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Composition of the Committee is determined by Section 7.1(1) of the College by-laws.

### **Term of Office**

Appointment to the Executive Committee is one year renewable annually in June to a maximum of five times in any period of consecutive service on Council.

























Timeline	New Tool Development Activity	Program Review Activity
April – September 2018	Development of database functionalities for the Quality Assurance Program.	
June 2018	WG meeting to provide direction on outstanding policy questions, which may include: <ul style="list-style-type: none"> <li>• the selection process for assessments</li> <li>• size and composition of assessor pool</li> <li>• appropriate remuneration for assessors</li> <li>• any questions or issues raised by the consultant</li> </ul>	Contact current peer assessors who have the desired competencies to confirm their ongoing interest and ability to be peer assessors in the new program.
June – July 2018		Prepare for recruitment of new peer assessors: <ul style="list-style-type: none"> <li>• Determine compensation model</li> <li>• Update recruiting tool based on the required key competencies and work experience</li> </ul>
June – September 2018	Work with consultant to develop the remote and on-site assessment tools based on the blueprint and content developed by SME group.	Revise internal program policies and procedures, and communications materials, to correspond to changes to the program. Revise QAC policies and procedures.
July – October 2018		Recruit and hire peer assessors.
August – September 2018		Develop training and evaluation plans for peer assessors.
September 2018	Seek direction from WG on any outstanding policy considerations (if necessary).	
September – October 2018	Select a small group of members to participate in pilot testing of the assessment tools.	
September – November 2018	Development of questions for the remote assessment tool question bank (if required).	
September – November 2018	Programming of online versions of the remote and on-site assessment tools.	
November 2018	Train a small group of existing peer assessors on the new process and tools for the pilot testing.	
October – December 2018	Plan post-implementation program evaluation with assistance from the consultant.	
November 2018	Identify the topic of the mandatory education activity for upcoming year (2019-20).	
December 2018	Seek direction from WG on any outstanding policy considerations (if necessary).	
December 2018 – January 2019	Conduct pilot test of the remote and on-site assessment tools. Collect feedback from members and assessors about the tools.	
December 2018 – January 2019		Create a decision-making aid for QAC based on the revised on-site assessment

Timeline	New Tool Development Activity	Program Review Activity
		tool/process.
January – March 2019	Development the content and the tool for the mandatory education activity.	
February 2019		Hold an informal QAC meeting to review the reports generated from the pilot test on-site assessments in order to evaluate the usefulness of the information and the decision-making aid, and identify necessary improvements.
February 2019		Evaluate performance of peer assessors who participated in the pilot test, provide feedback, and identify additional training needs.
February 2019	Identify and implement necessary changes to tools and processes based on the feedback	
February – March 2019		Train newly-hired peer assessors.
<b>April 1, 2019</b>	<b>New program launches.</b>	

The one-time program developments costs consist of meeting costs for the WG, potential SME groups and item-writing groups to contribute to tool development (\$66,700), database development (\$23,800), consultant fees for the assessment expert and survey-writing expert (\$67,800), and pilot testing of assessment tools (\$39,400). Assessor training is ordinarily part of the QA Program activity, and is accounted for in the QA Program budget.

There are a number of outstanding issues and questions identified by the WG, Council, members and staff that will be addressed and resolved over the course of the program development work. They would be addressed using a combination of research, advice from the consultant, staff input and WG direction. A list of the issues and questions is included in Appendix 1. Staff will keep track of new issues and questions as they come up and ensure they are addressed and resolved before the launch of the program.

#### Decision Sought:

That Council formally approve the new Quality Assurance Program.

#### Attachments:

- Appendix 1: Issues to be Considered and Addressed During Program Development
- Appendix 2: Description of the New Quality Assurance Program and Background Information

## Appendix 1

### Issues to be Considered and Addressed During Program Development

Description of Issue	Sources of Information or Input	When it will be considered
<b>Remote assessment tool design</b>		
Using the Essential Competency Profile as the basis for developing the blueprint	- Part of the work of the Subject Matter Expert (SME) group	April – May 2018
Could the use of standardized patient scenarios achieve the same results as Chart Stimulated Recall?	- Literature research - Advice from consultant	April – May 2018
How can the reported benefits of the collegial discussion of the on-site assessment be retained in the remote assessment?	- Literature research - Advice from consultant	April – May 2018
The usefulness of a pre-assessment questionnaire or self-assessment tool	- Advice from consultant	April – May 2018
Could the risk research data be useful in the tool design (e.g. to inform questions on the assessment or the pre-assessment questionnaire)	- The consultant to consider and advise	April – May 2018
<b>Selection for assessment</b>		
What is the appropriate length for the assessment cycle (e.g. 5-year, 6-year, or some other length of time)	- Literature and evidence already collected - Estimates of budgetary impact - WG direction	March – April 2018
Consider issues raised by members about the use of random selection and determine how to address them	- Member feedback - Advice from consultant - WG direction	March – April 2018
Should PTs who are not in clinical practice be assessed?	- Member feedback - WG direction	June 2018
Should recent graduates be assessed?	- Literature research - WG direction	June 2018
What is the appropriate number of PTs to be randomly selected for the on-site assessment to achieve the blinding effect while being cost-effective?	- Literature research - Advice from consultant and other experts as required - WG direction	June 2018
How to select PTs to participate in the pilot	- Advice from consultant	June or September 2018































































































































## 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 barrier free
- (h) a notation of which business address is the Member’s primary Place of Practice;
- ~~(i) deleted 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) a notation of that fact, including the date of the referral;~~
- ~~(ii) 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);~~

Official By-Laws—Part 8

Official By-Laws—Part 7

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- ~~(iii) any hearing dates, including dates for the continuation of the hearing; and~~
- ~~(iv) the status of the discipline hearing;~~
- (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) 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) any information jointly agreed to be placed on the register by the College and the Member;
- (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) 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) ~~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) the Member's name as used in their Place(s) of Practice;
- (q) the language(s) in which the Member is able to provide physiotherapy services;
- (r) the Member's area(s) of practice and categories of patients seen;
- (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) 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) 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

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Official By-Laws—Part 8

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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;

- (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;
- (x) on or after July 1, 2015, information about the Member's registration with any other professions inside or outside of Ontario;
- (y) on or after July 1, 2015, information about the Member's registration in any other jurisdictions as a physiotherapist or physical therapist;
- (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.

- (aa) 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 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:~~

~~(A) — 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;~~

~~(B) — 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;~~

- (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:~~

~~(A) — 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~~

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~~education or remediation program were made available on the register or the undertaking was completed; or~~

~~(B) — 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) 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:~~

~~(A) — 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~~

~~(A) — 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;~~

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

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- (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.

Official By-Laws—Part 8

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Official By-Laws—Part 7

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- (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 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 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.

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President

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Vice-President

Official By-Laws—Part 10



## 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 31<sup>st</sup> 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.
- 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.
- 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.
- There are no fee refunds.

## Appendix C

### CODE OF CONDUCT

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

#### **Purpose**

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

All 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.: 19.0**

**Council Meeting  
March 19-20, 2018**

**Agenda #19: Proposed Governance Policy - Canadian Alliance of Physiotherapy Regulators  
Board Nominee**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the Governance Policy on the Role of Canadian Alliance of Physiotherapy Regulators (CAPR) Board Nominee/Director and make a corresponding change to the College's by-law in section 2.9 removing the existing provision on the appointment process for the CAPR nominee.

<b>Meeting Date:</b>	March 19-20, 2018
<b>Agenda Item #:</b>	19
<b>Issue:</b>	Proposed Governance Policy - Canadian Alliance of Physiotherapy Regulators Board (CAPR) Nominee
<b>Submitted by:</b>	Rod Hamilton, Associate Registrar, Policy and Quality

**Issue:**

At its meeting in December Council directed staff to develop a new governance policy on the terms of reference for the College's Canadian Alliance of Physiotherapy Regulators (CAPR) nominee. Council is asked to consider the proposed governance policy and approve it.

**Background:**

At its December meeting, Council approved a motion directing staff to develop a governance policy for the terms of reference for the College CAPR nominee.

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. However the by-law does not provide guidance on the role or responsibilities nor does it provide any further direction on how the nominee is to be chosen.

This is different from other College roles (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.

As such, the proposed governance policy, attached as Appendix 2, is intended to define more completely the duties and responsibilities of the role as well as propose more specific guidance on who should be chosen as the nominee.

There are a number of relevant considerations that have been taken into account in the structure and content of the proposed governance policy.

1

The role of CAPR and its relationship to the College

CAPR is the national not-for-profit federation of physiotherapy regulators in Canada. Its key roles are:

- To provide evaluation services to member colleges by undertaking credentialing of the educational qualifications of prospective physiotherapists in order to determine their eligibility to take the Physiotherapy National Examination,

- To administer the Physiotherapy National Examination,
- To work toward the advancement of regulatory standards of physiotherapy practice, and
- To work to ensure that member regulators have a strong, collective and influential voice across the country.

To undertake this work CAPR co-operates with other organizations at both national and international levels to develop industry standards and undertake projects on national and international issues related to physiotherapy.

CAPR provides two types of service: evaluation type services, and regulatory standard and research issues services.

For evaluation services, CAPR serves as a contractor to its members, who also provide guidance on the operational issues relating to evaluation services.

For the regulatory standard and research services, CAPR serves in a coordinating role, with its members providing regulatory advice and input into the process.

### The role of a CAPR Board member as defined by CAPR

Since CAPR is a service bureau for its members and it is independent of regulators, its board members have a different role than the board members of some other boards.

The primary difference is that its board members do not represent the interests of regulators and their role is to act in the best interest of CAPR. Instead of advocating on behalf of regulators, CAPR board members provide guidance and strategic advice to assist CAPR fulfill its role.

This means that a CAPR board member should be able to provide information to the board on operations and regulatory matters that are of importance to their constituent regulator. They must also be able to distinguish their duties to the CAPR board from their duties to the regulator that sent them. A person nominated as a CAPR representative must be willing to set aside both their personal interests and their interests in the College and act on behalf of CAPR when they are in this role. An important aspect of the incumbent's duty is to maintain the confidentiality of information that comes them in their role as a CAPR board member and not to share this confidential information with the organization that nominated them to the role.

### CAPR board appointment process

CAPR receives nominations from its members for its Board each spring.

The nominations are presented to CAPR's Governance and Nominating Committee (GNC) and to the full Board for a vote at its Spring Board meeting and AGM.

CAPR is not permitted to define or influence the process its members use to identify their nominees thus each member nominates someone according to their own processes, and CAPR then accepts the nominations.

Once a CAPR Board nominee has been approved by the CAPR board, the nominee becomes a CAPR board director.



## Competencies required to serve

The role of a CAPR director is to provide guidance and strategic advice as well as information. To do this the person needs to be able to provide relevant operational and regulatory information that is important to their respective colleges.

The CAPR Board has instructed its GNC to put forward qualities or experience or qualifications that they see as necessary at any given time for consideration by the members. To date this has not been done formally.

While CAPR has not developed a formal list of competencies it requires from directors, a number of practical skills have been informally identified. They include:

- Governance
- Fiscal oversight/financial literacy
- Understanding of college operations, especially registration issues
- Understanding of current physiotherapy trends in the district they represent
- Understanding of assessment techniques
- Legal knowledge

## Existing Governance policies

The Executive Committee suggested to Council that the governance policy should follow the model of existing governance policies that define current College roles for individuals (e.g. President, Registrar) and for committees (e.g. Executive). As such the policy will include categories such as:

- Primary Function
- Specific Responsibilities
- Terms of Office

## Other colleges' nomination processes

The makeup of the current membership of the CAPR board provides no guidance as to the 'best practice' model for the selection of a CAPR board nominee since there is nearly an even split between colleges that nominate a staff person to be the nominee and colleges that nominate an elected member of their board as a nominee.

Staff Nominee (generally Registrar)	Board Nominee (generally elected member)
1. British Columbia	1. Saskatchewan
2. Alberta	2. Ontario
3. Manitoba	3. Prince Edward Island
4. New Brunswick	4. Newfoundland
5. Nova Scotia	

Quebec is an exception – although it is the President who is nominated, in Quebec the President is a paid staff member who actually serves as the organizational CEO.

The other exception is Yukon, which has a government appointee that serves as its CAPR director.

To try and obtain additional information on the selection processes used by the other colleges, the College did ask each college to provide information on any formal rules or processes used to select the CAPR nominee. As of the time of writing, the College has only obtained information from British Columbia, Alberta and Manitoba, all of which indicate that they have no process to select the nominees as the Registrar, or another senior staff member, typically fill this role.

### Principles

The Council motion directing staff to develop the governance policy indicated that it should consider the set of principles that were considered by Council and should also include consideration of any other additional relevant principles that were identified.

The list of proposed principles considered by Council is attached at Appendix 1.

### **Consideration of Proposed Governance Policy**

When considering the proposed Governance Policy on the Role of Canadian Alliance of Physiotherapy Regulators (CAPR) Board Nominee/Director, Executive Committee will note that majority of the content is quite straight forward.

Like the other role based governance policies, this governance policy starts with a section called “Primary Function” which lays out the general responsibilities for the role. This information is summarized from material provided by CAPR on its role and the duties of its directors.

The next section, “Specific Responsibilities”, outlines in more detail the duties of the role, not only in respect of obligations to CAPR, but also to the College in terms of reporting to Council, awareness of fiduciary duties and administrative aspects of the role.

The third section of the policy, “Terms of Office”, is likely to prompt the most discussion. The process for how a nominee is approved by CAPR is clear and laid out in existing CAPR rules.

However, the College process for selecting a CAPR nominee has largely been undefined with the only guidance being the existing by-law which simply indicates that the nominee is chosen by the President in consultation with the members of the Executive Committee.

In order to offer useful guidance, it would appear that the governance policy should provide more detailed guidance on who should be chosen as the CAPR board nominee and how this should happen.

Council may recall that the ideas of competency-based committee appointment is gaining currency in the regulatory world and in fact statutory changes have already been made to the RHPA which give the Ministry the authority to set rules for college committee members on this kind of basis.

With this idea in mind, staff are suggesting that this model could be used to provide guidance for how the College should choose its CAPR nominee. Since this model appears to not yet have been adopted by any other college, this might provide the College with an opportunity to set a new trend.

As noted above, while CAPR has not yet formally identified the competencies that it requires in its directors, it has informally compiled a list of useful skills that it would like nominees to demonstrate. These include:

- Governance
- Fiscal oversight/financial literacy
- Understanding of college operations, especially registration issues
- Understanding of current physiotherapy trends in the district they represent.
- Understanding of assessment techniques
- Legal knowledge

It would appear that these kinds of skills would be useful for a CAPR nominee and that they are relatively easy to identify. As such, it is proposed that the method for choosing a College CAPR nominee incorporate this kind of competency-based assessment.

### **Executive Committee Review and Recommendations**

At its meeting in February, the College's Executive Committee considered the proposed governance policy and suggested that clarifications were needed in two areas under the heading "Specific Responsibilities".

Executive Committee asked that the point "The CAPR director will be aware of the different contributions that its constituent regulators make to CAPR's business and understand and accept this model" be redrafted for additional clarity. The revised wording is proposed:

The CAPR director will accept that each regulator belonging to CAPR may make different contributions to its business.

Executive also requested the CAPR's duties with respect to reporting back to the College's Council be clarified since there appeared to be some inconsistency between the proposed reporting obligations to Council and the CAPR's director's responsibility to maintain the confidentiality of certain CAPR information.

The revised wording is proposed:

The CAPR director will ensure that Council receives a regular report on non-confidential aspects of CAPR's activities.

### **Decision Sought**

That Council approve the Governance Policy on the Role of Canadian Alliance of Physiotherapy Regulators (CAPR) Board Nominee/Director and make a corresponding change to the College's by-law in section 2.9 removing the existing provision on the appointment process for the CAPR nominee.

### **Attachments**

Appendix 1: Principles to be used as support for a Governance Policy on the Role of Canadian Alliance of Physiotherapy Regulators (CAPR) Board Nominee/Director

Appendix 2: Governance Policy on the Role of Canadian Alliance of Physiotherapy Regulators (CAPR) Board Nominee/Director

## Appendix 1

### Principles to be used as support for a Governance Policy on the Role of Canadian Alliance of Physiotherapy Regulators (CAPR) Board Nominee/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.

## Appendix 2

### Proposed Governance Policy for Consideration

**Section:**

**Policy #**

**Roles and Responsibilities**

**Title:** Role of Canadian Alliance of Physiotherapy Regulators (CAPR)  
Board Nominee/Director

**Applicable to:** Staff or Council

**Date approved:** March

**Date revised:**

**By-law Reference:** 2.9 – Membership in Associations

**Primary Function**

The CAPR director works with other members of the CAPR board by providing information and input on operational and regulatory matters in order to make decisions on CAPR's services and operations.

**Specific Responsibilities**

The CAPR director will, in conjunction with other members of the CAPR board:

- Develop industry standards and undertake projects on national and international issues related to physiotherapy.
- Support CAPR's role as a contract provider of evaluation services by providing guidance on operational issues relating to evaluation services.
- Support CAPR's coordinating role in regulatory standard and research services by providing regulatory advice and input into the process.
- Assist in decision-making about how CAPR runs its own business.
- Provide guidance and strategic advice to assist CAPR fulfill its role.
- provide information on operational and regulatory matters that are of importance to the College

The CAPR director will understand their fiduciary duties and the potential for conflict of interest in their role and have the ability to set aside their personal and professional interests and manage any real, potential or perceived conflict of interest.

The CAPR director will have the relevant practical, operational and regulatory knowledge required to fulfil the role.

The CAPR director will accept that each regulator belonging to CAPR may make different contributions to its business.

The CAPR director will ensure that Council receives a regular report on non-confidential aspects of CAPR's activities.

## **Terms of Office**

Each year the College President, in consultation with the members of the Executive Committee, will nominate a person to serve as a director of the CAPR board.

The person nominated to serve as the director of the CAPR board will be chosen on the basis of:

- the skills and competencies required for the role by CAPR, and
- the person's ability to fulfil the responsibilities associated with the role.

The CAPR Board nominee must be approved by the CAPR board to serve as a member of the CAPR Board

Once approved, the CAPR director serves for a period of one year with the term being renewable.

The CAPR director will be reimbursed for honoraria and expenses as per relevant College policies.



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## Agenda #20

### Advertising Audit Presentation



**Motion No.: 21.0**

**Council Meeting  
March 19-20, 2018**

**Agenda #21: Proposed Committee Slate Changes**

**It is moved by**

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**and seconded by**

\_\_\_\_\_

**that:**

Council approve the following amendments to the College's committee slate:

- Appoint Ken Moreau to the Inquiries, Complaints and Reports Committee, and
- Appoint Darryn Mandel as Chair of the Discipline and Fitness to Practise Committees.





<b>Meeting Date:</b>	March 19-20, 2018
<b>Agenda Item #:</b>	21
<b>Issue:</b>	Proposed Committee Slate Changes
<b>Submitted by:</b>	Rod Hamilton, Associate Registrar, Policy and Quality

**Issue:**

As a result of recent changes to the composition of Council, revisions are required to the College's current committee slate.

**Background:**

As Council will recall, two recent changes have been made to the composition of the Council.

The first of these changes was the appointment of Ken Moreau as a public member of Council. To date Ken has not been appointed to a committee.

Based on Ken's regulatory and legal background, it is proposed that he be appointed to the Inquiries, Complaints and Reports Committee on an interim basis (i.e. until the new committee slate is approved in June).

No other changes are required to accommodate this change as the committee composition is sufficiently flexible to permit it.

Ken indicates that he is willing to accept this appointment.

Council will recall that last year it decided that prior to committee service, all College committee members must receive orientation on sexual abuse prevention. This is intended to ensure that everyone who serves on a College committee has some awareness of the College's responsibility to deal with and prevent the sexual abuse of patients.

While Ken has not yet attended this training, FHRCO has a new video available that will provide this kind of orientation. This material is currently available and as such Ken will be able to complete this training prior to attending his first ICRC meeting in May.

The second change results from the resignation of Cathy Hecimovich from Council. Cathy was a member of the Discipline Committee and in fact served as the Chair of this committee. As a result of her departure, the Discipline Committee no longer has a chair, although it does remain fully constituted (i.e. it has the required minimum membership of 10 members).



After considering this issue at its last meeting, the College's Executive Committee is recommending that Darryn Mandel be appointed Chair of the Discipline Committee on an interim basis until June.

Darryn has served as a member of the Discipline Committee for a number of years and has experience in chairing Discipline panels.

Darryn has indicated that he is willing to accept this appointment.

A revised committee slate document is appended to reflect these proposed changes (Appendix 1)

**Decision Sought:**

That Council approve that following changes to the College's committee slate:

- that Ken Moreau be appointed to the ICRC; and
- that Darryn Mandel be appointed the Chair of the Discipline Committee

**Attachments:**

- Proposed College Committee Structure and Composition – March, 2018



PROPOSED COLLEGE COMMITTEE STRUCTURE & COMPOSITION – March September, 2018

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
EXECUTIVE	5 people: <ul style="list-style-type: none"> <li>At least 3 Professional Members of Council</li> <li>At least 1 but not more than 2 Public Appointees</li> <li>Must include President and Vice President</li> </ul>	Gary Rehan (Chair) <del>Catherine Hecimovich</del> (TBD) VP  Theresa Stevens Darryn Mandel  Tyrone Skanes	The Committee provides leadership to Council, promotes governance excellence at all levels, facilitates effective functioning of the College, in certain circumstances, to act on behalf of Council between meetings and when required, to reconstitute itself as the College privacy committee to deal with appeals regarding the manner in which personal information is managed by the College. The Committee has all powers of the Council with respect to any matter that requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.	Shenda Tanchak Elicia Ramdhin
INQUIRIES, COMPLAINTS AND REPORTS (ICRC)	At least 6 people at least <ul style="list-style-type: none"> <li>2 are Professional Members of Council</li> <li>2 are Public Appointees</li> <li>1 is Non Council</li> </ul>	Michelle Addison (chair) Sharee Mandel Gary Rehan  Tyrone Skanes Jane Darville  Vinh Lu	ICRC investigates complaints and considers reports as per section 79 of the Code related to the conduct or action, competencies or capacity of registrants as it relates to their practicing the profession.	Sandi Keough Tess Currie
DISCIPLINE & FITNESS TO PRACTISE	At least 10 people: <ul style="list-style-type: none"> <li>2-7 Professional Members</li> <li>3 Public Appointees</li> <li>Up to 5 Non-Council Members</li> </ul>	<del>Cathy Hecimovich (chair)</del> Nadine Graham Lisa Tichband Darryn Mandel (chair)  Zita Devan Ron Bourret James Lee  Sheila Cameron Lori Neill Jim Wernham Daniel Negro	A panel of at least 3-5 persons convenes to hear allegations of conduct or incompetence as referred by the ICRC. A panel of at least 3-5 persons convenes to hear allegations of incapacity as referred by the health inquiry panel of the ICRC. Hearings are in a judicial setting and can last from one to several days. Decisions and Reasons are documented in detail.	Anita Ashton Elicia Ramdhin

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
QUALITY ASSURANCE	2 Professional Members  2 Public Appointees  2 Non-Council Members	Theresa Stevens (chair) Lisa Tichband  Ron Bourret James Lee  Deb Lucy Jatinder Bains	The Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.	Shelley Martin Cici Czigler
REGISTRATION	1 Professional Member 1 Academic Member  2 Public Appointees  1 Non-Council Member	Janet Law Kathleen Norman  Jane Darville Jennifer Dolling (chair)  Marcia Dunn	The Committee makes decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.	Mary Kennedy
PATIENT RELATIONS	2 Professional Members  1 Public Appointee  1 Non-Council Member	Sharee Mandel (chair) Nicole Graham  Zita Devan  Jatinder Bains	The Committee is to advise Council with respect to the patient relations program and to administer the program to provide funding for therapy and counselling.	Anita Ashton
FINANCE  (non statutory)	President  Vice President  3 Councillors at least 1 or 2 Public Appointees	Gary Rehan  <del>Cathy Hecimovich (TBD)</del>  James Lee (chair) Nicole Graham Janet Law	The Committee is to monitor significant financial planning, management and reporting matters of the College, to make recommendations and deliver reports to Council, and to serve as the College's audit committee.	Shenda Tanchak Robyn MacArthur
Provincial Alliance Representative		Darryn Mandel		



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**Motion No.: 22.0**

**Council Meeting  
March 19-20, 2018**

**Agenda #22: Development of a Standard on Professionalism**

**It is moved by**

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**and seconded by**

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**that:**

Council directs staff to develop a standard on professionalism.

<b>Meeting Date:</b>	March 19-20, 2018
<b>Agenda Item #:</b>	22
<b>Issue:</b>	Development of a Standard on Professionalism
<b>Submitted by:</b>	Téjia Bain, Junior Policy Analyst

## Issue:

Council is asked to approve the development of a standard on professionalism to describe expectations for physiotherapists' professional behavior in practice.

## Background

At the September 2017 Executive Committee meeting, the Committee recommended that staff explore the development of a standard on professionalism and professional behavior based on stakeholder feedback received during consultation for the Collaborative Care Standard. This feedback seemed to indicate that there is a general expectation for physiotherapists to behave professionally towards colleagues.

After consideration of the preliminary information described below at their most recent meeting, the Executive Committee decided to recommend to Council that it direct staff to develop a standard on professionalism.

Based on staff's initial research, there appears to be a gap between the College's existing rules and the concerns identified by patients and other professionals about physiotherapists' professional behavior. While it is a common expectation that all physiotherapists act professionally, the notion of being 'professional' is subjective at times, and what may be seen as being professional by one person may not be seen as professional by another.

### What are the limits of current practice?

Professional behavior is currently addressed in the College's Code of Ethics (R.E.A.C.H.) and the newly-revised Essential Competency Profile for Physiotherapists in Canada, 2017. While these documents set out the foundation for professionalism, they are not Standards of Practice of the College.

Council will also recall that the Canadian Physiotherapy Association was the lead in developing a National Code of Ethics which described some expectations of behavioral conduct. However, this Code was not adopted by the College.

Based on a review of past complaints received at the College, it is clear that many of the complaints received from the public include concerns about unprofessional behaviour such as rudeness, poor communication, and lack of patient-centred care. Since there is currently no written standard that describes expectations for a physiotherapist's professional behavior, members of the Inquiries, Complaints and Reports Committee (ICRC)

must rely on their own understanding of professionalism when reviewing complaints about a physiotherapist's behavior in order to determine what actions, if any, should be taken. This can lead to inconsistencies in decision-making as the Committee members change over time.

Additionally, while the Professional Misconduct regulation can be relied upon as an enforcement mechanism for the Discipline Committee to address professionalism issues, it cannot be used to ground a decision to take action at the ICRC level given that the ICRC cannot make findings of professional misconduct against a member.

#### Why create a standard?

A standard on professionalism would exist as an enforceable document that could address issues such as making disparaging comments about other health professionals, crossing professional boundaries with colleagues, unprofessional behavior towards patients, and responding to inappropriate behavior of patients.

This standard would address the gap that exists in identifying what the expectations of professional behavior are for physiotherapists. A standard on professionalism would also ensure consistency in decision-making about professional behavior at the ICRC level and provide expectations that the Committee can use to measure a member's actions against when reviewing a case with concerns about unprofessional behavior.

*Please note that a working group on this issue has been budgeted for so that Councillors will have a formal opportunity to provide their input during the development of the standard.*

#### **Decision Sought:**

That Council directs staff to develop a standard on professionalism.

#### **Attachments:**

- College of Physiotherapists of Ontario – Ethical Values

## Attachment 1

### College of Physiotherapists of Ontario - Ethical Values

#### **Respect**

Physiotherapists are respectful of the differing needs of each individual and honour the patient's right to privacy, confidentiality, dignity and treatment without discrimination.

#### **Excellence**

Physiotherapists are committed to excellence in professional practice through continued development of knowledge, skills, judgment and attitudes.

#### **Autonomy and Well Being**

Physiotherapists are at all times guided by a concern for the patient's well-being. Patients have the right to self-determination and are empowered to participate in decisions about their health-related quality of life and physical functioning.

#### **Communication, Collaboration and Advocacy**

Physiotherapists value the contribution of all individuals involved in the care of a patient. Communication, collaboration and advocacy are essential to achieve the best possible outcomes.

#### **Honesty and Integrity**

Each physiotherapist's commitment to act with honesty and integrity is fundamental to the delivery of high quality, safe and professional services.



**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY  
(Q3) October, November and December 2017**

	# of Meetings		# of Cases Considered	# of Appeal Decisions Received (HPARB or Divisional Court)	Type of Outcomes	Q3 2017/18	
	F2F	Tel					
Registration	0	1	2	0	Certificate Granted (with or without terms, conditions and limitations)	0	
					Certificate Denied	2	
ICRC					Direction provided to staff (case ongoing)	2	
					Investigator appointed	4	
					Referral to Discipline	3	
					Incapacity Inquiry or Referral to Fitness to Practice	0	
					Other decision	15	
Quality Management	1	1	12	n/a	Practice Assessment	Successfully Completed (with or without recommendations)	7
						Practice Enhancement Required	5
					Practice Enhancement	Successfully Completed	0
						Second Practice Enhancement or Reassessment Required	0
					Requests for Deferral or Exemption	Granted	0
						Denied	0
Discipline ** deliberation days not included**	1	0	1	n/a	Hearings Pending		5
					Hearing Outcomes	Revoked	0
						Suspended (with or without terms, conditions and limitations)	1
						Terms, Conditions and Limitations only	0
						Other Adjourned indefinitely In progress	0
Fitness to Practice	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 – Nothing to report.

**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY  
(Q3) October, November and December 2017**

**Quality Assurance – Nothing to report.**

**Discipline and Fitness to Practice – CPO v. Evans is available on the CanLII website [www.canlii.org](http://www.canlii.org).**

**Patient Relations – Nothing to report.**



## EXECUTIVE COMMITTEE'S REPORT TO COUNCIL

**Date:** March 20, 2018

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

**Committee Members:** Mr. Darryn Mandel  
Mr. Tyrone Skanes  
Ms. Theresa Stevens

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

### Meetings:

Meetings held since last report:

- February 28, 2018

Planned upcoming meetings:

- June 7, 2018

### FEBRUARY 28, 2018 EXECUTIVE COMMITTEE MEETING

#### **1. 2018/19 Budget**

The Executive Committee recommended that Council approve the Operating and Capital Budgets for the 2018/2019 Fiscal Year.

#### **2. Quality Assurance Program Review: Final Approval of New Program**

The Executive Committee recommended that Council formally approve the new Quality Assurance Program.

#### **3. Quality Assurance Working Group – Terms of Reference**

The Executive Committee recommended that Council approve the proposed Terms of Reference for the Quality Assurance Working Group.

#### **4. Strategic Project - Billing Audit Update and Next Steps**

The Executive Committee recommended that Council Discontinue the Billing Audit tactic.

#### **5. Council Education Plan 2018/19**

The Executive Committee approved the 2018/2019 Council education plan.



## **6. 2018-2019 Conference Attendance**

The Executive Committee approved the attendance of the following Councillors at the educational conferences listed below:

- Council on Licensure Enforcement and Regulation (CLEAR) Annual Educational Meeting: Theresa Stevens and Ron Bourret
- Canadian Network of Associations of Regulators (CNAR) Conference: Lisa Tichband
- Federation of State Boards of Physical Therapy (FSBPT) Conference: Jane Darville
- Canadian Physiotherapy Association (CPA) Annual Conference: Janet Law

## **7. Duties When Providing and Refusing Care Standard**

The Executive Committee recommended that Council approve the revised Duty to Provide Care Standard draft and rescind the Position Statement on Pandemic Planning effective May 1, 2018.

## **8. By-law Review, 2017-2018: Final approval**

The Executive Committee recommended that Council approve the proposed by-law changes.

## **9. Proposed Governance Policy - Canadian Alliance of Physiotherapy Regulators Board Nominee**

The Executive Committee recommended to Council that it approve the Governance Policy on the Role of Canadian Alliance of Physiotherapy Regulators (CAPR) Board Nominee/Director and make a corresponding change to the College's by-law in section 2.9 removing the existing provision on the appointment process for the CAPR nominee.

## **10. Development of new Standards**

The Executive Committee recommended that Council approve the development of a Standard on Professionalism.