to exhibit conduct that is ethical, civil and lawful, in a manner that is consistent with the nature of the responsibilities of Council and the confidence bestowed on Council by the public and its registrants. The role of a non-Council committee member is considered comparable to that of a Councillor due to their direct participation in the committees that assist Council in fulfilling its statutory duties. Further, Councillors and members of Council committees are expected to aspire to excellence in their roles as governors.

This Code of Conduct serves to provide Council, and its Committees with high standard of conduct to guide and support their work in the best interests of the College, its legislative mandate, and the public. Each individual, and the group as a whole, is accountable for its conduct and performance.

Performance Expectations

In performing his/her role, each Councillor and Committee member will:

1. Promote the public interest in his/her contributions and in all discussions and decision-making.
2. Direct all activities toward fulfilling the College's objects as specified in the legislation.
3. Comply with the provisions of the Regulated Health Professions Act, the Physiotherapy Act, the regulations made under these acts and the by-laws of the College.
4. Conduct him/herself in a manner that respects the integrity of the College by striving to be fair, impartial and unbiased in his/her decision making.
5. Refrain from engaging in any discussion with other Council or committee members that takes place outside the formal Council or committee decision making process and that is intended to influence the decisions that the Council or a committee makes on matters that come before it.
6. Respect the power, authority and influence associated with his/her role and not misuse this for personal gain.

7. Recognize, understand and respect the roles and responsibilities of Council, committees and staff and maintain respectful working relationships with other Council members, committee members and staff members. This includes acknowledging the appropriate authorities of the Registrar and the President.
8. Acquire, apply and maintain knowledge of Council and committee policies, procedures, relevant legislation, College functions and current issues facing the College and the committees he/she participates in.
9. When personal circumstances may affect his/her ability to function objectively in his/her role, address the conflict situation by complying with the College by-laws that govern conduct in this situation by, as a minimum, declaring the conflict, abstaining from discussing or voting on the matter and removing oneself from the meeting.
10. Maintain the confidentiality of information coming into his/her possession in keeping with the provisions set out in the RHPA and the confidentiality policies of the College.
11. Maintain appropriate decorum during all Council and committee meetings by adhering to the rules of order adopted by the Council.
12. Review and consider the information provided for Council and committee meetings and identify any information to enhance effective Council and committee decision-making as needed.
13. Respect the views and the expertise of other Council and Committee members and appreciate the opportunity for varied viewpoints to be brought forward, considered and resolved through robust discussion.
14. Publicly uphold and support the decisions of Council and respect the President's role as Council spokesperson.
15. Attend meetings to the best of his/her ability and be available to mentor and assist new members.
16. Regularly evaluate his/her individual performance, and that of the collective to assure continuous improvement.
17. Promote general interest in the physiotherapy community for Council and non-Council positions.

Sanctions

1. All concerns related to the conduct or performance of a Councillor or of a Council committee member should be brought to the attention of the President of the College.
2. All concerns must be documented, specifically the questionable conduct or performance, in sufficient detail to enable it to be understood. The document should identify the element (s) of the Code that is of concern and include, where relevant, any supporting evidence.
3. After review of the material and dependent on the issue, the President has the discretion to either meet with the Councillor or Committee member and provide individual coaching, or to raise the matter for Council's consideration. At any time the President may seek advice from the Executive Committee and/or the Registrar. All decisions taken are to be recorded and kept in the member's corporate file.
4. When the President identifies that an alleged breach of this Code of Conduct may have occurred and raises it for Council's consideration, Council shall adopt a process to deal with the alleged breach that is consistent with the rules of order of Council and that provides the person whose conduct has been called into question with an opportunity to explain his/her actions.

5. When Council determines that a breach of the Code of Conduct did take place, the Council may, on the basis of a resolution that has been properly moved, seconded and assented to by two thirds of Councillors, impose a sanction that may include one or more of the following:
 - a. Requesting a change in the behaviour of the person;
 - b. Requesting that the person apologize for his/her behaviour;
 - c. Censuring the person for his/her behaviour;
 - d. Declining to appoint a person to any committee or to a specific committee;
 - e. Declining to provide confidential information to the person, in circumstances where concern over breach of confidentiality has occurred;
 - f. Requesting the person's resignation from the Council, committee or other activity in which he/she had been acting on behalf of the College;
 - g. Removing an Elected Councillor or Academic Councillor from the Council, committee or other activity in which he/she had been acting on behalf of the College in accordance with the by-laws;
 - h. Removing a Publicly-Appointed Councillor appointed by the Lieutenant Governor from the committee or other activity that he/she had been acting on, on behalf of the College in accordance with the by-laws; or
 - i. Requesting that the Minister remove a Publicly-Appointed Councillor from the Council.
6. If the Council removes an Elected Councillor it shall treat the circumstances as if the vacancy was a result of the resignation of the Councillor.

Procedural and Other Safeguards

1. In determining whether to impose a sanction, and which sanction to impose, Council shall be mindful of the general principle that sanctions are to be remediative not punitive.
2. Council shall not consider whether to impose a sanction without first providing the person with an opportunity to address Council personally or through legal counsel.
3. A resolution of at least two thirds of the Councillors at a meeting duly called for that purpose shall be required to sanction a member.
4. A Councillor whose conduct or performance is the subject of concern may attend but shall not take part in any Council deliberation respecting his/her conduct or performance and if the person is the subject of a vote taken under this Code of Conduct, he/she shall not vote on the matter.
5. A Councillor whose conduct or performance is the subject of concern shall be excluded from other Council deliberations pending the decision on his or her conduct.
6. Any deliberation or vote taken under this Code of Conduct shall be public except in circumstances where information presented during the deliberation may be detrimental to the person whose conduct or performance is the subject of concern (e.g. information on his or her health status is presented).
7. The College will not be responsible for any costs of the Councillor or Committee member whose conduct is being examined.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 10.1

Motion

**Council Meeting
December 14 – 15, 2017**

**Agenda #10 - Governance Policy and By-law for Nomination of Canadian Alliance of
Physiotherapy Regulators' Nominee**

It is moved by

and seconded by

that:

Council amend the College's by-law to remove the provisions for the nomination of the CAPR director from the by-law.

Meeting Date:	December 14& 15, 2017
Agenda Item #:	10
Issue:	Governance Policy and By-law for Nomination of Canadian Alliance of Physiotherapy Regulators' Nominee
Submitted by:	Rod Hamilton, Associate Registrar, Policy and Quality

Issue:

Council is being asked to consider Executive Committee's recommendation that its by-laws be changed to remove the CAPR appointment process from the by-laws and replace it with a new governance policy describing the terms of reference for the College's CAPR nominee.

Background:

Governance Policy – Terms of Reference – CAPR Nominee

At the Executive Committee meeting, one of the by-law issues under consideration was how the College should decide to nominate the person who attends the Board meetings of the Canadian Alliance of Physiotherapy Regulators (CAPR).

Based on the language used in the CAPR by-laws, CAPR retains the authority to actually appoint people who are nominated by member colleges, which is why this brief uses the term "nominee". However, if/when the nominee is appointed by CAPR, CAPR's by-laws refer to them as a 'director' of the CAPR board.

The College's by-law currently requires that the College president, or a person designated by the president in consultation with the members of the Executive Committee, serve as the College CAPR nominee.

The by-law does not provide guidance on the role or the skills required that may be helpful in identifying an appropriate CAPR nominee.

This is different from other roles that are filled by Councillors (e.g., president, vice-president, committee chairs, or members of committees or task forces), where the College's Governance Policies provide terms of reference for these roles that provide additional guidance on the duties and qualifications.

With concern about the lack of direction for the role in mind, staff suggested to the Executive Committee that it might be worthwhile considering the development of a governance policy that would define the terms of reference for the CAPR nominee.

At its meeting, the Executive considered the matter and decided to recommend that Council direct staff to develop a governance policy on the terms of reference for the CAPR nominee.

Executive Committee suggested that the governance policy could follow the model of existing governance policies that define current College roles for individuals (e.g. President, Registrar) and for committees (e.g. Executive).

The policy might include categories such as:

- Designation
- Term
- Function
- Responsibilities
- Duties
- Competencies

Additional information on possible principles that might serve as underpinnings for the governance policy are attached as Appendix 1.

With this background in mind, the Executive Committee is asking Council to direct the development of a governance policy on the terms of reference for the CAPR nominee.

By-law – CAPR Director Appointment

The Executive Committee in its consideration of the question above also raised the issue of whether the College's by-law should continue to provide direction on how the CAPR director is to be nominated or whether this process should be left to the governance policy discussed above.

Arguments for leaving the guidance in the by-law:

- The by-law provides guidance on how the nomination should take place
- The by-law incorporates the input of the members of the College Executive Committee
- The by-law permits the appointment of a broad range of possible candidates
- By-laws are very transparent since they are published on the College's website.

Arguments for removing the guidance from the by-law and including it in the governance policy:

- The current nomination process in the by-law is inconsistent with other processes in the by-law (others are election based)
- The process is more consistent with the guidance in the governance policies (i.e. the process for nominating members of College task forces)
- All the guidance in the by-law could be included in the governance policy
- The guidance that could be provided in a governance policy can be more specific and include more information on responsibilities and competencies.

After consideration, the Executive Committee decided to recommend to Council that the provisions on how the CAPR director is nominated should be removed from the by-law. A proposed amendment intended to accomplish this purpose is attached as Appendix 2

Decision Sought

1. The Executive Committee is recommending that Council direct that staff develop a governance policy on the terms of reference for the CAPR nominee using the principles identified in Appendix 1, with the addition of any other relevant principles that are identified.
2. The Executive Committee is recommending that Council change the College's by-law to remove the provisions for the nomination of the CAPR director from the by-law.

Attachments

Appendix 1: Principles to be used as support for a Governance Policy on the Nomination of a CAPR Director

Appendix 2: By-law – Membership in Associations - With proposed amendments

Appendix 1

Principles to be used as support for a Governance Policy on the Nomination of a CAPR Director

Background: The role of a CAPR Director

Note: The term CAPR Director is being used in this context since this is way that the CAPR by-laws refer to the role.

CAPR is a service bureau for its member regulator and it is independent of these regulators. This means:

- CAPR directors do not represent or advocate for the interests of physiotherapists, regulators or the public
- The role of a CAPR director is to act in the best interest of CAPR and to provide guidance and strategic advice to assist CAPR to fulfill its role
- CAPR directors must be able to provide information on operations and regulatory matters that are of importance to their constituent regulator but that they must also be able to distinguish their duties to the CAPR board from their duties to the regulator that sent them to the board.

Proposed principles for appointing CAPR representatives:

- A CAPR director must understand fiduciary duties and have the ability to set aside their personal interests, their interests as a member of the profession, and as member of any boards, including the College Council, to which they belong.
- A CAPR director must have the appropriate knowledge and expertise to enable the highest quality of service in this role. This includes:
 - Capacity to provide relevant operational and regulatory information that is important to their respective colleges.
 - Practical board skills including governance, fiscal oversight, understanding of organizational operations, understanding of current physiotherapy trends in the district they represent.
- A CAPR director must be aware of sensitivities that the representatives of other regulators bring to this role. In particular the director must be aware and sensitive to the differential time and monetary contributions that its constituent regulators make to CAPR's business and understand and accept this model.
- A CAPR director should be assigned or appointed rather than elected in order to ensure that the person with the best complement of skills undertakes the role.
- The fact that the majority of CAPR directors are staff members of constituent boards is indicative that there is no requirement that a CAPR director be a member of the board of the regulator.

Appendix 2

By-law – Membership in Associations

With proposed amendments

- 2.9. (1) The College shall maintain membership in the Canadian Alliance of Physiotherapy Regulators to ensure opportunity for networking and issue development related to national physiotherapy regulatory matters. This shall include,
- (a) payment of the annual or other fees,
 - (b) regular representation at business meetings by a person designated in accordance with the governance policies of the College. ~~the President, or a person designated by the President in consultation with the members of the Executive Committee,~~ and
 - (c) representation on working groups and at meetings by College members, College staff and Councillors as permitted by the by-laws of the Alliance and in keeping with conflict of interest provisions.
- (2) The membership referred to in subsection (1) shall not include representation on the Evaluation Services Committee or any related subcommittees.

The College may maintain memberships in any organizations that are of benefit to the College, and shall pay the annual fees and other fees required for the membership.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 11.0

**Council Meeting
December 14 – 15, 2017**

Agenda #11 - Duty to Provide Care Standard

It is moved by

and seconded by

that:

Council approves the Duty to Provide Care Standard and rescind the Position Statement on Pandemic Planning effective February 1, 2018.

Meeting Date:	December 14-15, 2017
Agenda Item #:	11
Issue:	Duty to Provide Care Standard
Submitted by:	Téjia Bain, Junior Policy Analyst

Issue:

The Executive Committee recommends that Council approve the proposed Duty to Provide Care Standard and rescind the College's Position Statement on Pandemic Planning with an effective date of February 1, 2018.

Background:

In March 2017, Council approved the development of a document that would provide members with a compilation of the obligations they have when providing their services to the public.

Although a duty to provide care guideline was recommended, if physiotherapists should be held accountable to meet the expectations related to their duty to provide care, these expectations must be articulated in a standard rather than a guideline. With this in mind, staff is proposing a Duty to Provide Care Standard.

The expectations described in the Duty to Provide Care Standard draft in Appendix 1 address the following issues:

- Accessibility of care – Healthcare providers have a legal obligation to accommodate the needs of patients with disabilities and ensure equal access to care by following the accessibility standards of the *Accessibility for Ontarians with Disabilities Act (AODA)*. The draft Standard requires members to ensure that their services and facilities are compliant with the AODA accessibility standards.
- Service without discrimination – As service providers, physiotherapists cannot discriminate against patients (new and existing) based on any of the protected grounds in the Ontario *Human Rights Code* (the *Code*). The protected grounds related to the provision of services are listed in the draft Standard.
- Discontinuing services – Section 2 of the Professional Misconduct Regulation limits the circumstances in which a physiotherapist can discontinue care. It is important to note that this section speaks to circumstances where the care is still necessary for the patient. In addition to the circumstances described in the Professional Misconduct Regulation, staff is proposing to include an additional circumstance when a professional boundary has been breached and all reasonable steps have been taken to manage the behavior.
- Providing services during public health emergencies – The College's Pandemic Planning Position Statement contains expectations and considerations regarding physiotherapists' roles in a pandemic.

That content has been adapted into two expectations in the draft Standard and will apply to all types of public health emergencies.

Standard Development and Consultation

Based on the information gathered during the needs assessment earlier this year, staff developed a preliminary draft of the Standard that captured the relevant rules and addressed past issues identified by members. A plain-language expert reviewed the draft Standard to ensure cohesion in language and format with the College's existing Standards.

The draft Standard was then circulated to internal staff and the Practice Advisors to determine if it would provide reasonably clear direction to members with questions about their obligations to provide care, and would enable Committees to adjudicate cases about duty to care issues. After considering suggestions made by internal staff, several changes were made to the draft Standard before it was sent to members of the Physiotherapist Partners Network (PPN) and the Ontario Physiotherapy Association (OPA) for additional consultation.

In general, the feedback received from stakeholders was that the draft Standard was easy to understand and that it would be a helpful resource for members and the public. Most of the concerns identified by the Practice Advisors, PPN and OPA were addressed through language changes and links to external sources with additional information. The key concerns identified (by section) were:

- Accessibility – Two members of the PPN asked for clarity on what their responsibilities are with respect to following the AODA, particularly when their workplace is not fully accessible. The accessibility requirements in the AODA differ depending on the specific circumstance (for example, the age of the building). To be more helpful to members, the draft Standard includes a link to the Ontario government's website about the accessibility standards which describes how to comply with these standards depending on their specific circumstance.
- Discontinuing care – The Practice Advisors, OPA and a few PPN members asked for definitions or clarifications on a few expectations in this section, particularly determining reasonableness, and expanding the definition of abuse to address circumstances where a patient's behavior towards a physiotherapist or staff members breaches a professional boundary. Typically reasonableness of a physiotherapist's actions is determined by a Committee based on the specifics of the case, rather than defined in the Standard. An additional expectation was added to address the concern about breaches of the professional boundaries during patient care.

Staff also attempted to gather the patient's perspective on the expectations of the draft Standard, but was unable to do so. It should be noted, though, that patient protection is a primary focus of the existing statutory obligations that ground this Standard in that they aim to address issues experienced by vulnerable people.

At their November 2017 meeting, the Executive Committee reviewed the draft Standard. Their suggested changes are summarized below.

Issues identified by the Executive Committee

1. Compliance with the AODA

During their discussion of the draft Standard, the Executive Committee recommended that staff provide more clarity in the language of the Standard on members' obligations to meet the standards of the AODA. To address this, the language in the relevant section of the draft Standard has been changed and an explanation of accessibility has been added with examples of how the accessibility standards can be met. The Standard also directs members to resources on how to comply with accessibility standards, and the College will continue to make members aware of those resources in future communications.

2. Denying care

The Executive Committee was concerned that the language in the 'No Discrimination' section of the draft Standard could cause confusion for members who limit the services they provide because of their area of competence or specialization (for example, a paediatric physiotherapist who does not treat adults). Staff has since changed the language to make it clear that members cannot refuse to provide care to individuals for discriminatory reasons. Some examples of when it may be acceptable to deny care have also been added to the draft Standard (see first footnote).

The research, rationale and stakeholder feedback that was used to develop the content of the Duty to Provide Care Standard draft is summarized in a report in Appendix 2.

Additional considerations

1. Pandemic Planning Position Statement

Approved in September 2009, the Position Statement on Pandemic Planning describes key issues that physiotherapists should consider in relation to their roles and responsibilities during a pandemic. Staff has incorporated content from this document into the draft Standard to address circumstances where a physiotherapist may have a role in responding to a public health emergency (including pandemics). Staff is therefore recommending that the Position Statement on Pandemic Planning be rescinded.

2. Providing services during job action

In staff's initial proposal for a duty to provide care document, providing services during job action was listed as an issue that could possibly be addressed. The only existing College resource about job action was developed in January 2004 as an information bulletin to provide members with considerations when taking political or job action. When investigating this issue, staff found that there are various safeguards in existing labour and regulatory legislation to ensure that patients are not abandoned during job action circumstances (for example, the requirement in the Professional Misconduct Regulation to provide alternative services if care is being discontinued). This suggests that the College does not need to address providing services during job action.

Decision Sought:

Council is asked to approve the proposed Duty to Provide Care Standard and rescind the College's Position Statement on Pandemic Planning with an effective date of February 1, 2018.

Attachments:

- Appendix 1: Duty to Provide Care Standard draft
- Appendix 2: Duty to Provide Care Standard – Summary of Research, Rationale and Stakeholder Feedback
- Appendix 3: Position Statement – Pandemic Planning



Appendix 1: Duty to Provide Care Standard *Draft*

Physiotherapists do not have a universal obligation to provide care to everyone¹. When making decisions about providing and continuing care, physiotherapists should consider the following obligations.

1. Accessibility²

Physiotherapists must ensure that their services and facilities comply with the standards of the [Accessibility for Ontarians with Disabilities Act](#).

2. No Discrimination

Physiotherapists must provide their services without discrimination. This means they may not refuse to provide care based on any reason or ground listed in the [Ontario Human Rights Code](#):

- age
- citizenship
- disability³
- ethnic origin
- place of origin
- creed
- ancestry, colour, or race
- sexual orientation
- sex (including pregnancy and breastfeeding)
- gender identity, gender expression
- marital status (including single status)
- family status

¹ It may be acceptable to deny care based on reasons that are not discriminatory. For example:

- the care needed is outside of the physiotherapist's clinical competence or the scope of practice of the profession
- the physiotherapist believes that it is unsafe to provide the care
- the physiotherapist chooses to limit services based on conscience or religion. In this circumstance, alternative options must be provided for the patient to access the care needed.

² Accessibility means removing barriers for individuals with disabilities so that they can access goods, services, and facilities. Some examples of meeting the accessibility standards include:

- making at least one service counter accessible to people who use mobility devices, such as wheelchairs
- providing information in large print to a patient who has impaired vision
- creating a policy that identifies any assistive measures that you offer to help people with disabilities access your services

³ Disability means:

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*

Ontario Human Rights Code, R.S.O. 1990, c. H.19, s. 10(1)



3. Discontinuing Care

Physiotherapists must discontinue necessary services only when:

- the patient requests the discontinuation,
- resources are too scarce to provide care that meets the standards of practice,
- the patient has failed to make payment within a reasonable time, and the physiotherapist has made all reasonable attempts to facilitate payment (for example, sending notices, offering a payment plan),
- the physiotherapist believes that the patient is abusive,
- [a professional boundary has been breached](#) and all reasonable steps have been taken to manage the behavior, or
- the patient has not cooperated or complied with the treatment plan and the result is that the care is not effective.

When physiotherapists discontinue their services, they must arrange alternative services or give the patient a reasonable opportunity to arrange alternative services.

4. Providing services during a public health emergency

During a public health emergency⁴, physiotherapists should:

- Understand the nature of the public health emergency and remain informed about the relevant federal, provincial and local response plans.
- Consider their personal competencies relevant to the care needed during the public health emergency and make decisions about their involvement accordingly.

⁴ An emergency means a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.

Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9, s. 1.

A public health emergency is an emergency that may put human health at risk.

Appendix 2: Duty to Provide Care Standard – Summary of Research, Rationale and Stakeholder Feedback

The content of the Duty to Provide Care Standard draft was developed on the basis of the following sources:

- Statutory legislation: The Ontario *Human Rights Code* (the *Code*), the *Accessibility for Ontarians with Disabilities Act* (AODA), Professional Misconduct Regulations
- Standards and other high-level resources of the College
- Standards and policies of other health regulators
- Best practices in professional literature and legal research
- Program data of the College
- Consultation feedback from internal staff, Practice Advisors, the Physiotherapist Partners Network (PPN), the Ontario Physiotherapy Association (OPA)
- Feedback received at the November 2017 Executive Committee meeting

Below is a summary of the research, rationale and stakeholder feedback for each expectation in the draft Standard.

Introduction

Physiotherapists do not have a universal obligation to provide care to everyone*. When making decisions about providing and continuing care, physiotherapists should consider the following obligations.

* *It may be acceptable to deny care based on reasons that are not discriminatory. For example:*

- *the care needed is outside of the physiotherapist's clinical competence or the scope of practice of the profession*
- *the physiotherapist believes that it is unsafe to provide the care*
- *the physiotherapist chooses to limit services based on conscience or religion. In this circumstance, alternative options must be provided for the patient to access the care needed.*

Intent and rationale

The introduction captures the overall intent of the Duty to Provide Care Standard, which is to describe the obligations that physiotherapists have when making decisions about providing care. Issues that arise when health care providers do not uphold their duty to provide care can harm patients by preventing or interrupting access to needed care. Changes were made to this introductory statement for clarity after considering feedback received from the OPA and the Executive Committee.



1. Accessibility*

Physiotherapists must ensure that their services and facilities comply with the standards of the *Accessibility for Ontarians with Disabilities Act*.

*Accessibility means removing barriers for individuals with disabilities so that they can access goods, services, and facilities. Some examples of meeting the accessibility standards include:

- making at least one service counter accessible to people who use mobility devices, such as wheelchairs
- providing information in large print to a patient who has impaired vision
- creating a policy that identifies any assistive measures that you offer to help people with disabilities access your services

Intent and rationale

By law, people with disabilities have a right to equal access to goods, services and facilities. This expectation reinforces the obligations of the accessibility laws in Ontario and makes it clear that physiotherapists have a responsibility to ensure that their services and facilities are compliant with the accessibility standards of the province.

Existing rules and regulations

- The Ontario *Human Rights Code* (the *Code*) requires all service providers to take necessary steps to accommodate for the specific needs of patients¹. This duty to accommodate is limited to the point of undue hardship, where excessive cost, health or safety concerns would result. This requirement reflects the fact that each person may have different needs and requires different solutions to obtain equal access to care.
- The *Accessibility for Ontarians with Disabilities Act* (AODA) aims to develop, implement and enforce accessibility standards in order to achieve accessibility for Ontarians with disabilities². It requires that any person or organization that provides goods or services to members of the public must provide the goods or services in a manner that respects the dignity and independence of persons with disabilities. The accessibility standards enforced by the AODA are laws that organizations must follow to become more accessible by removing barriers to access of goods, services and facilities.

Legal research

- “Disability” continues to be the most frequently cited ground of discrimination under the *Code* in human rights claims made to the Human Rights Tribunal of Ontario (HRTO)³. When making their decisions in cases of discrimination, the tribunal and the courts take into consideration if all possible steps were taken to remove barriers and if accommodation was provided in a way that most respects the



dignity of the person with the disability.

Other regulators

- In Ontario, the College of Physicians and Surgeons has addressed the duty to accommodate and ensure accessibility of services in their policy on Physician Obligations and Human Rights. In this policy, the College requires physicians to take reasonable steps to accommodate patients and it also speaks to the limits of the duty to accommodate⁴.

Stakeholder feedback

- Most stakeholders found the accessibility section of the draft Standard clear. Two members of the PPN asked for clarification on how they are expected to uphold the standards of the AODA when their workplace is not fully accessible and they are not able to make the necessary changes. Through their incremental enforcement, the accessibility standards allow for organizations and facilities to make the transition to full accessibility by following guidelines developed by the Ontario government. The description of the different accessibility standards and how to meet their expectations are included in the Ontario Government's webpage about accessibility standards, which is linked in the draft Standard.

Executive Committee feedback

- The Executive Committee expressed concerns that some members who work in facilities that are not fully accessible according to the accessibility standards may consider an expectation to ensure that their facilities are accessible as unreasonable when doing so may be out of their control. The accessibility requirements in the AODA differ depending on the specific circumstance (for example, the age of the building), and there are provisions to allow organizations to remove barriers without causing undue hardship. In response to the Executive Committee's concerns, the language in the expectation was changed and a definition of accessibility with relevant examples was provided.

2. No Discrimination

Physiotherapists must provide their services without discrimination. This means they may not refuse to provide care to individuals based on any reason or ground listed in the Ontario *Human Rights Code*:

- age
- ancestry, colour, race
- citizenship
- sexual orientation
- disability*
- sex (including pregnancy and breastfeeding)



- ethnic origin
- place of origin
- creed
- gender identity, gender expression
- marital status (including single status)
- family status

**Disability means:*

(a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness

(b) a condition of mental impairment or a developmental disability,

(c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

(d) a mental disorder, or

(e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997

Ontario Human Rights Code, R.S.O. 1990, c. H.19, s. 10(1)

Intent and rationale

This expectation is based on the requirement the Ontario *Human Rights Code* (the *Code*) that gives every person equal rights to receive services without discrimination. Explicitly listing the grounds of the *Code* makes it clear what reasons are not acceptable for denying care by law for discriminatory reasons.

Existing rules and regulations

- Physiotherapists cannot discriminate against persons receiving their services based on the grounds in the *Code*⁵. The *Code* entitles every Ontario resident to equal treatment with respect to services, including health services, without discrimination.
- Amendments to the *Code* have been introduced in Bill 164, Human Rights Code Amendment Act, 2017. This bill will add four new grounds to address discrimination (i.e. immigration status, social condition, police records, and genetic characteristics). If passed, these grounds will be added to the list included in the Duty to Provide Care Standard.
- The College's Code of Ethics requires physiotherapists to be respectful of patients by honouring the patient's right to privacy, confidentiality, dignity and treatment without discrimination⁶.
- The Essential Competency Profile for Physiotherapists in Canada stipulates that as an expert, the physiotherapist should maintain continuity in physiotherapy service delivery where resources permit⁷.

Legal research



- Although sections of the *Code* set out various types of conditions for its applicability, it is a principle of human rights law that the *Code* be given a broad, contextual interpretation with the goal of eliminating discrimination. This is evident in court cases of the past where a “social approach” to cases was taken by the courts with a focus on the effects of the distinction, preference or exclusion experienced by discriminated persons⁸.

Other regulators

- Most regulators in Ontario address fair and equal access to care without discrimination in their ethics policies and standards. Principles of ethics amongst health professionals focus on the patient’s best interest first, and require health professionals to treat their patients with dignity and respect.

Stakeholder feedback

- Practice Advisors found the reference to the grounds of the *Code* very helpful for addressing past calls that they received about denying care. One such call was about a physiotherapist’s refusal to treat WSIB patients. Under the *Code*, a service provider cannot discriminate against a person who has an injury for which benefits were claimed or received under the WSIB insurance plan. However, WSIB Ontario requires health care practitioners to register in their payment system as a provider in order to be paid, and therefore, unregistered practitioners do not provide services to WSIB claimants. The Practice Advisors tell physiotherapists to explain this to patients when denying care in order to avoid any discriminatory implications. Neither the PPN nor the OPA had any suggestions for this section.

Executive Committee feedback

- The Executive Committee was concerned that the language in this section of the draft Standard they reviewed could cause confusion for members who limit the services they provide because of their area of competence or specialization. Staff has since changed the language to make it clear that members cannot refuse to provide care to individuals for discriminatory reasons. Some circumstances of when it may be acceptable to deny care have also been added to this section.

3. Discontinuing Care

Physiotherapists must discontinue necessary services only when:

- the patient requests the discontinuation,
- resources are too scarce to provide care that meets the standards of practice,



- the patient has failed to make payment within a reasonable time, and the physiotherapist has made all reasonable attempts to facilitate payment (for example, sending notices, offering a payment plan),
- the physiotherapist believes that the patient is abusive,
- a professional boundary has been breached* and all reasonable steps have been taken to manage the behavior, or
- the patient has not cooperated or complied with the treatment plan and the result is that the care is not effective.

When physiotherapists discontinue their services, they must arrange alternative services, or give the patient a reasonable opportunity to arrange alternative services.

Note: A hyperlink will take readers to the Boundaries and Sexual Abuse Standard which speaks to managing professional boundaries.

Intent and rationale

This expectation was included in the draft Standard to reinforce that patients should not be inappropriately discharged or abandoned. Physiotherapists always have a duty to continue providing care that is necessary unless one or more of the conditions listed in the expectation are met. It is an act of professional misconduct to discontinue needed care otherwise.

Existing Rules and Regulations

- The Professional Misconduct Regulation describes specific circumstances when it is acceptable for physiotherapists to discontinue services⁹. Should a physiotherapist discontinue their services when care is still needed, the regulation requires the physiotherapist to arrange alternative services or give the patient an opportunity to do so. The language in the regulation has been simplified in the draft Standard to provide more clarity.
- As per the Essential Competency Profile, physiotherapists are expected to discontinue services as planned or upon the client's request, and to communicate with the patient about service completion (e.g. recommends service options; self-management plan)¹⁰.
- The Boundaries and Sexual Abuse Standard requires physiotherapists to manage the boundaries of the therapeutic relationship by responding appropriately when a professional boundary is breached. This involves identifying the breach, correcting the inappropriate behaviour, and documenting the actions taken to address the breach in the patient's record¹¹. Consultation feedback obtained during the development of the Boundaries and Sexual Abuse Standard indicated that at times it becomes too challenging to manage the therapeutic relationship if a patient continuously breaches the professional boundaries. Bullet 5 in this section of the draft Standard was added to address discontinuing needed care when this occurs.



Program data

- Last year the Inquiries, Complaints and Reports Committee identified concerns about a member's approach to managing challenging interpersonal relationships when she discharged the complainant, whom she regarded as "aggressive" and "argumentative", without taking any steps to address the behavior or ensuring that the complainant had reasonable opportunity to find alternative care. The Committee considered the member's actions serious enough to require her to meet with the College's Senior Physiotherapist Advisor to review and discuss the areas of concern as part of a Specified Continuing Education and Remediation Program. Section 3 of the draft Standard directly speaks to the member's unprofessional behaviour in this circumstance.

Stakeholder feedback

- Stakeholders asked for clarification on a few bullets in this section. The language in this section was therefore simplified to provide more clarity:
 - In bullet 2, "insufficient resources" was changed to "resources are too scarce"
 - Examples for "reasonable attempts to facilitate payments" are provided in bullet 3
 - Types of abuse (verbal, physical, sexual) were removed considering that there are other forms of abuse

Executive Committee feedback

- There was discussion at the Executive Committee table about possible scenarios not included in this section of the draft Standard where a physiotherapist may find it necessary to discontinue care. After discussing the scenarios amongst themselves, the Executive Committee decided not to make any changes to this section of the draft Standard.

4. Providing services during a public health emergency

During a public health emergency*, physiotherapists should:

- Understand the nature of the public health emergency and remain informed about the relevant federal, provincial and local response plans.
- Consider their personal competencies relevant to the care needed during the public health emergency and make decisions about



their involvement accordingly.

**An emergency means a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.*

Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9, s. 1.

A public health emergency is an emergency that may put human health at risk.

Intent and rationale

Health care professionals are often called upon to provide care during health emergencies, but sometimes this duty to provide care can compete with health professionals' obligation to their family, friends, and to themselves, especially during disease outbreaks. Physiotherapists should use their professional judgement when making decisions to provide care in these circumstances. The intent of this expectation is to provide best practice advice on what steps should be taken by physiotherapists in times of emergency, taking into consideration that external emergency preparedness organizations in the province will have protocols in place to manage the emergency response.

Existing Rules and Resources

- The *Emergency Management and Civil Protection Act* requires each municipality to develop, implement and maintain an emergency management program that will ensure the safety of Ontarians during an emergency. Under this act, a system of partnerships has been developed between major stakeholders in emergency preparedness to ensure an organized and effective response to emergencies.
- In the College's Position Statement on Pandemic Planning, physiotherapists are advised to be aware of the characteristics of the pandemic and to always consider their personal competencies as they provide care according to the directives of management and the government. The key expectations in this position statement were reworded and simplified to apply to public health emergency circumstances in the draft Standard.

Literature

- While there are mixed views on health professionals providing services during epidemics and pandemics, the literature indicates that there is a fiduciary duty for health professionals to put the needs of patients first even when doing so may put their own health at risk¹²¹³. Generally doctors and nurses are held to a higher obligation to provide care than other health professionals during a public health emergency because of their particular level of expertise. There is no consensus on how explicitly and stringently the requirements for providing care during emergencies should be stated.



Other regulators

- When it comes to the topic of duty to care, most regulators and associations of doctors and nurses across Canada have a standard, policy or guideline on providing care during emergencies. In general, the advice given speaks to a fiduciary duty to provide during health emergencies even when it may put the doctor or nurse at risk. Ethical decision-making is also a key highlight in these policies, and some regulators, like the CPSO, speak specifically to practicing outside of scope. Lastly, keeping informed and remaining cooperative with the government prior to and during health emergencies is emphasized.

Stakeholder feedback

- Generally, all stakeholders consulted found this section clear. One of the PPN participants asked for more details on expectations during a public health emergency. Since the College is not an expert in emergency preparedness and response, members are advised to stay informed and look to federal, provincial, and local authorities for advice on how to respond.



References

¹ Ontario *Human Rights Code*, R.S.O. 1990, c. H.19, s. 2

² Accessibility for Ontarians with Disabilities Act, S.O. 2005, c.h.11, s.1

³ Ontario Human Rights Commission *Policy on ableism and discrimination based on disability*: <http://ohrc.on.ca/en/policy-ableism-and-discrimination-based-disability>

⁴ College of Physicians and Surgeons Policy Statement #2-15: Professional Obligations and Human Rights

⁵ Ontario *Human Rights Code*, R.S.O. 1990, c. H.19, s. 1

⁶ College of Physiotherapists of Ontario Code of Ethics

⁷ Essential Competency Profile for Physiotherapists in Canada, s 1.6.5

⁸ *Granovsky v. Canada (Minister of Employment and Immigration)*, [2000] 1 SCR 703, 2000 SCC 28 (CanLII) [*Granovsky*]

⁹ Professional Misconduct Regulations O. Reg. 388/08, s. 1(2)

¹⁰ Essential Competency Profile for Physiotherapists in Canada, s 1.8.3 & 1.8.4

¹¹ College of Physiotherapists of Ontario Boundaries and Sexual Abuse Standard

¹² Ruderman, Carly, et al. "On pandemics and the duty to care: whose duty? who cares?." *BMC Medical Ethics* 7.1 (2006)

¹³ Singer, Peter A., et al. "Ethics and SARS: lessons from Toronto." *British Medical Journal* 327.7427 (2003)

Pandemic Planning— Key Considerations for Physiotherapists

Introduction

A pandemic is an outbreak of infectious disease that has spread through human populations across a large region making it a worldwide concern. Although the timing and location of a pandemic outbreak is difficult to predict, there are steps that can be taken to be prepared and be responsive should a pandemic outbreak occur.

Organizations such as the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Public Health Agency of Canada (PHAC) and the Ontario Ministry of Health and Long-Term Care (MOHLTC) have a number of resources to guide organizations and individuals in preparing for and responding to a pandemic.

Background

The College has two significant and different responsibilities in pandemic planning. The first is to continue its regulatory activities (registration, quality assurance, practice support and investigating concerns about physiotherapists) to ensure public protection in unusual times. The second is to act as an information conduit to ensure appropriate knowledge dissemination to physiotherapists.

As health care providers, physiotherapists have certain obligations in such circumstances. Understanding what is happening in the broader environment, translating this to individual practice contexts and ensuring patient safety are key professional responsibilities.

Physiotherapists also possess an array of skill sets to contribute in the event of a pandemic. These include, but are not exclusive to:

- delivering care to susceptible or diagnosed patients
- considering risks to practice and utilizing an ethical framework to determine individual roles, responsibilities and accountabilities
- opting to assume additional skills under delegation to facilitate care delivery in unusual circumstances (e.g., providing injections)

Position

It is the position of the College that physiotherapists who practice in any category of registration should consider the following key issues in relation to their professional role and responsibilities in the event of a pandemic:

- To be aware of the characteristics of the pandemic (e.g., severity, virulence, modes of transmission etc.) and be informed regarding provincial and local response plans, particularly the role of physiotherapists and the opportunities for participation
- To establish and maintain a link with a public health communication source to ensure that current and relevant information is available for personal ongoing decision making
- To maintain and make available resources, appropriate to the practice setting and provider role, for purposes of personal and public safety; this includes the implementation of any safety precautions, such as infection prevention and control
- To consider personal competencies relevant to the provision of care during a pandemic and develop an individual plan for decision making and involvement
- To make decisions regarding provision of care based on consideration of the profession's Code of Ethics or within a similar ethical framework
- To work within the legislative structure of the Regulated Health Professions Act (RHPA) when considering new roles and responsibilities (for example injections or intubation)
- To comply with government directives as announced pre, during and post pandemic

References and Resources

Ontario Ministry of Health and Long Term Care (MOHLTC)

Responsible for ensuring comprehensive provincial response to a pandemic in Ontario including: communicating information provincially to health care workers in partnership with various organizations such as the College of Physiotherapists of Ontario.
<http://www.health.gov.on.ca>

Public Health Ontario—<http://www.publichealthontario.ca/en/Pages/default.aspx>

Public Health Agency of Canada (PHAC)—<http://www.phac-aspc.gc.ca>

The World Health Organization (WHO)—<http://www.who.int/en>

Date Approved: September 2009

Revised: October 2013

The information contained in this position statement may be time limited. Persons referring to this information more than two years from the date of publication should contact the College to confirm that the information is current.

**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY
(Q2) July, August, September 2017**

	# of Meetings		# of Cases Considered	# of Appeal Decisions Received (HPARB or Divisional Court)	Type of Outcomes	Q2 2017/18	
	F2F	Tel					
Registration	0	1	1	0	Certificate Granted (with or without terms, conditions and limitations)	1	
					Certificate Denied	0	
ICRC	1	1	25	2	Direction provided to staff (case ongoing)	1	
					Investigator appointed	6	
					Referral to Discipline	2	
					Incapacity Inquiry or Referral to Fitness to Practice	0	
					Other decision	16	
Quality Management	1	0	13	0	Practice Assessment	Successfully Completed (with or without recommendations)	8
						Practice Enhancement Required	4
					Practice Enhancement	Successfully Completed	0
						Second Practice Enhancement or Reassessment Required	0
					Requests for Deferral or Exemption	Granted	1
						Denied	0
Discipline ** deliberation days not included**	1	0	1	0	Hearings Pending		3
					Hearing Outcomes	Revoked	1
						Suspended (with or without terms, conditions and limitations)	0
						Terms, Conditions and Limitations only	0
						Other Adjourned indefinitely In progress	0
Fitness to Practice	0	0	0	0	Hearings Pending		0
					Hearing Outcomes	Revoked	0
						Suspended	0
						Terms, Conditions and Limitations	0
Patient Relations	0	0	0	N/A	Request for Funding	Granted	0
						Denied	0

ISSUES AND TRENDS

Registration – Nothing to Report.

ICRC – There was an increase in the number of cases returned from HPARB to the ICRC for additional information and reconsideration of the decision.

REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY

(Q2) July, August, September 2017

Quality Assurance – Due to significant concerns in one case, the Committee directed that the Registrar impose terms, conditions and limitations on the physiotherapist’s practice certificate. The PT is also required to participate in an extensive practice enhancement program (SCERP).

Discipline and Fitness to Practice – CPO v. Bourgeois is available on the CanLII website www.canlii.org.

Patient Relations – Nothing to report.



EXECUTIVE COMMITTEE'S REPORT TO COUNCIL

Date: December 15, 2017

Committee Chair: Mr. Gary Rehan, President

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

Support Staff: Ms. Shenda Tanchak
Ms. Elicia Persaud

Meetings:

Meetings held since last report:

- November 27, 2017

Planned upcoming meetings:

- February 28, 2018
- June 7, 2018

NOVEMBER 27, 2017 EXECUTIVE COMMITTEE MEETING

1. Quality Assurance Working Group: Recommended Program

The Executive Committee recommends to Council that the Quality Assurance Working Group's recommended Quality Assurance Program be approved in principle.

2. Reserve Policy

The Executive Committee recommends that Council approve the changes in the Reserve Policy.

3. Honoraria and Expense Reimbursement Policy Review

The Executive Committee recommends that the Honoraria and Expense Policy remain unchanged and reviewed again in 2019.

4. By-law Review, 2017-2018

The Executive Committee recommends that Council approve the by-law changes that need to be addressed this year (subject to the normal requirements to circulate the changes to members in advance of final approval).

5. Duty to Provide Care Standard

The Executive Committee recommends that the Duty to Provide Care Standard be brought forward to Council for approval and the rescission of the Position Statement on Pandemic Planning effective February 1, 2018.



6. Council: Educational Priorities, 2018-2019

Executive identified the following Council Education priorities:

Annually

- Sexual abuse training
- Governance
 - With a different area of focus each year – eg. code of conduct and ethics

On-Boarding

- Cultural competencies – within first year of term for each appointment/election period
- Regulated Health Professions Act
- Legislative Development Process
- Policy Development and Research

It was my pleasure to attend on behalf of COUNCIL the CLEAR conference in Denver, Colorado from Sept. 13 to 16, 2017.

The session I found to be the most interesting and provocative was “**Professional Self-Regulation: Is the Model Past Its Sell by Date?**”

The panel session of 3 speakers included:

Andrew Parr, the Registrar and CEO for the College of Naturopaths of Ontario

Rebecca Durcan, a lawyer with Steinecke Maciura LeBlanc

Ginny Hanrahan, CEO/Registrar with CORU - Regulating Health and Social Care Professionals in Ireland.

CORU is an interesting model.

CORU is Irelands multi-professional health regulator.

Their role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.

It is made up of the Health and Social Care Professionals Council and the Registration Boards, one for each profession named in their Act.

Dietitians, Occupational Therapists, Physiotherapists, Radiographers and Radiation Therapists, Social Workers, Speech and Language Therapists, Optometrists and Dispensing Opticians, Clinical Biochemists, Medical Scientists, Orthoptists, Podiatrists, Psychologists, Social Care Workers.

To regulate these professions, CORU will:

*Set the standards that health and social care professionals must meet.

*Ensure that the relevant educational bodies deliver qualifications that prepare professionals to provide safe and appropriate care.

*Maintain and publish a Register of health and social care professionals who meet the standards.

*Ensure that registered professionals keep their skills up to date by promoting continuing professional development.

*Run Fitness to Practise hearing into the conduct and competence of a registrant.

**There is specific eligibility criteria for both public and professional members.
Members of the Council are selected for their skill level rather than being elected.**

James Lee

COUNCIL OF LICENSURE, ENFORCEMENT & REGULATION -CLEAR Sept 13-16th

Hi All:

I would like to thank the executive committee for the opportunity to attend the CEAR conference this year in Denver Colorado. It was both informative and enjoyable.

As you know the Council on Licensure, Enforcement and regulation is the premier international resource for professional regulation stakeholders. Conference content is developed with its members of the regulatory community in mind and focuses on 4 areas of inquiry:

1. Entry to Practice
2. Testing and Examination
3. Administration, Legislation and Policy
4. Compliance and Discipline

As I attended two of the four days, I focused on the following seminars amongst several others that were of most interest to me:

1. **Risk Profiling : A new Regulatory Tool:**

Speaker: Shelley Martin-

I was happy to listen to Shelly Saturday morning on the 16th of September as she asked the questions: Which PT's have more risk in maintaining competence, how is it linked to the Q.A. Program and what are the trends or patterns amongst these risk factors?

Knowing risk factors and utilizing risk assessments could be the key to successful operations of regulatory bodies, especially in the wake of government pressure to promise transparency.

. She looked at a large review regarding risk and supports to competence between 2004-2014. Meta-analysis of literature coming from OT, PT, Pharmacists, and Doctors (which most of the research came from) was covered: The outcome was that there are twelve risks to competency: The top 4 are:

1. Age: Turns out that PT's aged 34-49 years had an increased number of investigations.
2. Internationally educated PT's – As might be expected the highest risk: decreased exam scores and lower passing rates. IEPT also have an increased number of work sites over their career which correlated to increased risk to competency.
3. Lack of Experience
4. Experience Transitions

There are 11 supports to competency which include Continuing Education and Personal support and feedback.

Trends from the literature Reviews:

1. Surprisingly, there is a lack of articles regarding risks when it comes to PT;
2. Being a new grad is not a risk to PT Competency;
3. Reviews show that those involved in ICRC with action will be involved in similar issues.

4. Not collected is data regarding personal health and wellness of PT.

Implications: There should be supports to those who have risk factors; Monitor and mitigate risks; Communicate risks and support to competence to help professionals self-monitor. Adapt quality assurance programs; support jurisprudence.

2. **Professional Self-Regulation: Is the Model Past Its Sell by Date?**

Speakers: Ginny Hanrahan CEO/Registrar CORU (Ireland's multi-professional health regulator)- Regulating Health & Social Care Professionals in Ireland and Rebecca Durcan, Lawyer, Steineck Marciu Leblanc.

Opening with the following quote by George Bernard Shaw "All professionals are conspirators against the laity" (1906). The seminar began by indicating that 51% of boards are made up of members of the profession-and for this reason it is a concern of the public that:

1. Number of members overpowered the public members and
2. Elections are a conflict of interest because those that are elected cannot represent the profession who votes for them (COI is can be real or perceived direct or indirect).
3. The average professional may not be qualified

All members and regulators seek to protect the public. We should be "agile"- look forward, adapt and anticipate change. Why is change needed? Because the public perceives that regulators may be focused on the interest of the members and because authority is not respected. In Ireland, there has been "Independent- led- Regulation" meaning the regulatory bodies are composed by a majority of public members; The president or chief chair is not a professional member.... "and its working".

In the UK shared regulation. There are 12 on the board (CORU) equally divided between lay and professional members. And no executive committee. And every member of the board is chosen for a skill set that is merit based. Overall a good mixture.

Conclusion:

1. There should be a New Model without the majority being professionals on the Boards.
2. Their (Professional members) decisions should be unencumbered by those people who have no interest to professionals they govern

3. **Cyber Risk in the Health Sector-**

Speaker: Kathryn Frelick Miller Thomson LLP

This seminar looked at the evolution of "privacy and cyber risk" in the health sector, new trends, new privacy torts and class action lawsuits. This law firm looked at what is the role of the regulator, its use and misuse of social media, and technology in various contexts.

We started by looking at the unauthorized access or collection of health information due to various reasons like: failure of technology systems, hacking, ransom ware, and lost stolen laptops.

EXAMPLE: The Erie County Medical Centre: ransom ware resulted in a remote web server that found a password to get into their system and encrypted their files. This involved 600 computers. The cost to the hospital amounted to \$5million and 6 weeks to reconstruct their system.

WHY are Health Care Organizations susceptible?

1. Information is “valuable” and there is a wealth of information in health care computer systems.
2. Health Care Organizations are slow to adapt
3. They are vulnerable to human error
4. Medical/monitoring devices can communicate with other devices.

There is risk for Regulators and the impact on the professions: Health care organizations and members have custody and control of large amounts of sensitive personal information that are subject to cyber- attacks.

How can we defend against these problems?

There should be a robust back up system to defend against ransom ware, infected e-mails and phishing networks Members should be aware of their professional obligation when it comes to social media. Watch out for posting images or information containing private health information.

PUBLIC MEMBER RON BOURRET'S ATTENDANCE AT THE 'SOCIETY OF ONTARIO
ADJUDICATORS AND REGULATORS ANNUAL CONFERENCE IN TORONTO NOV 2 2017

OVERVIEW

The theme of this conference was to explore the user's experience when it comes to our disciplinary processes and decisions.

The panelists wanted to display to us different perspectives of users who are seeking to be heard in our proceedings and what we can do to ensure that we are responsive that respects the users, promotes their effective participation, and increases access to justice.

Workshops included the evolution of Administrative Law; tips and tools for mediators, staff and adjudicators; procedural fairness; human judgment and unconscious human intuition; and biases in decision making.

The 'Restorative and Indigenous Justice Approaches' workshop was of particular interest to me and the majority of attendees. The use of Justice Tribunals throughout a disciplinary process and Lessons Learned was most interesting.

In summation, more consideration should be given to the users of any judicial process as they are important participants and are directly affected by the outcome.

Conference Summary : The Society of Ontario Adjudicators and Regulators

Exploring Justice: An Experiential Journey

Nov 2, 2017

Session Highlights:

A User-Centric Approach – How Am I Being Heard

- The most important thing for people involved in conflict is to feel that they have been fairly treated. If they feel that the process was fair, they can accept the outcome.
- We need to focus our energies on creating a process that is fair and accessible for all.

Compassion Fatigue

- This session focused on the concept that many administrative tribunals deal with issues of injuries and crimes of violence. It considered the impact this has on tribunal staff and adjudicators and explored practical strategies to identify when compassion fatigue could be impacting judgement as well as how to build resilience.
- Compassion fatigue is a gradual lessening of one's ability to feel empathy and compassion for others over time due to:
 - Primary traumatic stress
 - Secondary Stress- being overwhelmed by repeated exposure of trauma of others or
 - Cumulative stress (burnout)
- Key message: Know thyself. Be aware of when your compassion fatigue impacts your ability to do your job.

Intuition, Deliberation and Decision-Making

System 1 (Intuition) -- intuitive, associative, affective, rapid, confident judgment

System 2 (Intellect) -- deliberative, rule-based, calculating, mathematical, deductive, slow, cautious judgment

In ordinary life, people must use both System 1 and System 2

- System 1 keeps you alive, is faster and less conscious but can be flawed. It can lead to confident judgement that is often wrong. (Think Trump)
- Knowing when to suppress intuition is essential to sound judgment. They gave several examples of Cognitive Reflection tests

There were several Cognitive Reflection Test Questions and anchoring scenarios that highlighted the flaws in System 1 thinking that impact judges, engineers and the rest of us mere mortals.

This was an interesting, educational and practical conference. I highly recommend continuing to include it as part of Council educational opportunities.

Theresa

Fifth International Congress on Professional and Occupational Regulation
November 16-17, 2017, Melbourne Australia

Thank you very much to the College for sending me to this conference, which was an all round fantastic experience. The conference itself had some excellent content. The most relevant learning points for me as a Council Member were from the presentations set out below.

Impact for Regulators Working with Indigenous Populations - Gregory Phillips, Associate Professor, Monash University

This presentation related to Indigenous health workforce accreditation in Australia, covering issues to be considered for quality in assessment, including power, values, paradigm and strategy.

Important points:

- medical schools should have Aboriginal health as both an integrated topic and discrete courses, and those that do this have the best outcomes
- medical schools that support Aboriginal students better graduate them at the same rate as non-Aboriginal students; treating everyone the same creates inequity for Aboriginal students (equality is about sameness, equity is about fairness)
- first year medical students have angry and hostile reactions to Aboriginal health, which is an emotional psychosocial grief reaction ("why do we have to learn this, this is not real medicine"); medical schools need "transformational unlearning"; need to invest in this for staff before staff are even ready to teach students
- healthcare professionals cannot be professionally safe unless culturally safe
- cultural safety is about individual competencies and organizational practice, policies and culture
- Indigenous health is not just about closing the gap using an 'inclusion' or charity approach; Indigenous knowledge of health care informs better health care for all

When One Size Does Not Fit All - Assessing International Qualifications within the Australian Registration and Accreditation Scheme - Margaret Grant, Program Manager Accreditation, Australian Health Practitioner Regulation Agency

This presentation outlined the framework in Australia for recognizing international qualifications and the various pathways to registration for internationally trained health professionals.

Important points:

- Australia has a single scheme for health accreditation of 15 professions

- the National Law objectives are to:

1. protect the public by ensuring only those suitably trained and qualified to practice in a competent and ethical manner are registered;
2. rigorous and responsive assessment of overseas-trained health practitioners; and
3. enable the continuous development of a flexible, responsive and sustainable Australian health workforce

- internationally trained person needs to be substantially equivalent to Board approved qualifications

- Australia has a published list from the federal government which compares qualifications in other countries to Australian qualifications

- pathways to qualify for general registration are:

1. Board approved qualification (accredited program);
2. qualification that Board considers to be substantially equivalent to a Board approved qualification, or based on similar competencies to a Board approved qualification; or
3. if qualification is not 1 or 2, it is relevant to the profession, and the individual passes an exam or assessment required by the Board.

- "substantially equivalent to Board approved qualification" means:

1. comparable to minimum qualification level;
2. external quality assurance of institution and program;
3. qualification recognised by local regulator; and
4. learning and assessment of key content required for competent and ethical practice in Australia.

- "based on similar competencies to Board approved qualification" means:

1. comparable to minimum qualification level;
2. awarded by authorised education institution; and
3. specific mapping of learning and assessment outcomes against the requisite competencies of ethical and safe practice in Australia.

- "relevant to the profession plus Board approved exam" means:

1. comparable to minimum qualification level;
2. awarded by authorised education institution;
3. subject matter addressed comparable level of practice in country of training; and
4. required learning and assessment of essential requirements for ethical and safe practice in Australia.

Establishing and Working with a Community Advisory Group - Anita Rivera, National Director, Communications, Australian Health Practitioner Regulation Agency and Mark Bodycoat, Community Member, Medical Board of Australia and Chair, Community Reference Group

This presentation set out how the Australian health practitioner regulator set up its Community Reference Group and how the group has helped the agency engage more effectively with patients and the community.

Important points:

- the Australian Health Practitioner Regulation Agency (AHPRA) set up the Community Reference Group (CRG) due to low trust from community and some professions, numerous parliamentary inquiries into its performance, bad media, and the fact that there was no formal channel for the consumer or community voice
- the CRG was established in 2013 and acts as a 'critical friend'
- CRG provide information and advice and helps AHPRA keep the consumer at the heart of its work
- AHPRA CEO attends every meeting
- members are not health professionals and can never have been health professionals
- CRG has a respectful, constructive tone which is focused on highlighting areas for improvement and addressing issues
- as a result of the CRG, AHPRA has gained genuine two-way communication, expert consumer feedback, input on members' networks, advice on which issues matter and how to manage them, and expertise on messaging and how to engage
- a shared goal makes for a better, safer scheme
- appoint the best people; don't be afraid to appoint critics as members

How Do Regulators Maintain Public Trust and Confidence in the Face of Changing Public Expectation?

- Ron Paterson, Professor, The University of Auckland

This presentation discussed how regulators can be confident that they are acting appropriately and in the public interest amid changing public expectations, more informed consumers, and media scrutiny.

Important points:

- regulators walk a tightrope of responding to concerns from health professionals while protecting the public interest
- regulators need to show they are trustworthy; regulators are watch dogs, and good watch dogs bark!
- complaints are an excellent barometer of problems in your profession
- if regulator is slow and ineffective in handling complaints, it loses the confidence of the public
- regulators need to build the public's confidence in them by being responsive to public expectations and performing their role properly; need to be fair to practitioners also
- professionals should also speak up when they see harm

Untangling Workplace Situational Challenges: A Case for a New Way of Thinking in Professional Complexity - Sayra Cristancho, Scientist, Centre for Education Research and Innovation, and Assistant Professor, University of Western Ontario

This presentation introduced systems engineering principles and presented evidence from the healthcare context to tackle the question of how professionals adapt to complex workplace situations both individually and in teams.

Important points:

- in complex workplaces, experts routinely feel out of control
- complexity calls for a multidimensional mindset; complexity does not just mean medical complexity of the case, there could, for example, be trust issues with a resident, family dynamic issues etc.
- complexity requires awareness that problem solving is a process, not an event
- competent individuals do not always make a competent team

Presentation handouts can be found here: <https://www.clearhq.org/2017ICPORpresentations>