



MEETING OF THE COUNCIL OF THE COLLEGE OF
PHYSIOTHERAPISTS OF ONTARIO
AGENDA

March 19 and 20, 2018

At

The College Board Room

375 University Avenue, Suite 800, Toronto

9:00 AM

Welcome

1 Approval of the Agenda
Motion For Decision

2 Approval of the Council Meeting Minutes of December 14-15, 2017
Motion For Decision

3 Registrar's Report
For Information

4 Developing the Dashboard for 2018/2019
For Direction

Council will be asked to confirm their confidence in current dashboard measures and/or to identify gaps or alternative reporting mechanisms.

Breakout groups

5 Q3 Financial Report
For Information

A comparison of actual to budgeted spending for the year to date is presented for your information.

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

7 Approval of the Operating and Capital Budgets 2018/2019
Motion For Decision

The Operating and Capital Budgets for 2018/2019 are provided to Council for approval.



8 Duties When Providing or Refusing Care Standard

Motion For Decision

In accordance with Council direction, staff have revised the Duty to Provide Care Standard presented to Council in December 2017. The Executive Committee recommends that Council consider and approve the latest draft of the standard.

9 Review of Terms of Reference for President, Vice President and Executive Committee

For Information

10 Election of Interim Vice President

Election of the Interim Vice President and if required, Executive Committee member at large.

Note: the election will use electronic voting

11 2018-2019 Executive Committee Election

Election of the Executive Committee, President and Vice President for the term commencing with the June meeting of Council.

Note: the election will use electronic voting

3:00 PM 12 College's Investment Strategy

Motion For Decision

In keeping with the governance policy that requires a periodic review of the College's investment strategy, it is being brought forward to Council for approval.

The investment strategy will be reviewed by Bill Quinn, Investment Advisor, from RBC Dominion Securities.

9:00 AM

March 20, 2018

13 Quality Assurance Program Review: Final Approval of New Program

Motion For Decision

Council approved in principle a new quality assurance program at the December 2017 meeting. Consultation feedback from members and other stakeholders indicates the new program is being positively perceived. The Executive Committee recommends that Council formally approve the new quality assurance program.



14 Quality Assurance Working Group – Terms of Reference

Motion For Decision

The Executive Committee recommends that Council approve proposed Terms of Reference for the Quality Assurance Working Group to provide clarity about their role and responsibilities in the next phase of development of the new program.

15 Practice Advice

For Information

Senior Physiotherapy Advisor, Fiona Campbell, will provide an update from the practice advice division.

**11:00
AM**

16 Setting CEO Goals

For Information

Presentation by Lynda Mungall and Andrea Friesen from Mungall Consulting

Council asked for expert advice about how Boards should go about setting performance goals for CEO's in advance of undertaking this activity at its June meeting.

17 Strategic Project – Random Billing Audit

Motion For Decision

Council is asked to consider whether to pursue the authority to conduct random audits of physiotherapists' billing practices.

18 By-law Review, 2017-2018: Final approval

Motion For Decision

Following circulation to the membership, as required, Council is asked to consider by-law changes approved in principle at the December meeting.

19 Proposed Governance Policy - Canadian Alliance of Physiotherapy Regulators Board Nominee

Motion For Decision

The process for selection of the CAPR nominee has been removed from the by-law and relocated in governance policy. Council is asked to approve the proposed policy.

20 Advertising Audit Presentation

For Information

Anita Ashton, Associate Registrar, will present final results of the advertising audit conducted last summer.



21 Committee Slate Changes

Motion For Decision

Due to recent changes in the composition of Council, two changes to the College's committee composition are proposed for Council approval. These proposed changes affect the ICRC and Discipline Committees.

22 Development of Professionalism Standard

Motion For Decision

The Executive Committee recommends that Council approve the development of a standard on professionalism.

23 President's Report

For Information

- Q3 Committee Activity Summary
- Executive Committee Report

Adjournment

Future Council Meeting Dates:

- June 25 and 26, 2018 (Offsite AGM at Niagara-on-the-lake)
- September 24 and 25, 2018
- December 17 and 18, 2018



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 1.0

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

Agenda #1: Approval of the agenda

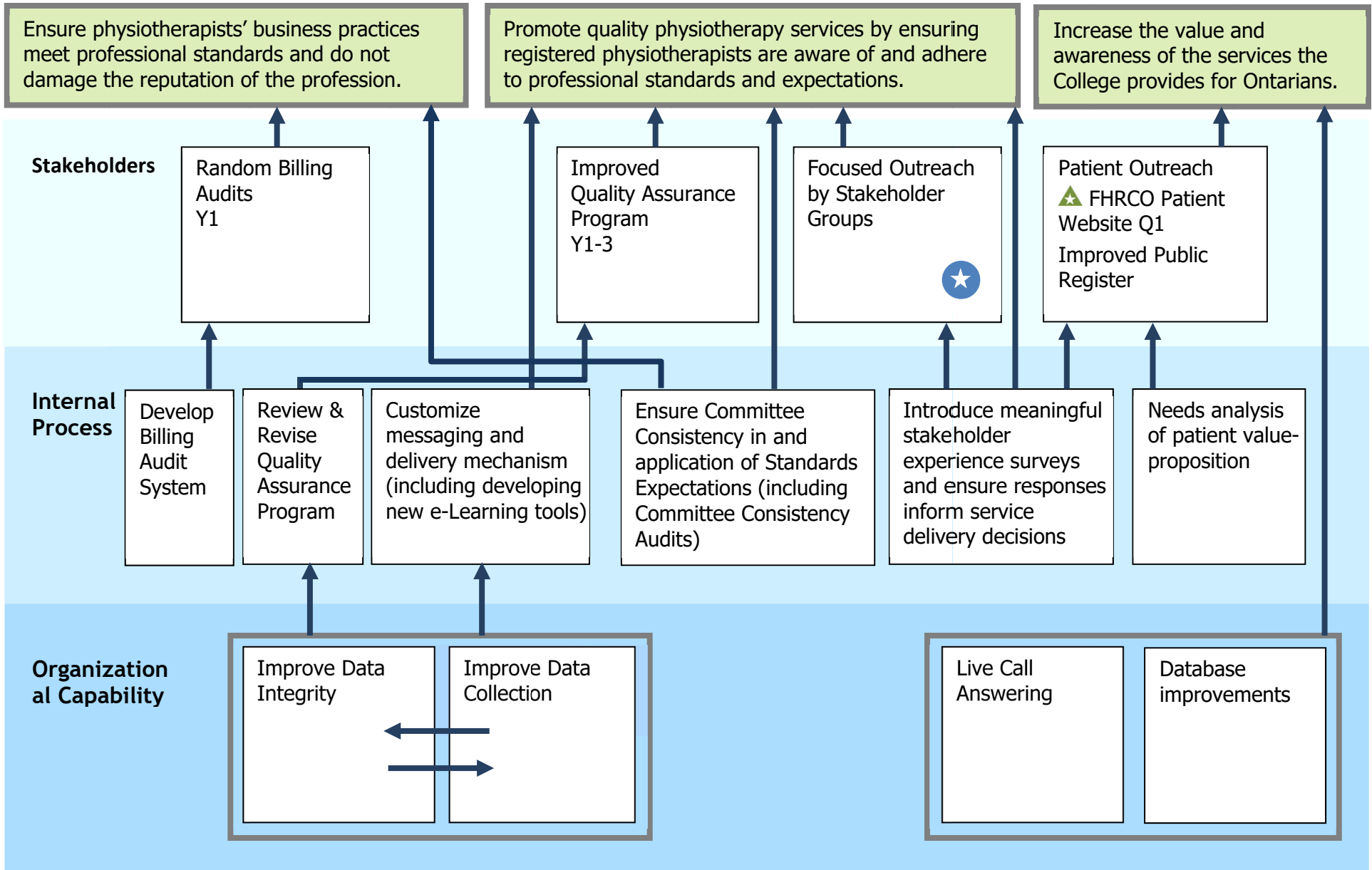
It is moved by

and seconded by

that:

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

Strategy Map 2017–2020



Ongoing/External



Y1: Supervisors, Students, Educators

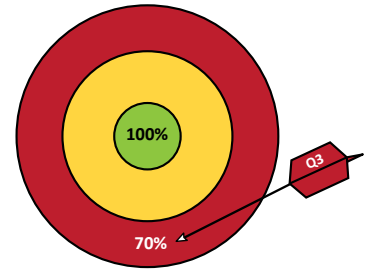
Y2-3: Internationally Educated PTs, Employers, Insurers and Registration Ceremony for new graduates

College Dashboard

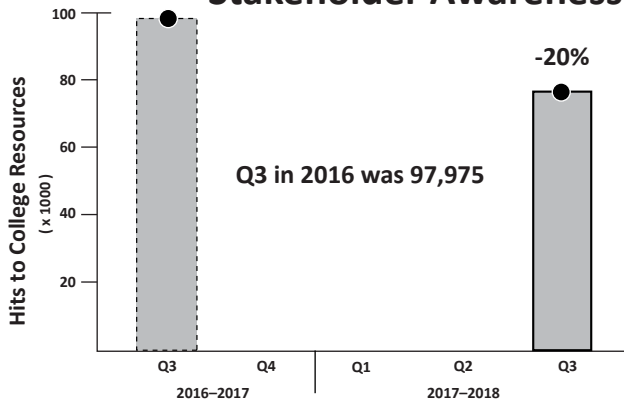
(Q3) OCTOBER–DECEMBER 2017

Strategic

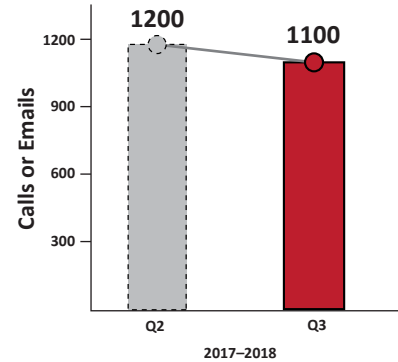
Progress of Tactics



Stakeholder Awareness

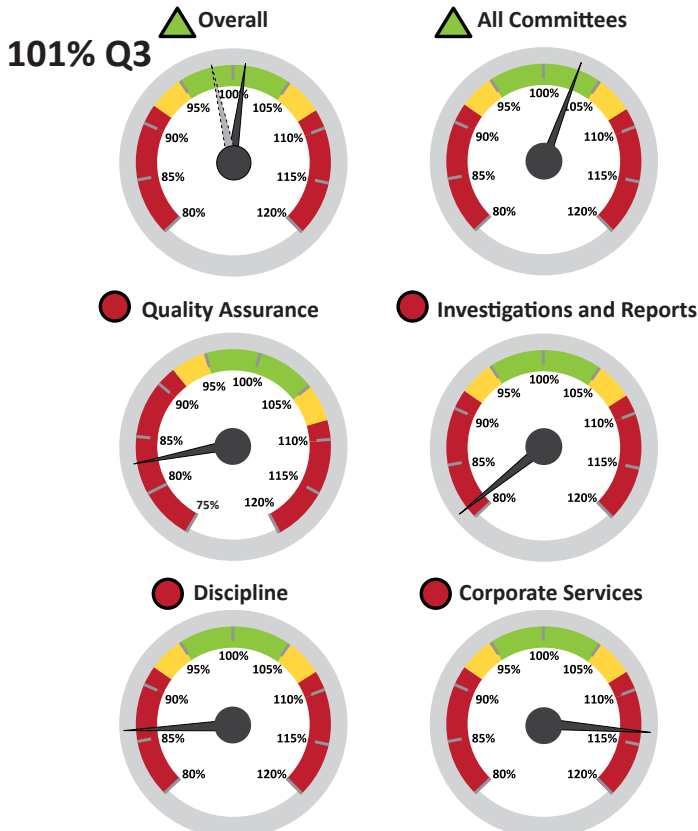


Practice Advice



Operational

Financial Accountability



	Target	Q3
Human Resource Excellence		
Absenteeism	< 1.7 days per employee	●
Turnover	Green ≤ 3 Amber > 3 ≤ 5	▲

	Target	Q3
Stat Program Performance		
ICRC	Met all Statutory timelines	■
Quality Assurance	Met all Statutory timelines	▲
Registration	Met all Statutory timelines	▲

Meeting Date:	March 19-20, 2018
Issue:	Q3 Dashboard Explanatory Notes
Submitted by:	Elicia Persaud, Executive Assistant

Issue:

Council is provided with an explanation to the Strategic and Operational dashboard tactics that were not achieved this quarter.

Background:

- Financial accountability – Detailed explanation in the statement of operations.
- Absenteeism – A total of 3.28 days per employee for this quarter. Last year Q3 was also red. Staff will monitor in Q4 to see if this is indicative of a yearly pattern, or a current trend.
- Practice advice – An 8% decrease in calls to the College resulting from the holidays and office closure in December.
- Tactical projects meeting milestones
 - 14 projects are on time to complete as planned
 - 6 are delayed
 - Meaningful stakeholder experience surveys
 - Project planning led to the conclusion that it would be most efficient to deliver the surveys and to track responses through the new database
 - This will require completion of all database modules before implementation
 - Improving data integrity and data collection
 - This project has been delayed partly due to staffing changes and competing workloads
 - Cross training of staff
 - This was started but not completed on time due to several reasons: unexpected staff turn-over, some tasks requiring more training time than had been planned, and competing demands on staff time
 - Some cross-training has been completed, and some are underway
 - Outreach to supervisors
 - Initial plan was to use PISA to educate members about supervision requirements
 - PISA was planned to be required at the time of annual renewal, but given challenges that members are having with creating a portal in annual renewal, we determined that it would be preferable to launch PISA in the fall so as not to overwhelm members
 - Outreach to educators
 - After consulting with the academic community they identified timelines that are later than we originally scheduled
 - We will have met with two of the five schools before the end of this fiscal year

Based on this information, the charters and milestones for these tactics have been revised to reflect the changes required and are expected to return to green next quarter. Moving forward, these tactics will be measured against the new timelines that have been approved.

Random Billing Audits – this tactic is currently on hold pending Council decision. Detailed explanation in briefing note (agenda item 18).

- Stakeholder awareness – There was a 20% decrease compared to last year's Q3. The College moved to a new website and as a result the numbers are not comparable as we are moving from one set of analytics to another. Council should consider this the new baseline moving onward. Staff will be able to compare quarter to quarter for the next year to see if it is comparable to what we have seen in the past (based on percentage, rather than actual numbers).

Decision Sought:

No decision, for information only.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 2.0

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

Agenda #2: Approval of the Council Meeting Minutes of December 14-15, 2017

It is moved by

and seconded by

that:

the Council meeting minutes of December 14-15, 2017, including the *in camera* minutes, be approved.



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

MINUTES

December 14 and 15, 2017

At

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

Attendees:

Mr. Gary Rehan (President)
Ms. Catherine Hecimovich (Vice President)
Mr. Ron Bourret
Ms. Jane Darville
Ms. Zita Devan
Ms. Theresa Stevens
Ms. Nadine Graham
Mr. Darryn Mandel
Mr. Ken Moreau (December 14)

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

Staff:

Ms. Shenda Tanchak
Mr. Rod Hamilton
Ms. Anita Ashton
Ms. Lisa Pretty
Ms. Fiona Campbell
Ms. Robyn MacArthur
Ms. Joyce Huang
Ms. Tėja Bain
Ms. Tova Wallace
Ms. Shelley Martin
(December 14)
Ms. Shari Hughes
(December 14)

Recorder: Ms. Elicia Persaud

Observer: Ms. Amanda Smart, Ontario Physiotherapy Association
Ms. Sarah Grace Bebenek, Ontario Physiotherapy Association

**10:40
AM**

Welcome

1.0 Motion Approval of the Agenda 1.0

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

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

CARRIED.

2.0 Motion Approval of the Council Meeting Minutes of September 28 and 29, 2017 2.0

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

The Council meeting minutes of September 28 and 29, 2017 be approved.

CARRIED.



3.0 Registrar's Report

Ms. Shenda Tanchak, Registrar, provided an update on the following items:

- Q2 Dashboard
- College budget process
- Clinic Regulation update
- Operational and strategic highlights
- Canadian Alliance of Physiotherapy Regulators (CAPR) Report

4.0 Q2 Financial Reports

There was discussion on the unbudgeted costs relating to the auditor.

5.0 Reserve Policy Review

Motion

5.0

It is moved by Ms. Nicole Graham and seconded by Ms. Jane Darville that:

Council approve the new the Reserve Policy.

CARRIED.

6.0 Honoraria and Expense Policy

Motion

6.0

It is moved by Ms. James Lee and seconded by Ms. Sharee Mandel that:

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

CARRIED.

7.0 Quality Assurance Working Group: Recommended Program

Motion

7.0

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

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

CARRIED.

Council discussed the impact of suspending the peer assessments for one year.

Motion 7.1

It is moved by Ms. Janet Law and seconded by Ms. Kathleen Norman that:



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

CARRIED.

8.0 By-law Review, 2017-2018
Motion 8.0

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

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

CARRIED.

Day one of Council adjourned at 4:00 p.m.

**9:30
AM**

December 15, 2017

9.0 Request to go *in camera* pursuant to s. 7(2) of the Health Professions Procedural Code
Motion 9.0

It is moved by Ms. Catherine Hecimovich and seconded by Ms. Zita Devan that:

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

CARRIED.

The public portion of the Council meeting resumed at 10:10 a.m.

10.0 Governance Policy and By-law for nomination of Canadian Alliance of Physiotherapy Regulators Nominee
Motion 10.0

It is moved by Mr. Tyrone Skanes and seconded by Ms. Jennifer Dolling that:

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

CARRIED.

A motion was made to amend the College's by-law to remove the provisions for the nomination of the CAPR director. After further consideration this motion was withdrawn. It will be brought back to Council in March pending the approval of the terms of reference for the CAPR nominee in the governance policy.



11.0 Duty to Provide Care Standard

A motion was made to approve the Duty to Provide Care Standard and rescind the Position Statement on Pandemic Planning effective February 1, 2018. This motion was withdrawn after Council recommended several changes. It will be brought back to Council in March.

12.0 Scope of Practice – Submission to Government

Mr. Rod Hamilton, Associate Registrar, provided Council with an overview of the process of the Scope of Practice submission to the Ministry of Health. The content of the submission was to request an extension to its authority that would permit physiotherapists to order diagnostic tests including x-ray, diagnostic ultrasound and laboratory tests.

13.0 President's Report

The President reviewed the feedback received from the Council Operations Evaluation and mid-year check-in phone meetings with councillors. His key conference learnings from the Canadian Network of Agencies for Regulation (CNAR) Conference, BoardSource Conference and the Federation of State Boards of Physical Therapists (FSBPT) Annual meeting were presented.

14.0 Councillor Conference Learnings

Received with no comments.

15.0 Member's Motions

No motions were made.

Adjournment

16.0 Motion

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

The Council meeting be adjourned.

CARRIED.

The Council meeting was adjourned at 12:10 p.m.

Gary Rehan, President

Meeting Date:	March 19-20, 2018
Agenda Item #:	3
Issue:	Registrar's Report
Submitted by:	Shenda Tanchak, Registrar

Below, some highlights (in no particular order) from the past quarter.

Key Steps towards accomplishments of Strategic Goals

1. Ensure physiotherapists' business practices meet professional standards and do not damage the reputation of the profession

This past quarter has been largely occupied with foundational efforts that will ultimately contribute to this goal. For example, with respect to database development, considering questions such as whether we are collecting the right data to ensure that we can best identify trends in future. We have also completed preliminary research on the Billing Audit project (reported to Council this month).

In addition, there have been a couple noteworthy outreach activities – managed to terrific acclaim by Fiona Campbell: Practice advice webinar 100 participants; education sessions about new standards for OEIPTS and Sunnybrook Hospital.

2. Promote quality physiotherapy services by ensuring registered physiotherapists are aware of and adhere to professional standards and expectations

We have undertaken a series of highly successful consultations about the proposed quality assurance program:

- Brampton Jan 18, 50 people
- Kitchener Jan 25, 60
- Peterborough Feb 8, 2018, 40
- Mississauga Feb 22, 55
- Hamilton March 8, 100 registered

We are a full quarter ahead of development of the new program. Joyce Huang, who has been the staff lead on the quality assurance project, has received a promotion from policy advisor to Strategic Projects Manager. She will continue to work on this and other key strategic projects.

3. Increase the value and awareness of the services the College provides for Ontarians

The work that we have been doing with FHRCO (see below) on the Ontario Regulators website and in other efforts on public outreach has made a beneficial contribution to this goal. Note as well the correlation that

we can now see between our booth at the Zoomer show and an increase in calls from members of the public to practice advice.

Continued work on the database project, particularly with respect to improvements to the functionality and usefulness of our public register are foundational efforts towards this goal

Scope of Practice Changes

- Last fall, the MOHLTC indicated that they wished to move forward with changes to scope which were initially announced and partially implemented ten years ago.
- In December we provided the MOHLTC with our submission pertaining to the rationale for scope changes.
- We received a request for additional information in February and working with the OPA, we provided the information they required.
- We were told that proceeding before the election was a priority for then Minister of Health, Dr. Eric Hoskins. The Minister left the portfolio and has been replaced but we have not, at the time of writing, received a further update.

Regulations pursuant to Bill 87, the Protecting Patients Act, 2017

- As previously reported, Bill 87 was passed in response to demands for increased transparency and some of the recommendations of the Sexual Abuse Task Force
- It led to a variety of procedural changes which have already been implemented, as reported at the last Council meeting
- The MOHLTC has just begun consultation on three regulations intended to action some elements of the legislation: definition of 'patient' for the purpose of determining whether the sexual abuse sections of the RHPA apply; a list of requirements for our public register (which we had previously implemented) and a list of criminal convictions which would lead to mandatory revocation of a member's certificate of registration
- The consultation period for these regulations is short. Rod Hamilton, Anita Ashton and I participated in a telephone meeting with MOHLTC staff to discuss them and raised some concerns about the limitations on the definition of patient.
- Further information about the proposed regulation may be found at [Regulation Consultation](#)

Database

- About a year ago, we entered into a contract with Adoxio to customize a database and work support system. The development of our database was planned to happen in phases.
- The first phase included the following College business areas:
 - Applications
 - Registration
 - Renewal
 - Finance

- Self-service portal
- The deadline for this phase was February 1 to coincide with the beginning of the annual renewal process for all registered physiotherapists
- Database development proceeds in stages. The first stage is a demo of the 'rough draft' of a portion of the product. Staff watch the demo and provide feedback. At this stage, whole sections might be missing or in an inappropriate order. The developer takes the feedback and revises the product. This might be repeated a few times.
- The next step is testing in a development (i.e. private) environment. Testing takes place by staff who report bugs as they arise. The vendor fixes them. This is still less about errors with the development of the database and more about the process of building it: a high number of bugs are anticipated, they get eliminated with each 'draft' of the database until it is final.
- In our case, testing took place throughout January in the development environment. On February 1 one of our staff members approved launching renewal. It was understood by Adoxio and staff that testing in the live environment had not been undertaken. However, it was felt that launching on time was imperative and the staff member assessed it as 'worth the risk'.
- Staff began using the portal as soon as it was launched. And as soon as I saw their concerns, I suspended renewal. Although it worked, I was concerned about the user experience. There were some glitches that remained to be worked out and there were cosmetic flaws that had been inputted by our own staff member.
- For the next two weeks we tested the system in the live (production) environment, identifying issues and reporting them to Adoxio. Our staff reviewed and revised the text in the forms. Every day Adoxio made changes and we tested those. Like dominos, sometimes one change triggers a reaction somewhere else and a new bug occurs. When I deemed the quality to be good enough, I approved a relaunch on February 15.
- Once we launch the system, we are in a warranty period. Adoxio continues to work every day to eliminate identified bugs. The bugs that have arisen since the relaunch are at a level typical for a new system as complex as ours. Sometimes the bugs that arise may be unique to the particular combination of demographic information about the individual. For this reason, sometimes you need hundreds of 'live' experiences to identify all the bugs. Maybe you can never eliminate all the bugs.
- Right now, the majority of the concerns that we are hearing about from members relate to creating their own profile on the portal. The two step sign-in is relatively complicated. This is not a system glitch or error. It is necessary to ensure appropriate security. Once all of our members have created their profile, they won't need to do so again - so the volume of calls and inquiries will never be as high as it is this year.
- The next phase of the database development includes:
 - Compliance monitoring

- Professional conduct
- Following that, we will have a roll-out of:
 - Renewal for Professional Health Corporations
 - Practice Advice
 - Reports
 - Council and Committees
- Since the roll-out of phase one, we have undergone some staffing changes. Joanne O'Hara, who has many years of experience with database development and implementation has joined the College as our project manager and, at the time of writing, we are planning a recruitment for a more junior person who will become our permanent in-house database super-user.
- Having launched the renewal system, I have directed the developer to pause further development activity while we onboard staff and address work overload issues. At the time of writing, a new schedule is being developed. The ultimate completion date for the full project will be unchanged as we need to have the new system fully in place in time to pilot the new Quality Assurance program late this fall.
- As previously reported, some anticipated benefits of the new database include
 - gains in procedural efficiency and consistency as it will offer program support
 - compare it to a software 'wizard' that leads you step by step through a registration or other process on line
 - better record-keeping accuracy that will permit us to ensure that we have thorough physiotherapist history and other file details at our fingertips
 - data mining/reporting functionality that will enable us to further our research into risk and practice supports and meet any external requirements reporting requirements

FHRCO (President)

- I have been asked to remain on as President for another year (commencing in May)
- Strategic planning will take place in the fall
- It is anticipated that an All-Colleges governance workshop for College staff and one or two Council members will take place in the fall
 - As a reminder, some of the benefits of FHRCO membership include
 - Shared costs and staff resource time on public-oriented website: [Ontario Health Regulators](#)
 - Leveraging our Communications activities directed to the public through shared costs and workload in such matters as advertising in Zoomer magazine and on-line
 - Shared legal opinions and ability to intervene in legal actions that may have a future impact on our regulatory activities
 - 'Communities of interest' that allow resource and idea sharing across Colleges – ultimately identifying best practices and potential savings across many business areas
 - Unified voice in discussions with government about policy matters

CAPR Registrar's Committee (Chair)

- Current activities include discussions about
 - Harmonization of registration categories and processes
 - National repository of registration documents
 - Revisions to the national physiotherapy entrance exam

CAPR Exam Blueprint Committee

- The national entrance to practice exam for physiotherapists is reviewed and updated on a regular cycle, I am participating in the Committee that is planning the framework or blueprint for the exam

INPTRA Planning Committee

- Planning has begun for the 2019 International Network of Physiotherapy Regulators conference which will be held May 8 and 9, in Geneva, Switzerland

Operations

- Staff efforts have resulted in significant savings in the past year. These include:
 - Credit card fee reductions – Robyn MacArthur successfully negotiated for a 1% fee reduction in our credit card charges (from 3% down to 2% of every transaction). She also spearheaded the introduction of direct payment from personal bank accounts. It is anticipated that this will amount to a \$47,000 savings for the College in the upcoming fiscal year.
 - Increased use of Practice Advisors to offer coaching, reducing the cost per coaching experience from \$600 to about \$250.
 - Postage and courier costs were reduced by \$2,600 as a result of a switch to electronic payment. This also saves considerable staff time.
- A very high call volume related to accessing the portal for annual renewal has led to an amazing “phone tree” in which staff from all business areas are contributing.
- Three staff members from other business areas have been seconded to annual renewal to contribute to managing workload for registration staff and improving the user experience.
- We've had a period of high staff turnover this quarter. You will see it reflected on the dashboard at your next meeting. We are looking forward to more stability going forward and are excited about our new recruits.
- Elicia Persaud has received a promotion. Among other responsibilities, she will be assuming increasing responsibility for governance issues, replacing Rod in this governance role by the end of this calendar year. This quarter she created a website for orientation of new Council members – Ken Moreau was the first Council member to use the website, but we look forward to continuing to refine it to offer new members a more comprehensive and helpful orientation.

Upcoming Presentations

- Risk-Based Regulation (April)
 - Presenting to the Investigations and Resolutions department at the College of Physicians and Surgeons of Ontario
- Exploring New Interim Suspension Powers under the RHPA (May)
 - Presenting to the Ontario Bar Association, Advanced Issues in Professional Regulation Continuing Education Symposium



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
*de l'*ONTARIO

Agenda #4

Developing the Dashboard for 2018/2019

Breakout groups

Meeting Date:	March 19-20, 2018
Agenda Item #:	5
Issue:	Q3 Financial Report – Statement of Operations
Submitted by:	Robyn MacArthur

Issue:

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

At this time, we have spent 100.85% of the amount budgeted to be spent at this period in the year.

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

Background

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

The Balance Sheet is presented as Appendix B.

Below, the notes from the Statement of Operations are provided with slightly more elaboration for those who find it helpful. Please note that all information contained here is also provided in the Statement of Operations.

Individual budget items where spending has not met the target:

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

4008 Service Fees were formerly captured in Account 4001 but have been moved to this line to be separately reported in order to better allow us to track them specifically. In this year's budget we underestimated the income from certain administrative fees, including such things as Wall Certificates and Letters of Standing. Administrative fees had either not been charged or not consistently collected in prior years which hampered our ability to estimate. We expect better accuracy in the 2018/19 budget.

4007 Fee Credits are the funds used by members who have previously resigned and are returning to practice. We hold them in this account until they are claimed.

- 4004 The College issued invoices for recovery of cost orders, court orders and remediation programs, but the timing of the receipt of those orders has not matched up with budget expectations.
- 4003 The number of compensable remediation programs ordered by Committees was lower than estimates. (Accurate predictions are difficult because the number of orders depends on the nature of the specific cases reviewed by the Committee).
- The costs of each coaching experience (including expenses) is averaging \$260 below budget due to use of videoconferencing rather than face to face meetings and more reliance on in-house staff coaching.
- Since we bill the specific members for the costs associated with their own compensable remediation programs, lower costs have led to lower charges billed out to those members. As a result, we have recovered only 40.95% of the amount that we had expected to receive during this period. (Note, however, that this is entirely offset by line 5880 which reflects the expenses that the College incurs for remediation. When taken together, the 2 lines cancel each other out.
- 4001 Registration Fees are significantly higher than budgeted, at approximately \$159,000 over our YTD budget. We budgeted for an overall increase of membership to 8,829, and are now projecting closer to 9,150.
- 4002 Interest Income is ahead of our budgeted amount because we have more revenue than anticipated, as described above, and interest rates were higher than we had expected.
- 5002 ICRC per diem expenses are in excess of budget due to late expense filing, as commented on last quarter. We are now up to date on all expenses, will be enforcing 60 day claim rules and do not expect this to be an ongoing issue.
- 5003 Council per diem expenses are in excess of budget for the same reason provided in line 5002.
- 5005 Discipline Committee per diem expenses are below budget because we have, to date, conducted half as many hearings as we had expected by this point in the year. In addition, in some cases we were able to conduct 2 hearings on a single day, which reduced expenses significantly.
- 5006 Executive per diems are lower than budget because members did not require as much meeting preparation time as had been expected.
- 5010 Patient Relations per diems are lower than budget because only 1 meeting took place and 1 professional member was not in attendance.
- 5012 Registration Committee per diems are well below budget because fewer cases have required Committee consideration than anticipated and because we have found significant savings in teleconference expenses through a new phone system.
- 5017 Expenses are in excess of budget for the same reason provided in line 5002.

- 5052 As with the Committee per diem lines referred to above, the number and nature of the matters that Committees deal with is unpredictable and beyond the control of the College. For this reason, all Committee costs are volatile. For this line item, more ICRC cases were received than budgeted and because they were complex, more preparation and travel time was required. Additionally, the filing of late expenses have contributed to this line item as well.
- 5053 Council expenses: as with Account 5003, expenses are over budget due the filing of late expenses. This line also includes the costs of a QA working group meeting, which had not been budgeted.
- 5055 Discipline Committee expenses: as with Account 5005, expenses are under budget due to reduced hearing days.
- 5056 Costs related to the President testifying at the Standing Committee Hearings on Bill 87 were not budgeted for, and some late expenses contributed to the over budget situation. Note Executive Committee expenses relates to Account 5006.
- 5062 QA Committee expenses are over budget. The budget is approved prior to Committee slate selection. With respect to this Committee a local member was replaced with a member who must travel to attend meetings, resulting in higher than budgeted costs. This will continue throughout the year. Higher than expected expenses for this Committee are offset by lower than expected expenses for other Committees and do not reflect a concerning trend.
- 5063 Registration Committee expenses relate to Account 5012, and since there has been only 1 teleconference, there were no expenses.
- 5075 Finance Committee expenses relate to Account 5017. Only 1 in-person meeting occurs per year, in Q4, so there is no YTD budget. The expenses here arise from a late filing for prior years.
- 5101 As reported in Q's 1 and 2, IT Hardware is over budget because a printer was purchased that was unbudgeted for but needed in the new space.
- 5102 IT Software is over budget due to some unforeseen upgrades that were required to improve functionality in the Finance area. This was offset by related savings in 5408.
- 5104 IT Database costs are over budget for this reporting period. This is because we took the total amount and distributed it evenly over the 4 quarters for budgeting purposes, but the invoicing is more heavily weighted to the early part of the project. The project is on budget.
- 5300 Networking, Conferences and Travel expenses are lower than budgeted due to an illness which prevented attendance at 1 conference.
- 5408 Postage and courier expenses are lower than budget as a result of an internal effort to pay vendors electronically rather than by sending cheques. (see Account 5102 - additional expense for software), This has saved staff time and reduced the cost of printing and mailing payments.

- 5904 As reported in previous quarters, rent is higher than budgeted due to a budgeting oversight: Council will recall that due to a problem with the construction schedule for our new office, we had to extend the lease in our old and pay rent on both spaces for 2 months. One of these months fell in the old fiscal year. The other was the first month of this year and was not budgeted for. As a result, we will be over budget in this line at year end.
- 5412 Telephone costs are higher than budgeted. There are 2 factors. A new telephone system required some additional startup costs that were unbudgeted and increasing data use required an upgrade to our corporate cell phone plan.
- 5413 The College has a certain amount of 'bad debt' arising from members with cost orders against them who do not pay back at all or do not meet payment schedules. Any amount owing for more than 90 days is recorded here. Bad debt is especially high in Q3 due to the holidays, and is expected to diminish in Q4.
- 5503 Council education expenses are in excess of budget due to late expense filing, as commented on last quarter. Additionally, the slates of some committees demanded some additional training.
- 5504 The cost of the software to run the elections increased beyond expectations.
- 5505 Policy development costs are under budget due to lower Citizens Advisory Group expenses and because some costs anticipated this quarter have been deferred.
- 5605 French language services expense is under budget. Demand for translation is unpredictable and there is no year over year pattern.
- 5620 The Print Communications expense is below budget, in part because 2 small jobs have been delayed to Q4.
- 5621 Online Communications expense is over budget. In order to provide best possible customer service, we required more contract services than anticipated when the College switched to its new website.
- 5622 In person communications expense is over budget. Higher than anticipated member participation in outreach events has led to increased catering and room rental costs. This is a case where we are happy to be overspent, while understanding that predicting participation is difficult from one year or topic to the next. It is likely that we will close out the year over budget in this area.
- 5701 As previously reported, audit expenses are over budget due to some set-up expenses and advice that went beyond the original quote.
- 5702 Hearing expenses are under budget due to multiple hearings being held on the same day so the costs of multiple court reporters have been avoided. No summons fees, witness costs or police presences have been required this year.

- 5704 Investigations expenses are over budget resulting from the need to get a legal opinion on a privacy issue and the use of an external investigator. Travel contributed to the overage, and an effort will be made to reduce travel costs without sacrificing thoroughness.
- 5710 Temporary Staff are 2 mid-level interns hired to assist in the Admin and Finance areas, offset by salary savings by the reduction on full time staff.
- 5761 Cases that were expected to take 5 days were able to be resolved in 2. Accordingly, independent legal advice savings were found.
- 5762 As above, hearing counsel expenses are lower than budget, because costs were budgeted for 5 days but matters were able to be resolved more quickly.
- 5763 Divisional Court Appeals expenses are over budget. For the first 2 quarters of this year, there have been 5 complex cases dealt with, when only 2 matters were budgeted for. Since the court determines the timing of these cases, which may span several fiscal years, it is difficult to achieve budgeting accuracy.
- 5811 For QA program development and evaluation, we had anticipated retaining an external consultant and budgeted accordingly. Ultimately we felt that we could get a better product relying on internal expertise. This led to some operational adjustments in terms of staffing and workload.
- 5821 QA assessor travel costs are below budget as a result of an initiative to distribute assessments in Northern Ontario with assessors in the closest geographical areas.
- 5823 Assessor training costs are significantly below budget because the majority of the training is through direct observation and will be completed in Q4.
- 5824 Assessor online assessment fees are directly related to Account 5821. There have been fewer cases than budgeted for in the first half of the year, and therefore fewer fees.
- 5802 Jurisprudence activities were delayed into Q3, and then the contract cost ended up being less than budgeted as a result of negotiations with the provider who changed pricing to be competitive with less expensive options.
- 5870 Practice enhancement costs are below budget. As explained in the note to line 5052, the number and nature of the matters that Committees deal with is unpredictable and beyond the control of the College. In this instance, QA Committee has seen fewer cases and made fewer practice enhancement orders. This may change in Q4 and we could see this expense-to-budget variance even out by year's end.
- 5880 Remediation expenses are well below budget, due to fewer cases going to remediation than anticipated.



- 5890 Sexual Abuse Therapy costs are below budget. There is no year-over-year predictability in this area. Changes to the legislation, to increase entitlement to costs for therapy, may have a future impact. Note, however, that staff have been observing a recent increase in expressions of interest in funding for therapy. This, combined with a change in the legislation which increases eligibility, is anticipated to lead to higher future costs.
- 5905 Staff Development is under budget because some training has been moved to Q4, and 1 conference was missed due to staff illness.
- 5906 Recruitment costs are over budget as we have been recruiting for 2 staff positions.
- 5907 Staff Recognition is an amount budgeted to recognize life events and holidays. This could be in the form of a team lunch, or gift cards to an individual staff member. This is expected to even out by year end.
- 6001 Depreciation and amortization are the accounting methods of expensing an item that has a useful life of greater than 1 fiscal year. This accounting mechanism permits us to spread the costs of our assets over a period of time. We have begun to expense the cost of the move through this account.

Net Income

Income is significantly higher than expected. At year end, we expect the higher revenue to reduce our anticipated deficit, leaving us in a position of about 60% of the budgeted deficit of \$845K.

Decisions for Council

This item is for information only.

Statement of Operations - Budget vs. Actual

April 2017 through Dec 2017

	Q3 YTD			Notes for Council
	Apr - Dec 17	Budget	% of Budget	
Ordinary Income/Expense				
Income				
4008 - Service Fees	111,775.00	17,325.00	645.17%	Service fees were previously incorporated in account 4010. Higher than budgeted because this is the first year we have consistently charged for most of the services covered so we had no precedent upon which to base predictions.
4007 - Registration fee credits	-31,869.40	-47,960.40	66.45%	Fewer members resigned than predicted.
4004 - Cost recovery from cost orders	15,000.00	23,000.00	65.22%	The # of remediation cases ordered by Committee was lower than anticipated. Actual costs of remediation also lower due to some technology adaptations and use of in-house coaches. Since costs are lower, cost recovery is commensurately reduced.
4003 - Remediation Chargeback	10,070.70	24,594.75	40.95%	The number of compensable remediation programs ordered by Committees was lower than estimates. (Accurate predictions are difficult because the number of orders depends on the nature of the specific cases reviewed by the Committee).
4001 - Registration Fees	4,080,609.12	3,921,180.10	104.07%	On target. We will have all of our current Provisional Practice holders who did the Nov exam switching to Independent Certificates in February.
4002 - Interest Income	83,876.83	49,872.18	168.18%	Better return on investments than anticipated.
4010 - Miscellaneous Income	1,990.00	2,250.00	88.44%	
Total Income	<u>4,271,452.25</u>	<u>3,990,261.63</u>	<u>107.05%</u>	
Gross Profit	4,271,452.25	3,990,261.63	107.05%	
Expense				
5000 - Committee Per Diem				
5002 - ICRC - per diem	20,903.00	17,469.90	119.65%	Unbudgeted expenses from 2016/17 added in Q3
5003 - Council - per diem	36,834.00	34,024.50	108.26%	Unbudgeted expenses from 2016/17 added in Q3
5005 - Discipline Committee - per diem	11,324.00	16,380.00	69.13%	The College had anticipated 16 hearings , but only 8 have taken place to date. Some of these were much shorter than anticipated.
5006 - Executive - per diem	11,343.00	12,675.60	89.49%	Lower than expected claims for resulting from Q1 related to prep time, as previously reported.

Statement of Operations - Budget vs. Actual

April 2017 through Dec 2017

	Q3 YTD			Notes for Council
	Apr - Dec 17	Budget	% of Budget	
5010 - Patient Relations - per diem	90.00	662.00	13.6%	Only one meeting to date (Q1). One professional member was not in attendance, therefore no per diem expense, as previously reported.
5011 - QA Committee - per diem	8,578.00	8,430.00	101.76%	
5012 - Registration Com. - per diem	867.00	4,556.24	19.03%	Teleconference savings due to new phone system and fewer issues raised leading to shorter calls. In addition, 1 member did not attend 1 meeting.
5017 - Finance Committee - per diem	2,798.50	1,434.39	195.1%	Unbudgeted expenses from 2016/17 added in Q3
Total 5000 - Committee Per Diem	<u>92,737.50</u>	<u>95,632.63</u>	<u>96.97%</u>	
5050 - Committee Reimbursed Expenses				
5052 - ICRC - expenses	15,571.43	13,741.40	113.32%	Unbudgeted expenses from 2016/17 added in Q3
5053 - Council - expenses	67,558.02	58,940.91	114.62%	Includes QA working group and unbudgeted expenses from 2016/17 added in Q3
5055 - Discipline Committee - expenses	11,299.74	17,308.56	65.28%	The College had anticipated 16 hearings , but only 8 have taken place to date. Some of these were much shorter than anticipated.
5056 - Executive Committee - expenses	10,617.09	6,448.53	164.64%	Unbudgeted expenses from 2016/17 added in Q3
5062 - QA Committee - expenses	6,338.60	5,371.38	118.01%	Committee slate id determined after budget. This led to higher travel costs than budgeted. Note, this will continue throughout the year, as previously reported.
5063 - Registration Comm. - expenses	0.00	1,384.79	0.0%	Meeting this year are all teleconferences, therefore no expenses
5075 - Finance Committee - expenses	865.82	0.00	100.0%	Unbudgeted expenses from 2016/17 added in Q3
Total 5050 - Committee Reimbursed Expenses	<u>112,250.70</u>	<u>103,195.57</u>	<u>108.78%</u>	
5100 - Information Management				
5101 - IT Hardware	7,946.77	5,803.11	136.94%	As previously reported, a printer was purchased that was unbudgeted but needed in the new space.
5102 - Software	6,508.63	6,091.23	106.85%	As previously reported, we upgraded Treasury Software after budget was created. Note: Forecast to be underspent because Q4 budget includes Database support that will appear in Account 5104.
5103 - IT Maintenance	56,107.61	56,916.00	98.58%	

Statement of Operations - Budget vs. Actual

April 2017 through Dec 2017

	Q3 YTD			Notes for Council
	Apr - Dec 17	Budget	% of Budget	
5104 - IT Database	681,350.05	541,567.95	125.81%	Timing of invoices does not line up with budget, but annual total will not be exceeded.
Total 5100 - Information Management	751,913.06	610,378.29	123.19%	
5200 - Insurance	7,079.39	7,064.55	100.21%	
5300 - Networking, Conf. & Travel	32,389.67	44,872.78	72.18%	Illness prevented 1 staff from attending a conference. Savings have been accomplished by participating in working groups with other Colleges.
5400 - Office and General				
5402 - Bank & service charges	31,347.24	32,000.00	97.96%	
5403 - Maintenance & repairs	1,398.57	1,466.37	95.38%	
5405 - Memberships & publications	146,485.55	150,259.14	97.49%	
5407 - Office & kitchen supplies	12,881.90	12,900.00	99.86%	
5408 - Postage & courier	4,157.85	6,720.00	61.87%	Postage and courier expenses are down as a result of introduction of electronic payment
5409 - Rent	385,074.77	343,648.04	112.06%	Paid for both Suites 901 & 800 for the month of April as previously reported
5411 - Printing, Filing & Stationery	8,949.30	8,625.00	103.76%	
5412 - Telephone & Internet	26,792.35	20,918.22	128.08%	Some unanticipated start-up costs related to new VOIP telephone service, as previously reported.
5413 - Bad Debt	6,796.68	3,569.61	190.4%	Budget based on historical experience but Q3 non-payment exceeded expectations. Note: Allowance for Doubtful Accounts adjusted accordingly.
Total 5400 - Office and General	623,884.21	580,106.38	107.55%	

Statement of Operations - Budget vs. Actual

April 2017 through Dec 2017

	Q3 YTD			Notes for Council
	Apr - Dec 17	Budget	% of Budget	
5500 - Regulatory Effectiveness				
5503 - Council Education	79,686.31	63,954.30	124.6%	As previously reported, we received late expense claims from previous fiscal year(s). In addition we received a late invoice from previous fiscal. Committee Slate selection lead to additional training.
5504 - Elections	3,550.00	3,200.00	110.94%	Cost of election software increased.
5505 - Policy Development	16,369.20	21,750.00	75.26%	Costs were reduced by creating a partnership for the CAG
Total 5500 - Regulatory Effectiveness	<u>99,605.51</u>	<u>88,904.30</u>	<u>112.04%</u>	
5600 - Communications				
5605 - French Language Services	6,186.03	6,700.00	92.33%	Fewer translation requests made this quarter.
5620 - Print Communication	7,810.85	12,200.00	64.02%	2 small print-related projects have been delayed to Q4, as previously reported.
5621 - Online Communication	89,856.40	78,120.00	115.02%	As previously reported, we required unanticipated support when the new website was launched.
5622 - In-Person Communication	32,127.84	24,600.00	130.6%	Greater than expected member participation in outreach events, led to higher catering and room rental costs, as previously reported.
Total 5600 - Communications	<u>135,981.12</u>	<u>121,620.00</u>	<u>111.81%</u>	
5700 - Professional fees				
5701 - Audit	25,085.99	13,560.00	185.0%	As previously reported, auditor's invoice higher than budgeted.
5702 - Hearing Expenses	5,283.93	8,460.80	62.45%	Multiple hearings have been held on the same day so the costs of the court reporter have been avoided. No summons fees, witness costs or police presence have been required this year.
5704 - Investigations	24,292.90	6,087.39	399.07%	Travel costs for investigations exceeded budget. A policy is under development to ensure cost containment. As previously reported, a joint investigation with another College required retention of an external investigator.
5710 - Temporary staff	14,120.69	3,735.00	378.06%	2 mid-level interns hired to assist Admin and Finance area, offset by reduction in Salaries.

Statement of Operations - Budget vs. Actual

April 2017 through Dec 2017

	Q3 YTD			Notes for Council
	Apr - Dec 17	Budget	% of Budget	
5750 - Legal				
5753 - Legal - Professional Conduct				
5760 - General Counsel	27,214.74	27,110.53	100.38%	
5761 - Independent Legal Advice	42,756.39	79,732.80	53.63%	Fewer full days of ILC support required as 5 days of hearings were held over 2 days, as previously reported.
5762 - Hearing Counsel	38,563.65	50,465.80	76.42%	As previously reported, College counsel attendance was required for only 2 of 5 budgeted days. Two matters anticipated to be heard this fiscal will take place next year.
5763 - Court Proceedings & Appeals	37,769.56	10,000.00	377.7%	The College had anticipated that there would be two matters in divisional court. At this time there are five files before the court and in two matters more than one appearance has been required, as previously reported.
Total 5753 - Legal - Professional Conduct	<u>146,304.34</u>	<u>167,309.13</u>	<u>87.45%</u>	
5755 - General Legal	8,026.86	15,000.00	53.51%	General legal activity in Q3 lower than expected. Anticipated that we will come in on target by Q4.
Total 5750 - Legal	<u>154,331.20</u>	<u>182,309.13</u>	<u>84.65%</u>	
Total 5700 - Professional fees	<u>223,114.71</u>	<u>214,152.32</u>	<u>104.19%</u>	
5800 - Programs				
5810 - Quality Program				
5811 - QA Program Development & Eval.	0.00	40,051.00	0.0%	Staff work activities were reallocated to allow this work to be performed internally, avoiding hiring a consultant.
5821 - Assessor Travel	61,796.42	70,745.43	87.35%	Efficiencies were created in matching assessors & PTs, which reduced travel costs.
5823 - Assessor Training	6,382.56	11,946.00	53.43%	New assessor training costs are deferred to Q4.
5824 - Assessor Onsite Assessment Fee	97,532.50	102,126.51	95.5%	
Total 5810 - Quality Program	<u>165,711.48</u>	<u>224,868.94</u>	<u>73.69%</u>	
5802 - Jurisprudence	12,337.50	22,600.00	54.59%	Contract cost less than budgeted because provider changed pricing to be competitive with less expensive options.
5870 - Practice Enhancement - QA	6,264.31	15,374.37	40.75%	Cost savings from fewer assessments and the kinds of enhancements that require less coaching and less travel.

Statement of Operations - Budget vs. Actual

April 2017 through Dec 2017

	Q3 YTD			Notes for Council
	Apr - Dec 17	Budget	% of Budget	
5880 · Remediation - PC	10,491.63	32,549.14	32.23%	Fewer cases going to remediation than anticipated. See also Account 4003 above.
5890 · Sexual Abuse Therapy	3,120.00	6,000.00	52.0%	Fewer claims than anticipated.
Total 5800 · Programs	<u>197,924.92</u>	<u>301,392.45</u>	<u>65.67%</u>	
5900 · Staffing				
5914 · Vacation Pay Adjustment	0.00	0.00	0.0%	
5901 · Salaries	1,903,336.50	1,953,182.27	97.45%	
5902 · Employer Benefits	64,996.02	72,229.90	89.99%	
5903 · Employer RRSP Contribution	85,566.67	87,276.20	98.04%	
5905 · Staff Development	62,948.52	75,375.56	83.51%	Some budgeted training moved to Q4, and one conference was missed due to staff illness.
5906 · Recruitment	2,131.88	1,200.00	177.66%	recruiting for two positions
5907 · Staff Recognition	6,695.38	10,120.00	66.16%	Anticipated to catch up by Q4.
5911 · CPP - Canadian Pension Plan	44,859.16	44,686.93	100.39%	
5912 · EI - Employment Insurance	18,122.91	20,315.88	89.21%	
5913 · EHT - Employer Health Tax	39,553.74	38,087.05	103.85%	
Total 5900 · Staffing	<u>2,228,210.78</u>	<u>2,302,473.79</u>	<u>96.78%</u>	
Total Expense	<u>4,505,091.57</u>	<u>4,469,793.06</u>	<u>100.79%</u>	
Net Ordinary Income	-233,639.32	-479,531.43	48.72%	
Other Income/Expense				
Other Income				
6001 · Amortization	-49,521.66	-46,646.95	106.16%	Amortization for the new space has begun.
Total Other Income	<u>-49,521.66</u>	<u>-46,646.95</u>	<u>106.16%</u>	
Net Other Income	<u>-49,521.66</u>	<u>-46,646.95</u>	<u>106.16%</u>	
Net Income	<u><u>-283,160.98</u></u>	<u><u>-526,178.38</u></u>	<u><u>53.82%</u></u>	

	31 Dec 17	31 Mar 17	31 Dec 16
ASSETS			
Current Assets			
Chequing/Savings			
1000 - Cash on Hand			
1001 - Petty Cash	250.00	250.00	250.00
1002 - Petty Cash (USD)	0.00	200.00	200.00
1003 - CC Clearing - RBC - 100-999-2	7,780.61	226,536.49	3,111.84
1005 - Operating - RBC - 102-953-7	65,535.59	102,396.08	9,573.13
1000 - Cash on Hand - Other	195.16	195.16	195.16
Total 1000 - Cash on Hand	73,761.36	329,577.73	13,330.13
1100 - Investments			
1104 - Investments - Long Term	3,547,068.40	3,547,068.40	0.00
1102 - Investments - Short Term	1,208,803.26	1,159,494.15	4,646,977.07
1103 - Savings - RBC - 100-663-4	2,829,237.56	7,104,759.84	3,683,070.02
Total 1100 - Investments	7,585,109.22	11,811,322.39	8,330,047.09
Total Chequing/Savings	7,658,870.58	12,140,900.12	8,343,377.22
Accounts Receivable			
1200 - Accounts Receivable	257,397.18	246,931.22	250,585.64
Total Accounts Receivable	257,397.18	246,931.22	250,585.64
Other Current Assets			
1201 - Allowance for Doubtful Accounts	-242,631.40	-235,834.72	-220,750.00
1400 - Prepaid Expenses			
1411 - Prepaid Rent	22,712.72	22,712.72	0.00
1401 - Prepaid Software	3,298.83	8,021.64	118,733.89
1403 - Prepaid IT services	10,861.29	13,916.47	23,025.74
1405 - Prepaid Insurance	1,855.17	4,697.72	7,053.20
1406 - Prepaid Membership	2,441.95	134,284.65	3,903.84
1408 - Prepaid staff development	5,390.42	11,311.13	4,257.74
1410 - Prepaid Conferences	1,155.00	19,744.57	9,765.56
Total 1400 - Prepaid Expenses	47,715.38	214,688.90	166,739.97
Total Other Current Assets	-194,916.02	-21,145.82	-54,010.03
Total Current Assets	7,721,351.74	12,366,685.52	8,539,952.83
Fixed Assets			
1301 - Computer equipment	295,527.04	287,095.82	274,977.12
1302 - Computer Software	7,940.84	7,940.84	89,027.94
1305 - Computer equipment - Acc dep	-284,449.90	-267,757.35	-253,310.14
1306 - Computer Software - Acc Dep	-7,940.84	-6,126.36	-62,227.63
1310 - Furniture and Equipment	278,782.75	464,531.23	464,531.23
1312 - Furniture and Equipment - Dep	-13,968.80	-460,354.65	-444,135.76
1320 - Leasehold Improvements	514,770.10	402,013.85	402,013.85
1322 - Leasehold Improvements -Acc dep	-12,869.25	-402,013.85	-402,013.85
1325 - Construction Work In Progress	0.00	154,742.89	0.00
Total Fixed Assets	777,791.94	180,072.42	68,862.76
TOTAL ASSETS	8,499,143.68	12,546,757.94	8,608,815.59

	31 Dec 17	31 Mar 17	31 Dec 16
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 - Accounts Payable	169,434.79	113,619.29	41,507.38
Total Accounts Payable	169,434.79	113,619.29	41,507.38
Other Current Liabilities			
2011 - Vacation Accrual	85,384.91	87,729.01	0.00
2010 - Accrued Liabilities	292,831.32	261,686.62	38,500.00
2100 - Deferred Revenue			
2101 - Deferred Registration Fees	1,285,795.02	5,143,180.00	1,294,557.23
2105 - Deferred credit card charges	0.00	0.00	-32,854.92
2110 - Banked refunds	29,335.28	35,125.48	39,175.70
Total 2100 - Deferred Revenue	1,315,130.30	5,178,305.48	1,300,878.01
2150 - Other Payables			
2154 - Citizen's Advisory Group	13,770.34	0.00	0.00
2151 - Due to Great-West Life	0.00	0.00	0.00
2152 - Due to London Life (RRSP)	15,154.00	14,818.54	0.00
Total 2150 - Other Payables	28,924.34	14,818.54	0.00
Total Other Current Liabilities	1,722,270.87	5,542,539.65	1,339,378.01
Total Current Liabilities	1,891,705.66	5,656,158.94	1,380,885.39
Total Liabilities	1,891,705.66	5,656,158.94	1,380,885.39
2190 - Lease Inducements			
	0.00	0.00	0.00
Total Long Term Liabilities	0.00	0.00	0.00
Total Liabilities	1,891,705.66	5,656,158.94	1,380,885.39
Equity			
3000 - Unrestricted Reserve	303,936.00	303,936.00	258,058.34
3001 - Invested in Capital Assets	180,073.00	180,073.00	153,330.65
3010 - Restricted Reserves			
3011 - Contingency Reserve	6,078,725.00	6,078,725.00	5,171,999.81
3012 - Fee Stabilization Reserve	327,865.00	327,865.00	1,328,000.19
Total 3010 - Restricted Reserves	6,406,590.00	6,406,590.00	6,500,000.00
3900 - Retained Earnings	0.00	0.00	0.09
Net Income	-283,160.98	0.00	316,541.12
Total Equity	6,607,438.02	6,890,599.00	7,227,930.20
TOTAL LIABILITIES & EQUITY	8,499,143.68	12,546,757.94	8,608,815.59



Motion No.: 6.0

Motion

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

Agenda #6: Request to go *in camera* pursuant to s. 7(2) of the Health Professions Procedural Code

It is moved by

and seconded by

that:

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



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 7.0

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

Agenda #7: Approval of the Operating and Capital Budgets 2018/2019

It is moved by

and seconded by

that:

Council approves the Operating and Capital Budgets for the 2018/2019 Fiscal Year.

Meeting Date:	March 19-20, 2018
Agenda Item #:	7
Issue:	Budgeting for the 2018/2019 fiscal year
Submitted by:	Robyn MacArthur and Shenda Tanchak

ISSUE

Staff is proposing a budget for the 2018/2019 fiscal year and is seeking the approval of Council. Both Executive Committee and Finance Committee have made a thorough review and recommended it to come forward.

BACKGROUND

The College uses zero-based budgeting to build both the Operating and the Capital Budgets for the upcoming year. This involves preparation of a fresh budget every year with each item needing to be justified, whether new or not. Every line item of the budget is approved by Council. Blanket increases or decreases are not used allowing funding to shift more freely according to strategic needs.

Where the notes include reference to the past budget, this is intended as a 'reality check' or to provide a clear explanation of this year's costs.

The proposed budgets reflect the anticipated income, expenses and capital expenditures to support the College's ongoing operations and initiatives in support of its mission.

The information is presented in the following way:

- Operating Budget
- Balance Sheet
- Capital Budget and Annual Amortization Schedule

OPERATING BUDGET

For the most part, the explanations that you will find in the notes to the budget speak for themselves. See Appendix A for the line by line operating budget. Please see below for a more detailed explanation regarding the increases in the HR expenses.

Human Resources

The single most significant change in terms of potential ongoing operational costs is in the salaries account. This year we propose to add one full time permanent administrative assistant and 3.3 full time equivalent contract positions. The choice to add these as one year contract positions, rather than permanent positions, is deliberate and will permit us to assess whether and how the new database delivers efficiencies that have an impact on staffing needs. At this time all staff are working at full capacity and many are working beyond capacity.

Other influences in the salaries line are one parental leave subsidy and a freelance physiotherapist investigator. It is also noteworthy that the practice assessors' salaries are appearing in the salaries account for the first time, having been moved from the consultants account.

With increased staff come some other increased costs (for example, physical plant requirements like equipment for work stations and operational costs such as RRSP contributions and training).

BALANCE SHEET

The Balance Sheets presented are the actuals from the end of our last fiscal year, Q3 YTD and a full year forecast balance sheet for our current fiscal year. This forecast gives us the starting point for the budgeted balance sheet for 2018-2019.

The Equity Section has a number of key changes to note. The first two columns show the reserves in our old format and nomenclature; and the two columns on the right show the reserves agreed to in the December Council Meeting.

As a reminder, Council agreed to keep a total of \$1,850,000.00 in Internally Restricted Net Assets (further identified for Complaints & Discipline; Sexual Abuse Therapy; Strategic Initiatives and IT Improvements); Invested in Capital Assets equal the Total Fixed Assets from the Asset Section above and any residual funds appear in the Unrestricted Net Assets line.

Total reserves are expected to decrease from \$6.9MM at the end of last fiscal, to \$6.0MM at the end of the next budget year.

The Balance Sheet is Appendix B.

CAPITAL BUDGET

This year we propose \$25,000.00 in capital additions. These expenditures are meant to be complimentary to our significant spending in the current year on the leaseholds and furniture and equipment which created our new office work and meeting spaces.

Amortization expense is calculated based on the total cost of the asset, divided by the number of years of expected useful life. Please see Appendix C for details.

Decision

Does Council approve the 2018-2019 Operating and Capital Budgets as presented?

Account	2018-2019 NEW Budget	2017-2018 Current Budget	Last Year 2016-2017 Actual	Full Year Forecast	
4001 · Registration Fees	5,680,206.45	5,253,381.64	5,375,264.40	5,412,810.66	Anticipating 9,100 on renewal, plus growth through year
4002 · Interest Income	112,000.00	66,496.24	141,503.35	100,500.89	Estimate on anticipated returns on investments
4003 · Remediation Chargeback	10,760.00	32,793.00	18,591.74	18,268.95	ICRC ordering fewer coaches
4004 · Cost recovery from cost orders	23,000.00	46,000.00	14,000.00	38,000.00	
4007 · Registration fee credits	-35,823.79	-47,960.40	-45,002.87	-31,869.40	
4008 · Fees for Services	148,905.00	23,100.00	0.00	118,300.00	New fees pursuant to By Law change in June 2017
4010 · Miscellaneous Income	0.00	3,000.00	2,853.35	2,740.00	
Total Income	5,939,047.66	5,376,810.48	5,507,209.97	5,658,751.10	
5002 · ICRC - per diem	21,463.20	24,957.00	23,922.16	28,390.10	
5003 · Council - per diem	43,216.00	45,366.00	37,904.50	48,175.50	
5005 · Discipline Committee - per diem	27,385.00	35,780.00	25,453.00	30,409.00	
5006 · Executive - per diem	26,389.50	16,372.80	8,856.50	15,040.20	Includes per diems for President's activities
5010 · Patient Relations - per diem	1,126.20	662.00	2,618.00	90.00	
5011 · QA Committee - per diem	4,208.24	11,240.00	11,085.00	11,388.00	Fewer meetings due to program suspension
5012 · Registration Com. - per diem	4,680.00	5,782.94	1,271.50	2,093.70	All meetings by teleconference in 2017/18, 1 in person meeting in 2018/2019
5017 · Finance Committee - per diem	3,485.00	2,868.77	3,107.50	5,232.88	Includes budget for prep time
5052 · ICRC - expenses	30,441.92	19,630.58	29,877.94	21,460.60	
5053 · Council - expenses	74,559.19	70,812.87	71,378.59	79,379.98	
5055 · Discipline Committee - expenses	32,172.24	37,193.88	26,456.96	31,185.06	
5056 · Executive Committee - expenses	10,731.20	8,598.04	11,562.65	12,766.60	
5062 · QA Committee - expenses	2,700.00	7,161.84	7,009.00	8,129.06	
5063 · Registration Comm. - expenses	1,700.00	1,384.79	0.00	0.00	
5075 · Finance Committee - expenses	3,220.00	1,725.00	1,954.23	2,590.82	Last year budget was for 4 members
5101 · IT Hardware	37,620.00	7,737.48	0.00	9,881.14	Replacement of old computers per policy; moving to leases from purchases.
5102 · Software	16,586.32	23,925.26	7,369.83	24,342.66	Sharepoint costs included in Account 5104
5103 · IT Maintenance	90,108.00	75,888.00	78,788.59	71,079.61	Number of users increased and some one time expenses
5104 · IT Database	319,810.00	722,090.60	59,016.96	722,090.60	Annual maintenance fee for database, Sharepoint costs, allowance for change orders
5200 · Insurance	9,742.12	9,440.30	9,465.39	9,455.14	
5300 · Networking, Conf. & Travel	34,108.30	46,170.78	31,954.58	33,687.67	OPA & CPA did not happen in last fiscal; CNAR taking place in more expensive location
5402 · Bank & service charges	123,130.00	170,825.14	152,287.50	170,580.59	Reduction in credit card fees and introduction of debit option
5403 · Maintenance & repairs	3,100.00	1,955.16	6,670.82	1,887.36	
5405 · Memberships & publications	213,252.41	196,385.06	188,728.61	192,611.47	

Account	2018-2019 NEW Budget	2017-2018 Current Budget	Last Year 2016-2017 Actual	Full Year Forecast	
5407 · Office & kitchen supplies	22,100.00	17,200.00	17,389.34	17,181.90	
5408 · Postage & courier	6,300.00	8,960.00	10,370.97	6,397.85	
5409 · Rent	492,400.00	450,623.48	300,398.09	492,050.21	
5411 · Printing, Filing & Stationery	9,700.00	11,500.00	11,971.63	11,824.30	
5412 · Telephone & Internet	35,785.88	27,890.96	30,080.77	33,765.09	
5413 · Bad Debt	6,000.00	5,909.48	12,334.72	9,136.55	
5503 · Council Education	44,915.00	67,724.30	34,078.27	80,030.26	All meetings in North America this year
5504 · Elections	3,600.00	3,200.00	3,650.00	3,550.00	
5505 · Policy Development	35,679.53	22,000.00	102,619.69	16,619.20	Increase in Policy Working Group days
5605 · French Language Services	10,000.00	8,700.00	8,262.97	8,186.03	
5620 · Print Communication	14,200.00	14,800.00	11,164.63	10,410.85	
5621 · Online Communication	77,400.00	112,510.00	180,921.73	121,256.42	
5622 · In-Person Communication	26,900.00	27,600.00	23,740.08	34,719.63	
5701 · Audit	25,000.00	18,080.00	21,588.35	33,448.00	
5702 · Hearing Expenses	10,463.00	16,418.80	12,987.22	13,241.93	
5704 · Investigations	55,400.00	8,116.52	19,388.64	26,322.03	Based on known charges and increased tendency to seek opinions
5710 · Temporary staff	0.00	3,735.00	0.00	14,120.69	
5753 · Legal - Professional Conduct	0.00	0.00	-2,702.06	0.00	
5755 · General Legal (Corporate)	20,000.00	20,000.00	21,141.96	16,452.91	
5760 · General Counsel (member specific advice)	32,000.00	30,021.53	25,471.56	30,125.74	
5761 · Independent Legal Advice (Discipline)	68,817.00	159,940.20	47,756.07	122,963.79	
5762 · Hearing Counsel	93,654.40	106,587.25	112,966.95	94,685.10	
5763 · Court Proceedings & Appeals	30,000.00	10,000.00	6,035.15	37,769.56	
5802 · Jurisprudence	11,891.00	22,600.00	35,057.12	12,337.50	Changing Vendors pending new registration regulations when costs are expected to go up considerably
5811 · QA Program Development & Eval.	106,095.00	40,102.00	0.00	40,051.00	
5821 · Assessor Travel	6,322.00	94,327.24	70,056.45	85,328.99	
5823 · Assessor Training	79,916.00	12,953.50	51,997.52	7,390.06	Special training requirements to prep for new QA program
5824 · Assessor Onsite Assessment Fee	10,740.00	136,168.68	115,322.50	131,184.67	
5871 · QA Practice Enhancement fees	2,800.00	20,499.16	3,326.44	11,389.08	
5880 · Remediation - PC	10,760.00	38,407.52	19,978.59	15,998.81	

Account	2018-2019 NEW Budget	2017-2018 Current Budget	Last Year 2016-2017 Actual	Full Year Forecast	
5890 · Sexual Abuse Therapy	53,430.00	8,000.00	3,825.00	4,760.00	Changes in legislation increases eligibility
5901 · Salaries	2,977,391.32	2,608,755.97	2,402,071.21	2,558,910.23	Includes additional staff, see briefing note for further detail.
5902 · Employer Benefits	109,559.95	96,837.88	86,826.40	89,604.00	Anticipated increase in September
5903 · Employer RRSP Contribution	133,656.63	118,540.46	116,439.01	116,830.93	
5904 · Consultant fees	105,398.00	0.00	111,511.91	0.00	includes psychometrician; occasional freelance writers
5905 · Staff Development	127,604.90	89,050.56	92,087.14	76,623.52	increase reflects additional staff and attendance by all PA's at congress
5906 · Recruitment	1,950.00	1,600.00	1,297.24	2,531.88	
5907 · Staff Recognition	13,360.00	12,530.00	9,146.58	9,167.63	
5911 · CPP - Canadian Pension Plan	76,991.53	76,638.03	77,762.73	76,810.26	
5912 · EI - Employment Insurance	34,538.93	35,034.26	36,542.73	32,841.28	
5913 · EHT - Employer Health Tax	47,769.16	42,095.74	43,203.76	43,562.43	
5914 · Vacation Pay Adjustment	5,000.00	5,000.00	-26,469.00	5,000.00	
6001 · Amortization	115,500.00	67,780.54	60,070.55	67,780.54	New Assets (Fixtures and Leaseholds) from move now being depreciated + New Assets
Total Expenses	6,285,924.07	6,222,393.35	5,175,533.09	6,154,308.59	
Total Surplus / (Deficit)	-346,876.41	-845,582.87	331,676.88	-495,557.49	

	F'17	Q3 F'18	Forecast F'18	F'19
	31 Mar 17	31 Dec 17	31 Mar 18	31 Mar 19
ASSETS				
Current Assets				
Chequing/Savings				
1000 · Cash on Hand				
1001 · Petty Cash	250.00	250.00	250.00	250.00
1002 · Petty Cash (USD)	200.00	0.00	0.00	0.00
1003 · CC Clearing - RBC - 100-999-2	226,536.49	7,780.61	50,000.00	38,754.73
1005 · Operating - RBC - 102-953-7	102,396.08	65,535.59	100,000.00	77,111.16
1000 · Cash on Hand - Other	195.16	195.16	0.00	0.00
Total 1000 · Cash on Hand	329,577.73	73,761.36	150,250.00	116,115.89
1100 · Investments				
1104 · Investments - Long Term	3,547,068.40	3,547,068.40	3,622,068.40	3,697,068.40
1102 · Investments - Short Term	1,159,494.15	1,208,803.26	1,258,803.26	1,308,803.26
1103 · Savings - RBC - 100-663-4	7,104,759.84	2,829,237.56	6,204,369.71	5,736,438.64
Total 1100 · Investments	11,811,322.39	7,585,109.22	11,085,241.37	10,742,310.30
Total Chequing/Savings	12,140,900.12	7,658,870.58	11,235,491.37	10,858,426.19
Accounts Receivable				
1200 · Accounts Receivable	246,931.22	257,397.18	260,000.00	260,000.00
Total Accounts Receivable	246,931.22	257,397.18	260,000.00	260,000.00
Other Current Assets				
1201 · Allowance for Doubtful Accounts	-235,834.72	-242,631.40	-242,631.40	-242,631.40
1400 · Prepaid Expenses				
1411 · Prepaid Rent	22,712.72	22,712.72	41,250.00	41,250.00
1401 · Prepaid Software	8,021.64	3,298.83	8,000.00	8,000.00
1403 · Prepaid IT services	13,916.47	10,861.29	25,701.00	25,701.00
1405 · Prepaid Insurance	4,697.72	1,855.17	5,000.00	5,000.00
1406 · Prepaid Membership	134,284.65	2,441.95	137,924.65	141,564.65
1408 · Prepaid staff development	11,311.13	5,390.42	10,000.00	10,000.00
1410 · Prepaid meetings	19,744.57	1,155.00	20,000.00	20,000.00
Total 1400 · Prepaid Expenses	214,688.90	47,715.38	247,875.65	251,515.65
Total Other Current Assets	-21,145.82	-194,916.02	5,244.25	8,884.25
Total Current Assets	12,366,685.52	7,721,351.74	11,500,735.62	11,127,310.44
Fixed Assets				
1301 · Computer equipment	287,095.82	295,527.04	295,527.04	295,527.04
1302 · Computer Software	7,940.84	7,940.84	7,940.84	7,940.84
1305 · Computer equipment - Acc dep	-267,757.35	-284,449.90	-278,126.86	-295,527.04
1306 · Computer Software - Acc Dep	-6,126.36	-7,940.84	-7,940.84	-7,940.84
1310 · Furniture and Equipment	464,531.23	279,376.00	295,000.00	305,000.00
1312 · Furniture & Equipment -Acc Dep	-460,354.65	-13,968.80	-29,500.00	-89,500.00
1320 · Leasehold Improvements	402,013.85	514,176.85	530,000.00	545,000.00
1322 · Leasehold Improvements -Acc dep	-402,013.85	-12,869.25	-26,500.00	-80,250.00
1325 · Construction Work In Progress	154,742.89	0.00	0.00	0.00
Total Fixed Assets	180,072.42	777,791.94	786,400.18	680,250.00
TOTAL ASSETS	12,546,757.94	8,499,143.68	12,287,135.80	11,807,560.44

	F'17	Q3 F'18	Forecast F'18	F'19
	31 Mar 17	31 Dec 17	31 Mar 18	31 Mar 19
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
2000 · Accounts Payable	113,619.29	169,434.79	125,000.00	44,106.99
Total Accounts Payable	113,619.29	169,434.79	125,000.00	44,106.99
Other Current Liabilities				
2011 · Vacation Accrual	87,729.01	85,384.91	92,729.01	85,384.91
2010 · Accrued Liabilities	261,686.62	292,831.32	263,960.34	263,960.34
2100 · Deferred Revenue				
2101 · Deferred Registration Fees	5,143,180.00	1,285,795.02	5,353,215.00	5,318,750.00
2105 · Deferred credit card charges				
2110 · Banked refunds	35,125.48	29,335.28	32,116.28	32,116.28
Total 2100 · Deferred Revenue	5,178,305.48	1,315,130.30	5,385,331.28	5,350,866.28
2150 · Other Payables				
2154 · Citizen's Advisory Group	0.00	13,770.34	9,996.84	0.00
2152 · Due to London Life (RRSP)	14,817.66	15,154.00	15,075.94	15,075.94
Total 2150 · Other Payables	14,817.66	28,924.34	25,072.78	15,075.94
Total Other Current Liabilities	5,542,538.77	1,722,270.87	5,767,093.41	5,715,287.47
Total Current Liabilities	5,656,158.06	1,891,705.66	5,892,093.41	5,759,394.46
Total Liabilities	5,656,158.06	1,891,705.66	5,892,093.41	5,759,394.46
Equity				
3000 · Unrestricted Reserve / Unrestricted Net Assets	303,936.00	303,936.00	3,758,642.21	3,517,915.98
3001 · Invested in Capital Assets	180,073.00	180,073.00	786,400.18	680,250.00
3010 · Restricted Reserves / Internally Restricted Net Assets				
3011 · Contingency Reserve / Complaints & Discipline	6,078,725.00	6,078,725.00	1,000,000.00	1,000,000.00
3012 · Fee Stabilization Reserve / Sexual Abuse Therapy	327,865.00	327,865.00	100,000.00	100,000.00
3013 · Strategic Initiatives	0.00	0.00	500,000.00	500,000.00
3014 · IT Improvements	0.00	0.00	250,000.00	250,000.00
Total 3010 · Restricted Reserves	6,406,590.00	6,406,590.00	1,850,000.00	1,850,000.00
3900 · Retained Earnings	-331,676.00	0.00	495,557.49	346,876.41
Net Income	331,676.88	-283,160.98	-495,557.49	-346,876.41
Total Equity	6,890,599.88	6,607,438.02	6,395,042.39	6,048,165.98
TOTAL LIABILITIES & EQUITY	12,546,757.94	8,499,143.68	12,287,135.80	11,807,560.44

	Asset Class	Amount	Amortization Expense	Useful Life
New Acquisitions:				
Furniture and Equipment	Furniture and Equipment	10,000.00	2,000.00	5
Accessibility Improvement for Front Door	Leaseholds	15,000.00	1,500.00	10
Total New		25,000.00	3,500.00	
Existing Assets:				
Furniture & Equipment		295,000.00	59,000.00	5
Leaseholds		530,000.00	53,000.00	10
Total Existing		825,000.00	112,000.00	
Total Assets		850,000.00		
Total Amortization Expense for 2018/19			115,500.00	



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 8.0

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

Agenda #8: Duties When Providing or Refusing Care Standard

It is moved by

and seconded by

that:

Council approves the Duties When Providing or Refusing Care Standard and rescind the Position Statement on Pandemic Planning effective May 1, 2018.

Meeting Date:	March 19-20, 2018
Agenda Item #:	8
Issue:	Duties When Providing or Refusing Care Standard (formerly Duty to Provide Care Standard)
Submitted by:	Téjia Bain, Junior Policy Analyst

Issue:

Staff have considered Council’s recommended changes to the Duty to Provide Care Standard draft from the December 2017 meeting and made several changes to the draft Standard. After reviewing the changes made, the Executive Committee is recommending that Council approve the revised Standard with an effective date of May 1, 2018.

Background

At the December 2017 Council meeting, Council considered a Duty to Provide Care Standard draft that described the expectations of physiotherapists when providing care. The draft Standard described expectations for physiotherapists as it relates to accessibility, providing care without discrimination, discontinuing care, and providing care during public health emergencies.

After reviewing the draft Standard, Councillors recommended several changes to the content. Staff has since considered all of Council’s feedback and made several changes to the draft. The Executive Committee has reviewed the draft and recommends that it be approved.

The revised draft of the Standard can be found in Appendix 1.

Issues raised by Council

1. Arranging alternative services

Councillors wished to ensure that the expectations requiring physiotherapists to arrange alternative services were consistent with the existing professional misconduct rules. The Discontinuing Care section of the draft Standard has been revised to ensure that it aligns with the obligations in the Professional Misconduct Regulation so that arranging alternative services is listed as just one of the requirements for discontinuing needed care.

2. Denying care because of practice area

A part of the discussion at the Council table was about acceptable reasons for denying care, particularly when a physiotherapist’s practice area or focus limits his or her ability to accept certain patients. Councillors recommended that “practice area” be added to the list of examples of acceptable reasons for denying care under the relevant footnote in the draft Standard.

After reviewing this part of the standard again, staff concluded that it is not necessary to include examples about acceptable reasons for denying care. Physiotherapists are only obligated to make decisions about providing their services without discrimination; they have the knowledge, skill and judgement to determine when to provide care otherwise. Staff has removed the relevant footnote and altered the language in the No Discrimination section to reflect this clarification. Practice Advice questions will be monitored in the future to determine if examples are needed by the membership for additional clarification.

3. Structure of opening statement

One Councillor suggested that the standard be opened with a more positive statement. After looking at the draft Standard in its entirety again, staff concluded that an introductory statement is not required. The introductory statement has been removed from the revised draft, which now only provides the expectations of the standard to align with the direct, plain-language format of our previously updated standards.

Additional Considerations

1. Title Change - From “Duty to Provide Care” to “Duties When Providing or Refusing Care”

Staff is proposing a change to the title of this standard to more clearly capture what the standard is about. This new title is more search-friendly and focuses on the expectations of the standard, which describe physiotherapists’ obligations when making decisions about providing care or refusing care.

2. Rescinding the Position Statement on Pandemic Planning

Councillors may recall that the draft Standard incorporates content from the Position Statement on Pandemic Planning to address circumstances where a physiotherapist may be called on to provide care in a public health emergency. Staff is therefore recommending that the Position Statement on Pandemic Planning be rescinded.

3. Executive Committee feedback

In addition to considering the changes proposed by staff, the Executive Committee considered feedback received from the Ontario Physiotherapy Association on this revised draft of the Standard. There was discussion about whether there is a need to describe what is meant by “enough resources” under the fourth bullet point in the Discontinuing Care section: *the physiotherapist is unable to provide care that meets the standards of practice because there are not enough resources available*. The Executive Committee concluded that it is best to leave this term undefined because of the level of specificity that would be required to define it. Determination of whether or not the standard was breached on this ground will be based on the facts presented in a case at the Committee level.

A summary report of the research, rationale and stakeholder feedback for the draft Standard can be made available upon request.

Decision Sought:

The Executive Committee recommends that Council approve the Duties When Providing or Refusing Care Standard draft with an effective date of May 1, 2018.

The Executive Committee also recommends that Council rescind the Position Statement on Pandemic Planning effective May 1, 2018.

Attachments:

- Appendix 1: Duties when Providing or Refusing Care Standard draft
- Appendix 2: Duty to Provide Care Standard draft (presented to Council December 2017)
- Appendix 3: Position Statement – Pandemic Planning

Appendix 1: Duties When Providing or Refusing Care Standard *Draft*

1. No Discrimination

Physiotherapists must only make decisions about providing care based on non-discriminatory reasons.

The [Ontario Human Rights Code](#) prohibits discrimination on any of the following grounds:

- age
- citizenship
- disability¹
- ethnic origin
- place of origin
- creed
- ancestry, colour, or race
- sexual orientation
- sex (including pregnancy and breastfeeding)
- gender identity, gender expression
- marital status (including single status)
- family status

2. Accessibility²

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

3. Discontinuing Care

When a patient needs physiotherapy, a physiotherapist who wants to discontinue care must ensure that one or more of the following conditions are met³:

¹ Disability means:

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness
 - (b) a condition of mental impairment or a developmental disability,
 - (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
 - (d) a mental disorder, or
 - (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*
- Ontario Human Rights Code, R.S.O. 1990, c. H.19, s. 10(1)

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

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

³ Ontario Regulation 388/08 Professional Misconduct, section 1, par. 2



- the patient requests the discontinuation,
- alternative services have been arranged,
- the patient has been given a reasonable opportunity to arrange alternative services,
- the physiotherapist is unable to provide care that meets the standards of practice because there are not enough resources available,
- the patient has failed to pay for physiotherapy services received within a reasonable time, and all reasonable attempts made by the physiotherapist to facilitate payment have been unsuccessful,
- the physiotherapist believes that the patient may be abusive,
- the patient has not cooperated or complied with the treatment plan and the result is that the care is not effective, or
- [a professional boundary has been breached](#) and all reasonable steps have been taken to manage the behavior.

4. Providing care during a public health emergency

When making decisions about providing care during a public health emergency⁴, physiotherapists must:

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

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

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

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

Appendix 2: Duty to Provide Care Standard *Draft* (presented to Council Dec 2017)

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

1. Accessibility²

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

2. No Discrimination

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

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

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

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

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

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

³ Disability means:

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

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



3. Discontinuing Care

Physiotherapists must discontinue necessary services only when:

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

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

4. Providing services during a public health emergency

During a public health emergency⁴, physiotherapists should:

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

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

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

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

Pandemic Planning— Key Considerations for Physiotherapists

Introduction

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

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

Background

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

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

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

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

Position

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

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

References and Resources

Ontario Ministry of Health and Long Term Care (MOHLTC)

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

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

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

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

Date Approved: September 2009

Revised: October 2013

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



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

2017

Governance Manual



Section:	Roles & Responsibilities	Policy #1.5
Title:	Role of President	
Date approved:	June 2002	
Date revised:	June 2006, June 2007, December 2009, December 2011, February 2013, March 2014	

Primary Function

The President is elected by Council to serve as its most senior officer in facilitating governance effectiveness and alignment with the mission and vision. The President works effectively with the Registrar, acts as a key representative in public forums, and highlights Council's stewardship role in the self-regulation of the profession.

Term

The President serves a one year term and is elected annually in March and takes office at the Annual General Meeting. An individual may hold this office twice during any period of consecutive service on Council. These appointments may be consecutive.

Specific Responsibilities

In addition to duties outlined in By-law 6.3(1), the President shall:

1. Promote, in conjunction with Registrar, the establishment and evaluation of the College's strategic plan.
2. Collaborate with the Registrar to identify issues, develop objectives and establish priorities to be deliberated by the Council and oversee the planning, chairing and evaluation of all Council meetings including the annual meeting.
3. Act as a signing authority for by-laws, regulations, contracts and cheques on behalf of the College as required.
4. Serve as the Chair of the Executive Committee and participate on other Committees and Task Forces as directed by Council.
5. Serve as a member of the Finance Committee.
6. In conjunction with the Registrar, represent the College at public functions and official liaison opportunities to promote the development of beneficial relationships with other organizations.
7. Represent the College on external committees or representational opportunities or appoint a member of the Council to represent the Council in keeping with the by-laws or as directed by Council.
8. Receive all matters directed to the attention of Executive Committee and Council and review and determine, with the Executive Committee as appropriate, a best course of action on such matters related to the performance of committees or Councillors.



9. To develop the Council agenda and identify matters that should be discussed in camera.
10. Maintain awareness of activities and of issues facing the Council, external and internal to the College; and in conjunction with the Registrar, including acting as a key spokesperson on Council matters as required.
11. On behalf of Council and in accordance with policy, negotiate the Registrar's contract and coordinate the Registrar's annual performance review.
12. Advise Councillors or committee members on issues relating to conflicts of interest in consultation with the registrar and legal counsel as required.
13. Establish an ongoing Councillor and non-council committee performance management system which includes providing individual Council members with performance feedback on an annual basis and managing any performance issues or concerns in accordance with the College's code of Conduct.



Section:	Roles & Responsibilities	Policy #1.6
Title:	Role of Vice President	
Date approved:	June 2002	
Date revised:	June 2006, June 2007, December 2011, February 2013, March 2014	

Primary Function

The Vice President is elected by Council to serve as an officer of the College and to assist and collaborate with the President in his/her role.

Term

The Vice President serves a one year term and is elected annually in March and takes office at the Annual General Meeting. An individual may hold this office twice during any period of consecutive service on Council. These appointments may be consecutive.

Subject to the election process, incumbents in the Vice President's role will typically take over the role of the President when the President has completed his or her term(s).

Responsibilities

In addition to duties outlined in By-law 6.3(2), the Vice-President shall:

1. In the absence of the President, perform the President's duties including:
 - a. chairing Council and Executive Committee meetings;
 - b. acting as a signing officer of the College;
 - c. receiving and reviewing all matters directed to the attention of the Council; and
 - d. representing the College at public functions and official liaison opportunities.
2. Serve as a member of the Executive Committee and participate on other Committees and Task Forces as directed by Council.
3. Serve as a member of the Finance Committee.
4. As advised by the President and the Registrar, develop his or her personal knowledge of the role and duties of the President in order to prepare to undertake this role.
5. Chair an appeal where the Registrar has concerns or disagrees with the performance review process or the outcome. (Policy # 8.5– Registrar's Performance Review).
6. Assist and advise the President as requested.



Section:	Terms of Reference	Policy #3.3
Title:	Executive Committee	
Date approved:	February 2002	
Date revised:	June 2003, June 2006, September 2007, March 4, 2009 in effect June 2009, June 2010, September 2010, September 2011, October 2012, February 2013, September 2013, March 2014, March 2015	

Type

Statutory

Legislative / By-law References

7. Health Professions Procedural Code: 10, 11, 12
8. By-laws: 7.1(1)

Role

The role of the Executive Committee is to provide leadership to Council, to promote governance excellence at all levels, to facilitate 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.

Accountability

Council

Duties

9. Governance Excellence
 - a. To regularly monitor, evaluate and recommend practices that will promote and enhance overall governance excellence at both the level of Council and Committee.
 - b. To determine which Councillors should be encouraged to participate in educational opportunities.
 - c. To determine which Councillors should be funded to attend the educational conferences that the College targets for Councillor's attendance each year by assessing applications for funding.
10. Administrative Matters
 - a. Without unduly exercising Council's authority, to exercise all the powers of Council between Council meetings with respect to matters that require immediate attention.



Exceptions include the power to make, amend or revoke regulations or by-laws, or where policy dictates limitations.

- b. To report to Council on all decisions in which the Committee exercised the Council's authority.
- c. To regularly review by-laws, governance policies, and the College's official documents to ensure currency and the need for Council review.
- d. To recommend the Committee, task force or advisory group slate for presentation and approval by Council.
- e. To provide direction and support to committees and Council as requested.
- f. To seek candidates for the annual College awards program and consider all applications/nominations for recommendation to Council.

11. Policy Development

- a. To maintain current awareness of issues that affect the College's mandate and strategic direction and to provide recommendations and advice to Council on such matters.
- b. To direct the College's strategic planning process and monitor related College and committee activities to ensure consistency with the stated direction.
- c. To provide guidance and support, as requested, to policy development or operational projects at staff, task force or committee level and to make recommendations to Council with respect to policy direction, as required.

12. Working with the Registrar

- a. To provide guidance and support to the Registrar.
- b. To receive and adjudicate grievances of staff reporting to the Registrar.
- c. To ensure that the annual performance review of the Registrar is completed.
- d. To ensure the employment contract of the Registrar and any related amendments are confirmed by Council.

13. College Privacy Committee

- a. To reconstitute itself as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College, including concerns regarding an individual's request for access to his or her personal information.

14. Registrar's Performance Review Panel

- a. To reconstitute itself as the Registrar's Performance Review Panel in order to gather and assemble feedback about the Registrar's performance and to provide a recommendation to Council as to the Registrar's annual performance assessment.



Composition

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.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
*de l'*ONTARIO

Agenda #10

Election of Interim Vice President

Electronic Voting System



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
*de l'*ONTARIO

Agenda #11

2018-2019 Executive Committee Election

Electronic Voting System



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 12.0

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

Agenda #12: College's Investment Strategy

It is moved by

and seconded by

that:

Council approves the College's Investment Strategy.

Meeting Date:	March 19-20, 2018
Agenda Item #:	12
Issue:	College's Investment Strategy
Submitted by:	Shenda Tanchak, Registrar

Issue:

In keeping with the governance policy that requires a periodic review of the College's investment strategy, it is being brought forward to Council for approval.

Background:

The current investment strategy was developed in accordance with Council approved by-law 2.4 to ensure the long-term stability of the College. The strategy can be summarized as follows:

1. Short-term investments will be invested in easily cashable instruments which will yield the best results and will mature within a 12 month period or less.
2. Long-term investments will be invested in federal, provincial and municipal governments, bank and trust companies, corporations, mortgage backed securities, coupons and residuals that are rated R1 or better for money market instruments and A or better for bonds, as determined by DBRS Limited (formerly known as the Dominion Bond Rating Service). The proportion of the investment portfolio held in corporate funds shall not exceed 20% and, the amount invested with any one issuer is limited to \$300,000.00.
3. The College will adopt a laddered investment strategy for its long term investments, ensuring maximum return, staggered fund release, and a minimum of a four-year platform.
4. Funds for short term investments are cashed for the use of annual College operations. Long term investments are only cashed at the direction of Council.

The current strategy has been reviewed in keeping with both the past practices of the College and any current implications related to the economic environment. Given the College's focus on the preservation and security of capital and desire for moderate growth at no less than the current rate of inflation, no change of direction to the College's investment strategy is recommended. The College's current overall investment strategy has proved solid in both strong and weak investment environments.

As such, it is recommended that Council approves the current investment strategy for the next year.

Decision Sought

Council is being asked to approve the investment strategy as described.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 13.0

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

Agenda #13: Quality Assurance Program Review: Final Approval of New Program

It is moved by

and seconded by

that:

Council formally approve the new Quality Assurance Program.

Meeting Date:	March 19-20, 2018
Agenda Item #:	13
Issue:	Quality Assurance Program Review: Final Approval of New Program
Submitted by:	Joyce Huang, Strategic Projects Manager

Issue:

The Executive Committee recommends that Council formally approve the new Quality Assurance Program, which Council approved in principle at the December 2017 meeting. There are many specifics still to be worked out about the design of the program and the assessment tools, which will be done in the program development phase of the project. It is proposed that the Quality Assurance Working Group will provide policy direction during program development, and any items that the Working Group identifies as requiring Council decision-making will be brought forward to Council.

Background:

At the December 2017 meeting, Council approved a new Quality Assurance Program in principle. The new program is based on recommendations from the Quality Assurance Working Group (WG).

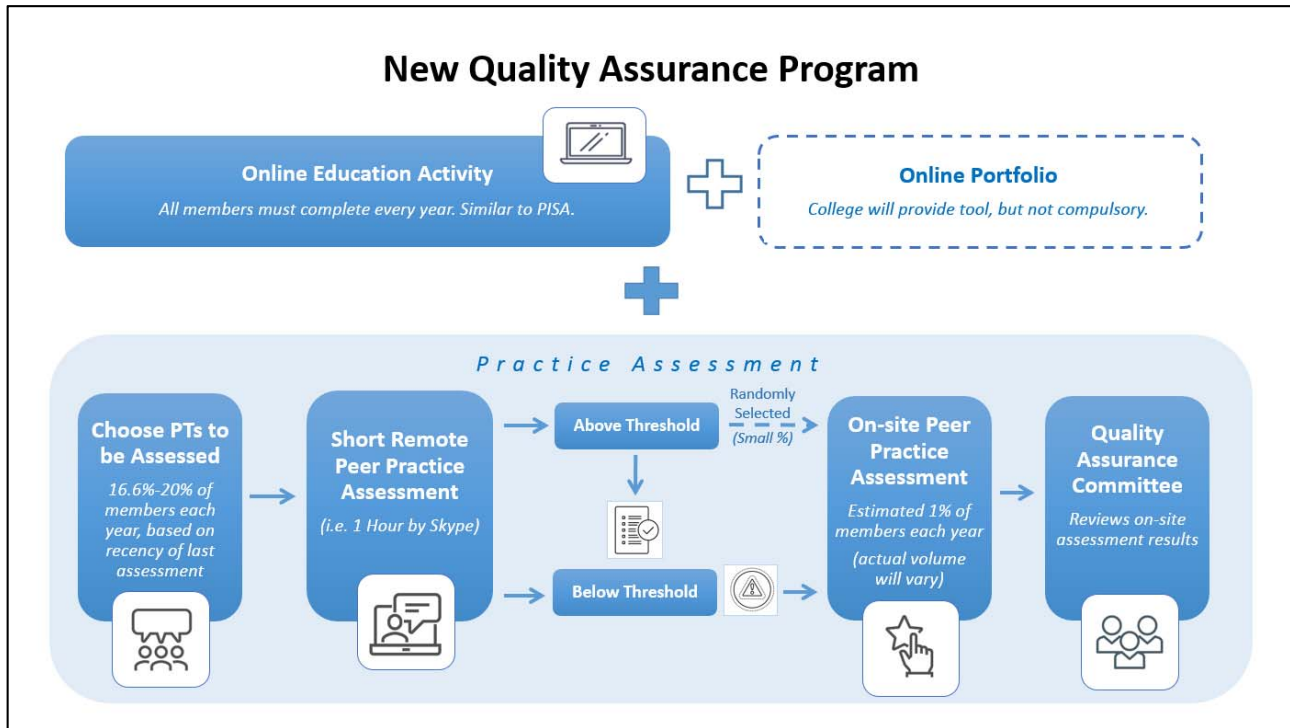
Council established the WG to consider what changes to the Quality Assurance Program, if any, might increase its positive impact on practice without increasing cost. The WG considered research previously commissioned by the College as well as practices at other regulators, and recommended a framework for a new Quality Assurance Program.

The Quality Assurance Program approved in principle by Council is depicted in Figure 1 below. A more detailed description of the program and an overview of the rationale can be found in Appendix 2.

After Council approved the new Quality Assurance Program in principle, the College conducted consultations with members and other stakeholders. We sent a consultation survey to all members, and also sent targeted consultation requests to the Ontario Physiotherapy Association (OPA), peer assessors, PTs who were assessed in the past 3 years, past and present Quality Assurance Committee members, and other regulators. We also received feedback from members during several in-person outreach sessions.

During that same time, staff worked to develop a detailed work plan for the program development phase. If Council formally approves the new program, the program development work will take place from April 2018 to March 2019, to meet the target of launching the new program on April 1, 2019.

Figure 1: The New Quality Assurance Program



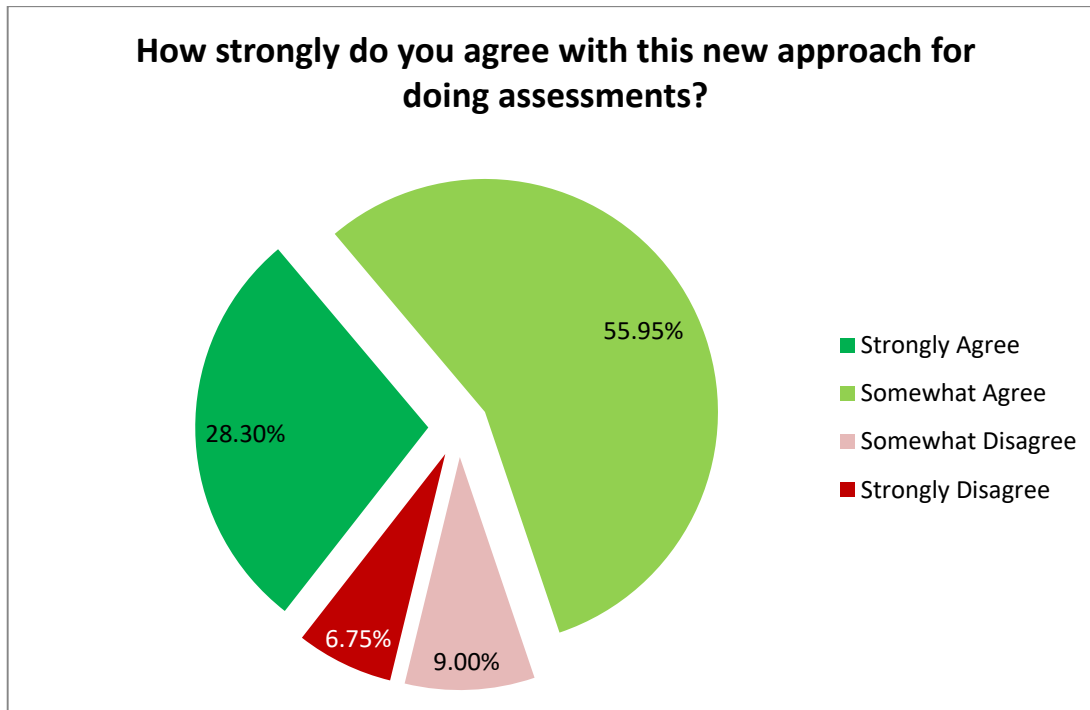
Consultation Feedback:

The consultation feedback we have received about the new program suggests that members and stakeholders view the new program positively. Particularly, regarding the assessment process which is the most significant change from the current program, the majority of members who responded to the consultation (84%) are in agreement with the new approach.

Figure 2 below shows the breakdown of responses from members regarding their agreement with the new assessment approach.

In addition to gauging the level of acceptance of the new QA Program among members and stakeholders, we also asked questions in our consultations intended to provide input to specific implementation questions that have been identified previously. The responses to those questions will provide helpful data as staff and the WG consider and address those questions during program development. Appendix 1 includes a list of those questions and issues.

Figure 2: Members' responses indicating their agreement with the new assessment approach



Themes in stakeholder comments

After the stakeholder comments from the member survey, in-person outreach events and the OPA submission were collated, a number of common themes emerged:

- In their submission, the OPA expressed support for a more technological approach to the assessment process. They noted several potential barriers and unintended consequences that the College should consider and address, some of which are also consistent with what we heard from individual members:
 - ensuring that any cost savings for the College in terms of assessments are not simply a result of downloading of costs to individual members (for example, would members need to incur mailing costs to send documents to the College, or pay for a video conferencing account)
 - ensuring privacy and security during the remote assessment
 - ensuring assessors conducting on-site assessments are blinded to the results of the remote assessment for that member to prevent bias.
- *Shorter assessment:* The most common reason PTs cite for supporting the new assessment approach is the shorter assessment process, which will save time and money. Some PTs noted that taking time away from work to participate in an assessment results in lost income.
- *Assessing more PTs:* Many members expressed support for the fact that the new assessment process would be able to assess a greater number of PTs each year, and that all PTs will be assessed over a multi-

year cycle. They believe that is fairer than the current process where some PTs have been assessed more than once while others have never been assessed. Some who were in support of the approach wondered if a longer assessment cycle (e.g. over 10 or 15 years) would be more reasonable.

- *Using the remote assessment as a screen:* Many PTs said they liked the use of a short remote assessment as an initial screen, and only doing an on-site assessment for those who need one. Although a few comments expressed hesitation about whether the remote assessment would be able to accurately assess competence.
- *Less stressful:* Many PTs noted that the remote assessment would be less stressful, less intimidating, and less disruptive to their practice compared to the on-site assessment.
- *Portfolio being optional:* Comments from members and from the OPA expressed support for making the portfolio optional. Members felt that it is the discussion about their learning rather than the keeping of a portfolio that is more valuable and insightful.
- *Use of technology:* Very few people expressed concern about using video conferencing technology to conduct the remote assessment. Some suggested that a chance to practice using the technology before the assessment would be helpful. Some PTs noted that for those who may not have access to the necessary technology and connectivity, it would be helpful for the College to arrange for alternative access sites.
- *Employer evaluations:* Some PTs noted that those working in hospitals and other institutions are already supported by strong oversight and evaluation systems in the workplace, and wondered if they could be exempt from the College's assessment process. This idea has already been identified by staff as a longer-term policy we should explore.
- *Desire for more information:* A number of comments from members and in the OPA submission suggest there is a desire from members and stakeholders to receive more detailed information about the rationale for of the new program and specifics of the program components.

The use of random selection to blind the selection for on-site assessment

Some member comments at the in-person outreach events suggested they had mixed opinions about the idea of using random selection to blind the selection process for the on-site assessment.

Those who expressed reservations believed that this approach may not be effective in protecting the privacy of PTs who are selected for the on-site assessment, because their colleagues likely already suspect that they have issues with their practice. Individual members as well as the OPA noted that instead of achieving the desired blinding effect to protect the privacy of PTs who are identified as needing an on-site assessment, colleagues may instead assume that PTs who were randomly selected were selected due to having issues identified during the remote assessment.

We included a question in the member survey to gauge members' impressions of this approach. The survey responses show that members are about evenly split in terms of their agreement with the use of random

selection to protect PTs' privacy, with slight more PTs supporting it than not (53.5% support, 46.5% do not support).

The issues raised by members about the use of random selection to blind the selection process will be brought forward to the WG for closer consideration, and if required, brought back to Council for decision-making.

Program Development Work Plan:

The work plan set out below aims for the launch of the new Quality Assurance Program on April 1, 2019. The plan consists of two concurrent streams of work, one that is focused on the development of the new remote assessment tool, and the other is focused on the review and update of elements of the current program (e.g. updating the on-site assessment tool, reviewing program policies and procedures, etc.).

It is proposed that the Quality Assurance Working Group will provide policy direction during the program development phase of the project, and will identify any items that require Council decision-making. The role and responsibilities of the Working Group in this next phase of the work is articulated in a proposed Terms of Reference document, please refer to the next briefing note for details.

During the program development phase, staff will provide an update on the progress at every Council meeting, and bring forward items for decision as required.

The following chart summarizes the major components of work in the two streams, with the associated timelines.

Timeline	New Tool Development Activity	Program Review Activity
March 2018 (after Council Meeting)	WG meeting to review the proposals from prospective assessment consultants and select the successful candidate; and to consider outstanding questions regarding program and tool design.	
April 2018	Hire the consultant, who will assist with the development of assessment tools.	Provide a report with data and research relevant to the current on-site assessment tool to the consultant, which will provide an evidence base on which they can make recommendations about revisions to the on-site assessment tool.
April 2018	WG meeting to resolve outstanding questions regarding tool design (if necessary).	
April – May 2018	Hold meetings with a group of subject matter experts (SMEs) to develop the blueprint for the remote assessment tool. Seek input from SME group on on-site assessment tool as required.	Review the existing pool of peer assessors to map their skills and to evaluate their past performance. Compare with desired competencies for peer assessors in the new program to identify suitable assessors.

Timeline	New Tool Development Activity	Program Review Activity
April – September 2018	Development of database functionalities for the Quality Assurance Program.	
June 2018	<p>WG meeting to provide direction on outstanding policy questions, which may include:</p> <ul style="list-style-type: none"> • the selection process for assessments • size and composition of assessor pool • appropriate remuneration for assessors • any questions or issues raised by the consultant 	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		<p>Prepare for recruitment of new peer assessors:</p> <ul style="list-style-type: none"> • Determine compensation model • Update recruiting tool based on the required key competencies and work experience
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.
April 1, 2019	New program launches.	

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
Remote assessment tool design		
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
Selection for assessment		
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

Description of Issue	Sources of Information or Input	When it will be considered
testing	- WG direction	
Determine the desired sample of PTs for pilot testing to ensure a representative group	- Advice from consultant - WG direction	June or September 2018
Practical implementation considerations		
Determine a mechanism to securely transmit patient charts if the remote assessment includes chart review	- Staff to investigate options - Discuss with database developer	April – September 2018
Explore use of alternate sites for the remote assessment for PTs who do not have access to the necessary technology and space	- Staff to investigate options	June – September 2018
Explore ability to use an online form to record results of the remote and on-site assessments	- Staff to investigate - Discuss with database developer	April – September 2018
Determine whether there is a need to confirm PT identify during the assessment, and how it would be done	- WG direction - Staff to investigate feasibility	June – September 2018
Consider the minimum amount of assessments each assessor should do to ensure they maintain the required skills	- Literature research	April – May 2018
Additional program considerations		
Consider the most appropriate approach for program evaluation post-implementation	- Advice from consultant	October – December 2018
Consider how PTs will be asked to demonstrate their continuing professional development activities (since the Portfolio will not be mandatory).	- Literature research - Stakeholder input as required	June – September 2018
Determine the format of the mandatory education activity, and whether to create tailored versions for different segments of PT population	- Staff to investigate - WG direction as required	July – October 2018
Whether PTs who are selected for the on-site assessment will be told the outcome of their remote assessment	- Advice from consultant - WG direction as needed	June – September 2018
Consider a mechanism to prevent access to results of remote assessments for peer assessors doing on-site assessments	- Staff to investigate - Discuss with database developer	April – September 2018

Longer-term policy and program considerations

- How to manage the budget implications related to the possible high volume of PTs who will be selected to do on-site assessments in a year
- Consider potential opportunities to partner with employers to avoid duplication of assessments of PTs
- Could the College exempt PTs from our assessment process if they can demonstrate that their employer has a valid and reliable in-house assessment process?

Appendix 2

Description of the New Quality Assurance Program

The Council of the College of Physiotherapists of Ontario approved a new Quality Assurance Program in principle in December 2017. The new program is based on the recommendations from the Quality Assurance Working Group.

About the Quality Assurance Working Group:

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

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

Overview of the new Quality Assurance Program:

The program will have the following components:

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

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

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

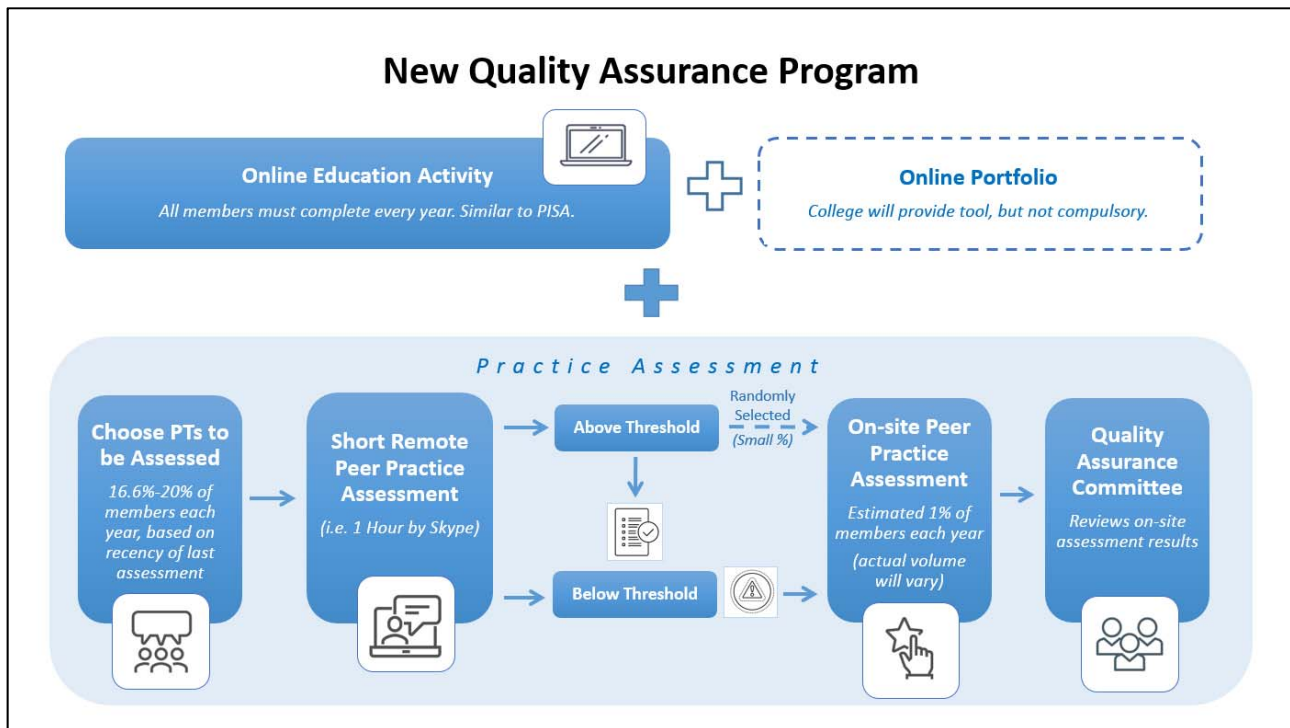
On-site peer assessment results will be reported to the Quality Assurance Committee, as today.

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

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

- Members will still be required to participate in ongoing learning and improvement, however the keeping of a portfolio will not be mandatory. An electronic “portfolio” tool will be made available to members through our website if they choose to use it.

Figure 1: The New Quality Assurance Program



Background:

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

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

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

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

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

To avoid the stigma associated with being selected for an on-site assessment (i.e. colleagues being aware that selection for on-site assessment must be a result of practice problems having been identified), a certain number of PTs will be randomly selected to do the on-site assessments during each program cycle. All PTs in the assessment cohort will participate in the remote assessment, and then a small number of PTs are randomly selected from those who are above the threshold.

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

Other required activities:

In addition to the Quality Assurance Program described above, the Jurisprudence Module will continue to be a required activity for all members. The module tests members' understanding and application of practice standards, legislation and rules related to practice in Ontario.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 14.0

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

Agenda #14: Quality Assurance Working Group – Terms of Reference

It is moved by

and seconded by

that:

Council approve the proposed Terms of Reference for the Quality Assurance Working Group.

Meeting Date:	March 19-20, 2018
Agenda Item #:	14
Issue:	Quality Assurance Working Group – Terms of Reference
Submitted by:	Joyce Huang, Strategic Projects Manager

Issue:

The Executive Committee recommends that Council approve the proposed Terms of Reference for the Quality Assurance Working Group to provide clarity about their role and responsibilities.

Background:

In Council’s role as the governing body for the College, one of their responsibilities is to establish non-statutory committees and task forces.¹ The Quality Assurance Working Group is an example of a task force established by Council. Establishing a protocol (i.e. Terms of Reference) is crucial to clarifying the common expectations for a committee’s work methodology and necessary outcomes (work product).² The same is true for task forces such as the Quality Assurance Working Group. As part of the College’s focus on continuing quality improvement, the intention is to ensure that Terms of Reference are established for task forces going forward.

To help ensure the effectiveness of the Quality Assurance Working Group, the Executive Committee recommends that Council approve the proposed Terms of Reference.

Decision Sought:

That Council approve the proposed Terms of Reference for the Quality Assurance Working Group.

Attachments:

- Appendix 1: Quality Assurance Working Group – Terms of Reference (*Proposed*)

¹ College Governance Policy 1.1: Role of Council.

² Katha Kissman, “Ask Our Consultants: Board Committees.” BoardSource, February 16, 2017.

< <https://boardsource.org/resources/ask-our-consultants-board-committees/>>.

Appendix 1

Quality Assurance Working Group Terms of Reference (*Proposed*)

Date: March 2018

Role

The role of the Quality Assurance Working Group (the Working Group) is to provide policy direction regarding the review and development of the Quality Assurance Program.

Accountability

Council

Responsibilities

1. To identify questions and concerns for staff to consider and research.
2. Upon considering the research, to make recommendations about elements of the program (for example, the selection process, who will be selected, how many will be selected).
3. To identify items that should be brought forward to Council for decision-making.
4. To consider policy issues related to program operation as brought forward by staff and to provide advice and feedback (for example, program evaluation plan).
5. To select the appropriate external consultant for tools development based on project requirements and the proposals.

Staff Responsibilities

1. To bring forward outstanding policy questions to the Working Group for consideration and direction.
2. To bring items identified by the Working Group to Council for decision-making.
3. To schedule meetings as required.
4. To provide materials to the Working Group in advance of meetings.
5. To manage the agenda and discussion at meetings.

Term

The program review and development work is expected to take place from January 2018 to March 2019. The Working Group will continue until the expected completion of the program review and development work in March 2019, or as otherwise directed by Council.

Frequency of Meetings

Working Group meetings will be scheduled as required based on the progress of the work. It is expected that the activity of the Working Group will be more intense in the first half of its term.

Composition

- Jill Adolphe
- Jatinder Bains
- James Lee
- Darryn Mandel
- Shelley Martin
- Kathleen Norman
- Gary Rehan
- Theresa Stevens



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
*de l'*ONTARIO

Agenda #15

Practice Advice Presentation



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
*de l'*ONTARIO

Agenda #16

Setting CEO Goals

Presentation by Lynda Mungall and Andrea Friesen from Mungall
Consulting



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 17.0

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

Agenda #17: Strategic Project – Billing Audit Update and Next Steps

It is moved by

and seconded by

that:

Council discontinue its direct pursuit of the tactic of undertaking billing audits.

Meeting Date:	March 19-20, 2018
Agenda Item #:	17
Issue:	Strategic Project – Billing Audit Update and Next Steps
Submitted by:	Joyce Huang, Manager – Strategic Projects Anita Ashton, Associate Registrar - Professional Conduct and Registration

Issue:

One of the College’s strategic goals is to ensure physiotherapists’ business practices meet professional standards and do not damage the reputation of the profession. One tactic identified by Council that was intended to contribute to achieving this goal was to conduct random billing audits with a view to identifying breaches and either educating the member or compelling change.

Before staff undertake further research, we seek Council’s guidance about whether this tactic continues to seem desirable given the magnitude of the project.

Background:

Initially, staff direction was to scope out the operational details associated with conducting billing audits. At this point, we have explored all options and come to the conclusion that the College does not have the legal authority to pursue such audits.

We have no authority to compel physiotherapists to provide us with information outside of receiving a complaint or a report that provides reasonable and probable grounds to believe that a member has engaged in professional misconduct. In the quality assurance realm, while it is contemplated the program will continue to look at billing practices among other elements of practice, results of assessments are required to be kept confidential to the program and the QAC has no authority to take disciplinary action.

The College has undertaken audits in the past, but these have relied on publicly available information, such as advertisements or employment addresses on the public register. Physiotherapist billing practices would require examination of materials that are not in the public domain so it is not possible to pursue such an avenue.

We also discussed the potential to conduct voluntary audits but ruled that out on the assumption it would be unlikely to yield useful results.

Magnitude of the Problem:

In 2017, the College retained the services of Goldfarb Intelligence Marketing to conduct a survey of a random sample of members. The purpose of the survey was to establish a baseline measure of non-compliance with billing rules and expectations in order to determine the extent of the problem: “Is it sufficiently prevalent to warrant intervention?”

The baseline measure will also be used to determine whether we are able to successfully reduce non-compliance (or, achieve our goal) as a result of whatever tactics we ultimately choose to undertake.

701 responses were received

- 27% of respondents believe there is a problem with billing fraud in Ontario. Of these,
 - 58% had heard of physiotherapists providing personal training and calling it physiotherapy;
 - 7% had heard of physiotherapists providing spa services; and
 - 17% of respondents had heard of PTAs doing assessments, developing treatment plans /setting goals.

From Risk and 'Right Touch' Perspectives:

The primary tenet of risk-based regulation is that we must spend our regulatory dollars in areas most likely to have an impact on public well-being. The resources we focus on one activity cannot be used for other activities. Would billing audits be effective to reduce harm to patients? Would they be effective enough to warrant the investment?

A second way to think about whether to proceed is from the perspective of 'right touch' regulation: the intervention should be proportionate to the risk. This philosophy holds that we should not interfere with our members' activities except to the extent required to ensure patient well-being.

So the question that Council would ask itself is whether the College is 'over-regulating' in relation to the risk associated with inappropriate billing. (The risk might be patient harm or the profession's reputation or a combination of both.)

Options for Consideration:

Note: We have not prepared cost estimates for any of the options at this time because we wanted to assess Council's appetite for proceeding. Preparing the cost estimate will require, in itself, a significant time investment on the part of staff.

OPTION A – Seek a regulation change to create authority to conduct clinic inspections

The College could seek a regulation change which would permit clinic inspections.

It is expected that it will take significant staff time and resources to conduct the necessary background work and research to support the request for regulation change. In addition, there will be some legal costs. The timeline for completion could be 3-5 years and the College would not have control over whether the regulation was ultimately approved by government.

Currently no other regulatory College in Ontario conducts random billing audits. There are a number of Colleges that conduct practice inspections including the College of Physicians and Surgeons of Ontario, the Ontario College of Pharmacists and the Royal College of Dental Surgeons. While these Colleges' regulations tend to focus on clinical activities, there is no legal reason why an inspection could not address billing issues.

The College of Naturopaths of Ontario recently received approval of a regulation which permits the following: examination and copying of books, accounts, reports, records or similar documents that are, in the opinion of the College, relevant to the performance of a procedure in the practice of the member.

We know that in many cases the owner of the facility where our members practice is not a physiotherapist or other regulated health professional. The business owner is therefore not accountable to any regulatory body. So while clinic inspection would be likely to succeed in identifying problematic billing practices, the College would not have the jurisdiction to compel change in business practices at the ownership or management level.

Note as well that there are significant costs associated with conducting clinic inspections. These costs would have to be borne by the membership in the absence of the ability to charge expenses back to the clinics themselves.

OPTION B – Seek authority to make a rule regarding clinic ownership

In some provinces, rules are in place that require that clinic ownership be approved by the College or that physiotherapy clinics must be owned by physiotherapists. Many of the respondents to the survey volunteered that requiring physiotherapy clinics to be owned by physiotherapists would solve the problems associated with poor business practices. However, our enabling legislation, the *Regulated Health Professions Act*, does not give Colleges authority pertaining to clinic ownership.

In order to make a rule that physiotherapists work only at clinics owned by physiotherapists, the College could seek a change to the RHPA. It is difficult to assess how receptive the government may be to allowing Colleges to develop rules related to clinic ownership. Historically, constraints on trade have not been considered desirable.

The benefit of requiring that physiotherapists own physiotherapy clinics lies in the accountability this would create. Physiotherapists are aware of the rules relating to business practices and of their accountability to the College. They also have a duty to patients that business people do not. Finally, the College would have the authority to compel change when problematic business practices were identified.

However, in jurisdictions that have ownership rules, it is unclear whether this has been an effective means to improve quality of care or business practices.

As with Option A, this would be a significant undertaking that would require staff time and resources to conduct the necessary background work and research to support the request for statutory change, and engaging with government to persuade them to pursue the change. The College would ultimately not have control over outcome and the timeline for completion would be 3 to 5 years.

OPTION C – Pursue both regulatory changes

The College could pursue both a change to the RHPA to enable the College to require that a regulated health professional (or a physiotherapist, specifically) own clinics at which physiotherapists work and pursue a regulation to permit clinic inspections. This combination of rules would be most likely to have an impact on quality of care and billing practices because clinic owners would be accountable for breaches and our College would have the authority to compel change. While the costs of inspections would still be significant, they could be borne by the clinics themselves, rather than by the general physiotherapist population.

There is no doubt that the resources required to pursue this option would require a reprioritization of other College activities.

OPTION D – Discontinue the Billing Audit tactic

If the billing audit tactic is dismissed on the basis that the magnitude of the problem does not justify the extent of the intervention, the College will nevertheless continue to pursue the strategic goal.

Currently, the College's Communications activities focus in part on inappropriate business practices. The College is actively using Perspectives, including the Case of the Month, Shenda's Blog and its social media profile to ensure that we are continuing to share information about these issues.

In addition, where the College identifies patterns that suggest billing issues are practice-specific (as opposed to PT-specific), we have invited all physiotherapists affiliated with that practice to attend a webinar which educates the PTs about the risks of working in certain practice settings (most recently fitness clubs). We have encouraged the physiotherapists to share these invitations with the facility owners and the PTAs that they work with and these individuals have attended as well.

Lastly where specific concerns are brought to the Colleges attention about a PT we investigate these concerns and the results are considered by the Inquiries, Complaints and Reports Committee which may refer matters to the Discipline Committee for a hearing.

Executive Committee Consideration

At its meeting in February, the Executive Committee considered this issue. Based on the ongoing communications and QA committee work in this area, the committee came to the conclusion that the tactic was no longer required. As such the Executive Committee is recommending to Council that it discontinue its direct pursuit of this tactic.

Decision Sought:

That Council discontinue its direct pursuit of the tactic of undertaking billing audits.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 18.0

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

Agenda #18: By-law Review, 2017-2018: Final approval

It is moved by

and seconded by

that:

Council approves the proposed by-law changes.

Meeting Date:	March 19-20, 2018
Agenda Item #:	18
Issue:	By-law Review, 2017-2018: Final Approval
Submitted by:	Rod Hamilton, Associate Registrar, Policy and Quality

Issue:

Each year the College reviews its by-laws to keep them consistent with changing laws, policies and the environment. This year, the College proposed a number of changes to the information it posts on, and collects for, the public register as well as a minor fee change. These changes were distributed for stakeholder feedback. Council is being asked to consider the feedback and approve the changes.

Background:

As Council will recall, each year the College conducts a review of its by-laws in order to ensure these reflect the current regulatory environment.

In December, Council approved a number of changes to its by-laws which are now in effect. Council also approved a number of other changes that needed to be considered by College stakeholders before receiving formal approval.

The changes that needed consultation were distributed to College stakeholders in early January for feedback.

As of the date of writing (March 5), 131 people have responded to the consultation.

While this number may seem low, based on the fact that the majority of the changes are ones that are based on changes already made to the Regulated Health Professions Act, some may consider it surprising that we have received even this many responses since most of these changes have little or no additional impact on individual members.

In fact, since these changes have already been made in law, most of these by-law changes are effectively housekeeping changes that are subject to very little debate.

The Feedback on the Proposed Changes – Appendix 1

Attached as Appendix 1 is a table of the by-law changes that were approved for distribution to stakeholders late last year.

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

- The by-law section number (if relevant)

- The name and a brief description of the College's proposed change
- A summary of the feedback provided by stakeholders and members
- A suggested resolution based on the feedback provided

Proposed by-law Amendments - Appendix 2

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

The Executive Committee reviewed these proposed changes at its February meeting and recommended that Council approve these changes.

Decision Sought

That Council that it approve the proposed by-law changes.

Attachments

- Appendix 1 – The Feedback on the Proposed Changes
- Appendix 2 – Proposed By-law Amendments

Appendix 1

By-law – Feedback on Proposed Changes

March 5, 2018

Section	Name/Issue	Feedback Provided	Suggested Resolution
8.1(2)(d)	<p>Deceased member</p> <p>As a result of changes to the RHPA that require that information on deceased members stay on the register forever, the College is proposing that the by-law be changed to reflect this requirement.</p>	<p>131 people responded</p> <p>60 of respondents support the change 40% of respondents do not support the change</p> <p>31 Comments: Although most people understand that this change is mandated by government, many are still opposed to it. Most of the opposition is based on respondents' inability to understand why data on deceased members is now required to be kept on the register forever.</p>	<p>Since this change is mandated by the changes to the RHPA, Executive has recommended to Council that the change be approved.</p>
8.1(2)(g.1)	<p>Accessibility – physical space</p> <p>The College's register by-law does not currently permit the College to collect or publish information about whether members' practice locations are barrier-free. Patients have indicated that this information would be of assistance in helping them to choose a physiotherapist.</p>	<p>131 people responded</p> <p>86% of respondents support the change 14% of respondents do not support the change</p> <p>27 Comments: Many of those who commented noted that an indication whether a physiotherapist's practice</p>	<p>Based on the broad degree of support from respondents, the Executive Committee has recommended to Council that the change be approved.</p>

Section	Name/Issue	Feedback Provided	Suggested Resolution
	<p>The College is proposing to address this issue by collecting and posting information on whether members' practices are barrier free on the register.</p>	<p>would be helpful information for many prospective patients. There were also a number of comments noting the need to ensure that there was a common understanding of 'barrier-free'. Some comments also suggested that a many physiotherapists have little or no ability to influence the barrier free status of the places they may work.</p>	
8.1(2)(i)	<p>Hearing result - Discipline committee</p> <p>As a result of changes to the RHPA that require the register to include hearing results, the College is proposing that the existing provisions in the by-law be removed since they duplicate the statutory requirement.</p>	<p>131 people responded</p> <p>97% of respondents support the change 3% of respondents do not support the change</p> <p>8 Comments: Most respondents agreed that if the provision exists in the legislation it is not needed in the by-law. One person suggested that hearing results should not be public. Another wondered if there should be some time limit.</p>	<p>Since this change is mandated by the changes to the RHPA, Executive has recommended to Council that the change be approved.</p>
8.1(2)(o)	<p>Agreements to resign</p> <p>As a result of changes to the RHPA that now require the College to put a notation of the resignation and the agreement on the register</p>	<p>131 people responded</p> <p>98% of respondents support the change 2% of respondents do not support the change</p>	<p>Since this change is mandated by the changes to the RHPA, Executive has recommended to Council that the change be approved.</p>

Section	Name/Issue	Feedback Provided	Suggested Resolution
	<p>when a member has resigned and agreed never to practise again in Ontario, the College is proposing to remove the existing agreement to resign provisions from the by-law.</p>	<p>8 Comments: Most respondents agreed that if the provision exists in the legislation it is not needed in the by-law. One person suggested that it was a waste of time asking for input on changes of this nature.</p>	
8.1(2)(w)	<p>Support Personnel/Physiotherapist assistant use</p> <p>The current register by-law requires an indication of whether members use support personnel in their practices however the College now uses the term “physiotherapist assistants”.</p> <p>The College is proposing to address this issue by changing the language in the by-law to make it consistent with the currently used term.</p>	<p>131 people responded</p> <p>88% of respondents support the change 12% of respondents do not support the change</p> <p>19 Comments: The respondents suggested that the language should be more inclusive so that it captures other kinds of assistants based on their job titles or training. (This appears to reflect a lack of understanding of the current standard which defines PTAs based on their relationship with PTs, and not their training or job title).</p>	<p>Based on the broad degree of support from respondents, the Executive Committee has recommended to Council that the change be approved.</p>
8.1(2)(aa)	<p>Undertakings – ICRC</p> <p>As a result of changes to the RHPA that now require undertakings to be removed from the register upon completion, the College is proposing to remove the current</p>	<p>131 people responded</p> <p>92% of respondents support the change 8% of respondents do not support the change</p>	<p>Since this change is mandated by the changes to the RHPA, Executive has recommended to Council that the change be approved.</p>

Section	Name/Issue	Feedback Provided	Suggested Resolution
	by-law provision that requires undertakings resulting from ICRC outcomes to be retained in the register for 3 years after the completion of the undertaking.	8 Comments: Half the respondents indicated they thought the change was needed. The other half were quite concerned that undertakings were not going to be treated differently than other kinds of ICRC outcomes and suggested that the College should make its by-law stricter than the legislation required if that was possible.	
8.1(2)(bb)	<p>Cautions – ICRC</p> <p>As a result of changes to the RHPA that now require cautions to stay on the register forever, the College is proposing to remove the current by-law provision that removes cautions from the register 3 years after the finding.</p>	<p>131 people responded</p> <p>67% of respondents support the change 33% of respondents do not support the change</p> <p>15 Comments: Most respondents expressed their frustration about being asked about changes that had already been made to the RHPA. 8 people also indicated that they thought the keeping of the information on the register forever was unreasonable.</p>	Since this change is mandated by the changes to the RHPA, Executive has recommended to Council that the change be approved.
8.1(2)(cc)	<p>SCERPs – ICRC</p> <p>As a result of changes to the RHPA that now require SCERPS to stay on the register forever, the College is proposing to remove the current</p>	<p>131 people responded</p> <p>65% of respondents support the change 35% of respondents do not support the change</p>	Since this change is mandated by the changes to the RHPA, Executive has recommended to Council that the change be approved.

Section	Name/Issue	Feedback Provided	Suggested Resolution
	<p>by-law provision that removes SCERPS from the register 3 years after the finding.</p>	<p>16 Comments: The feedback was very similar to the previous question. Respondents expressed their frustration about being asked about changes that had already been made to the RHPA. Some people once again indicated that they thought the keeping of the information on the register forever was unreasonable.</p>	
8.2(1)(k)	<p>Facility owner operator information</p> <p>The College's by-law currently requires members to provide the names of their employers however this information is often not sufficient for the College to identify their actual work location or their supervisor.</p> <p>The College is proposing to address the issue by requiring members to provide more detailed information about their employment including the name, business address and business email of their employer and direct supervisor (this information will not appear on the register).</p>	<p>131 people responded</p> <p>67% of respondents support the change 33% of respondents do not support the change</p> <p>29 Comments: 4 people suggested that the information currently provided should be sufficient. 15 respondents were concerned about the need to provide the name of the direct supervisor as they indicated that it changed so frequently that it would be difficult to keep current. 5 people were concerned about the need to provide the supervisor's email address.</p>	<p>Although support for the change is not overwhelming, the Executive Committee has recommended to Council that the change be approved.</p>

Section	Name/Issue	Feedback Provided	Suggested Resolution
8.2(1)(k.1)	<p data-bbox="426 237 659 261">Location of records</p> <p data-bbox="426 305 852 513">While the College’s by-law currently provides it with the authority to determine where members practice, in some cases members store the records of their practice in a different location.</p> <p data-bbox="426 557 852 760">The College is proposing to address the issue by adding a new provision to its by-laws requiring members to provide more detailed information about where their records are kept upon request from the College.</p>	<p data-bbox="877 237 1150 261">131 people responded</p> <p data-bbox="877 305 1304 440">78% of respondents support the change 22% of respondents do not support the change</p> <p data-bbox="877 483 1339 724">13 Comments: 5 people indicated that this was a needed change to ensure the College could access the records. 6 respondents indicated that they did not understand the need for the change and the College’s authority was already sufficient.</p>	<p data-bbox="1365 237 1822 370">Based on the broad degree of support from respondents, the Executive Committee has recommended to Council that the change be approved.</p>
8.2(1)(n)	<p data-bbox="426 805 810 870">Misconduct findings from other jurisdictions/professions</p> <p data-bbox="426 914 827 1117">The by-laws currently require the posting of members’ misconduct findings from other jurisdictions and professions, but only if this information is already known to the College.</p> <p data-bbox="426 1161 821 1401">The College is proposing to strengthen the existing provision by adding a requirement for members to provide this information to the College upon request, which would happen at annual renewal.</p>	<p data-bbox="877 805 1150 829">131 people responded</p> <p data-bbox="877 873 1335 1008">91% of respondents support the change 9% of respondents do not support the change</p> <p data-bbox="877 1052 1335 1117">6 Comments: The respondents agreed with the proposed change.</p>	<p data-bbox="1365 805 1822 938">Based on the broad degree of support from respondents, the Executive Committee has recommended to Council that the change be approved.</p>

Section	Name/Issue	Feedback Provided	Suggested Resolution
8.2(1)(s)	<p>Charges laid under the Criminal Code or the Health Insurance Act</p> <p>The by-laws currently require the posting of information about charges laid against members under the Criminal Code or the Health Insurance Act, but only if this information is already known to the College.</p> <p>The College is proposing to strengthen the existing provision by adding a requirement for members to provide this information to the College upon request, which would happen at annual renewal.</p>	<p>131 people responded</p> <p>80% of respondents support the change 20% of respondents do not support the change</p> <p>16 Comments: 8 of those who responded suggested that charge information should not be collected or posted since people are innocent till proven guilty. Most of the other comments suggested that minor charges should not be included (this has already been accounted for in the provision by only requiring Criminal Code and Health Insurance Act charges).</p>	<p>Based on the broad degree of support from respondents, the Executive Committee has recommended to Council that the change be approved.</p>
8.2(1)(t)	<p>Bail or similar conditions</p> <p>The by-laws currently require the posting of members' bail or similar conditions, but only if this information is already known to the College.</p> <p>The College is proposing to strengthen the existing provision by adding a requirement for members to provide this information to the College upon</p>	<p>131 people responded</p> <p>79% of respondents support the change 22% of respondents do not support the change</p> <p>12 Comments: Most of those who responded suggested that bail information should remain confidential unless the information is directly relevant to practice. The rest thought this was already required.</p>	<p>Based on the broad degree of support from respondents, the Executive Committee has recommended to Council that the change be approved.</p>

Section	Name/Issue	Feedback Provided	Suggested Resolution
	request, which would happen at annual renewal.		
8.2(1)(u)	<p data-bbox="428 306 854 370">Finding of Guilt – Criminal Code or Health Insurance Act</p> <p data-bbox="428 412 854 618">The by-laws currently require the posting of members’ finding of guilt under the Criminal Code or Health Insurance Act, but only if this information is already known to the College.</p> <p data-bbox="428 660 854 901">The College is proposing to strengthen the existing provision by adding a requirement for members to provide this information to the College upon request, which would happen at annual renewal.</p>	<p data-bbox="879 306 1150 334">131 people responded</p> <p data-bbox="879 376 1335 511">92% of respondents support the change 8% of respondents do not support the change</p> <p data-bbox="879 553 1335 760">7 Comments: 5 of those who responded suggested that conviction information should remain confidential unless the information is directly relevant to practice. The rest thought this was already required.</p>	<p data-bbox="1367 306 1835 441">Based on the broad degree of support from respondents, the Executive Committee has recommended to Council that the change be approved.</p>
8.6(1)(e)	<p data-bbox="428 911 485 938">Fees</p> <p data-bbox="428 980 854 1083">The list of fees in the by-law includes a \$50.00 fee when a member’s credit card is declined.</p> <p data-bbox="428 1125 854 1260">Since this fee does not reflect the College’s cost for dealing with declined credit cards, the College is proposing to do away with this fee.</p>	<p data-bbox="879 911 1150 938">131 people responded</p> <p data-bbox="879 980 1335 1115">98% of respondents support the change 2% of respondents do not support the change</p> <p data-bbox="879 1157 1335 1221">5 Comments: Those who responded supported the fee change.</p>	<p data-bbox="1367 911 1835 1045">Based on the broad degree of support from respondents, the Executive Committee has recommended to Council that the change be approved.</p>



2017

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



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

Official By-Laws—2017

Approved by Council March 22, 2017

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

Contents

Official By-Laws of the College of Physiotherapists of Ontario

PART 1—DEFINITIONS	4
DEFINITIONS	4
PART 2—COLLEGE ADMINISTRATION	6
SEAL	6
BANKING	6
BORROWING	6
INVESTMENT	6
CONTRACTS AND EXPENDITURES	7
OTHER DOCUMENTS	7
AUDIT	7
BY-LAWS	8
MEMBERSHIP IN ASSOCIATIONS	8
THE REGISTRAR	8
MANAGEMENT OF COLLEGE PROPERTY	9
RELATIONSHIPS WITH EXTERNAL ORGANIZATIONS	9
PART 3—ELECTION OR APPOINTMENT OF COUNCILLORS	10
ELECTIONS	10
ACADEMIC COUNCILLORS	17
DECLARATION OF OFFICE	20
REMUNERATION OF COUNCILLORS AND COMMITTEE MEMBERS	20
INDEMNIFICATION	20
PART 4—MEETINGS OF COUNCIL AND COMMITTEES	21
COMPOSITION AND DUTIES OF COUNCIL	21
REGULAR MEETINGS	21
SPECIAL MEETINGS	21
NOTICE OF MEETINGS	21
MEETINGS HELD BY TECHNOLOGICAL MEANS	22
WRITTEN RESOLUTIONS	22
MINUTES	22
RULES OF ORDER	23
PART 5 — CONDUCT OF COUNCILLORS AND COMMITTEE MEMBERS	24
CONFLICT OF INTEREST - COUNCIL AND COMMITTEE MEMBERS	24
CODE OF CONDUCT FOR COUNCILLORS AND NON-COUNCIL COMMITTEE MEMBERS	25
SEXUAL ABUSE PREVENTION TRAINING	25
PART 6—ELECTION OF EXECUTIVE COMMITTEE	26
ELECTION OF PRESIDENT AND VICE-PRESIDENT	26
ELECTION OF REMAINING EXECUTIVE COMMITTEE MEMBERS	27

DUTIES AND POWERS OF PRESIDENT AND VICE-PRESIDENT	27
PART 7—STATUTORY AND NON-STATUTORY COMMITTEES	29
STATUTORY COMMITTEES	29
EXECUTIVE DELEGATION	30
NON-STATUTORY COMMITTEES	30
APPOINTMENT OF NON-COUNCIL COMMITTEE MEMBERS	31
SELECTION OF STATUTORY AND NON-STATUTORY COMMITTEES AND COMMITTEE CHAIRS	32
STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES	32
PART 8 — MEMBERS' OBLIGATIONS	34
THE REGISTER	34
PROFESSIONAL LIABILITY INSURANCE	4041
FEES — REGISTRATION	41
FEES — REINSTATEMENT	43
FEES — GENERAL	43
PART 9 — PROFESSIONAL CORPORATIONS	4645
THE REGISTER	4645
FEES — PROFESSIONAL CORPORATION	4645
PART 10 — COUNCIL APPROVAL	4746
COUNCIL APPROVAL	4746
APPENDIX A	4847
DECLARATION OF OFFICE FOR COUNCILLORS	4847
SCHEDULE 1 TO THE DECLARATION OF OFFICE FOR COUNCILLORS — OBJECTS OF THE COLLEGE	4948
APPENDIX B	5049
REGISTRATION FEES DISCRETION	5049
APPENDIX C	5150
CODE OF CONDUCT	5150

Official By-Laws of the College of Physiotherapists of Ontario

Revised March 22, 2017.

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

Part 1—Definitions

DEFINITIONS

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

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

- (r) “Place of Practice” means any location where the Member practises physiotherapy;
- (s) “President” means the President of Council and Chair of the Executive Committee;
- (t) “Publicly-Appointed Councillor” means a Councillor who is appointed by the Lieutenant Governor in Council in accordance with section 6(1)(b) of the Act;
- (u) “Registrar” means the Registrar of the College as required by the Code and as further described in section 2.10 of these By-laws;
- (v) “Regulations” mean the regulations under the RHPA and the Act;
- (w) “RHPA” means the *Regulated Health Professions Act, 1991*, and includes the Code;
- (x) “Signing Officer” means the Registrar, Associate Registrar(s), President and Vice-President; and
- (y) “Vice-President” means the Vice-President of Council.

Part 2—College Administration

SEAL



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

BANKING

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

BORROWING

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

INVESTMENT

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

CONTRACTS AND EXPENDITURES

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

OTHER DOCUMENTS

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

AUDIT

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

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

BY-LAWS

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

MEMBERSHIP IN ASSOCIATIONS

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

THE REGISTRAR

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

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

MANAGEMENT OF COLLEGE PROPERTY

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

RELATIONSHIPS WITH EXTERNAL ORGANIZATIONS

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

Part 3—Election or Appointment of Councillors

ELECTIONS

Electoral Districts

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

Entitlement to Vote

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

Number of Members Elected

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

Term of Office

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

Election Date

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

Eligibility for Election

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

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

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

Notice of Election and Nominations

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

Nomination Procedure

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

Acclamation

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

Administration

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

Voting

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

Counting Votes

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

By-election Where a Tie Occurs

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

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

Documentation and Notification of Results

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

Validity of Election and Inquiries

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

Vacancies

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

Filling Vacancies

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

Disqualifications

- (25) (a) An Elected Councillor is disqualified from sitting on Council if the Councillor:
- (i) ceases to be a Member;
 - (ii) no longer practises physiotherapy in Ontario or is no longer a resident of Ontario;
 - (iii) is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;
 - (iv) becomes the subject of Discipline or Fitness to Practise proceedings;
 - (v) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - (vi) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Elected Councillor's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (vii) remains or becomes a director, officer, committee member, employee, or holder of any position of decision-making influence of any organization of

physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;

- (viii) is found to be mentally incompetent under the *Substitute Decisions Act, 1992* or *Mental Health Act*;
 - (ix) continues to hold or assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (x) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - (xi) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (xii) fails to attend two consecutive regular meetings of Council without good reason in the opinion of Council; or
 - (xiii) fails, in the opinion of Council, to discharge properly or honestly any office to which he or she has been elected or appointed.
- (b) An Elected Councillor does not become disqualified from sitting on Council merely because his or her home address registered with the College ceases to be in the electoral district for which he or she was elected.
 - (c) Subsections (25) (a) (i), (iv), (v), (vi) and (viii) shall result in automatic disqualification.
 - (d) Subsections (25) (a) (ii), (iii), (vii), (ix), (x), (xi), (xii) and (xiii) shall result in a vote by Council regarding disqualification of the Councillor.

ACADEMIC COUNCILLORS

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

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

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

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

- to serve as a Councillor. The candidate may be any member of the physical therapy or physiotherapy faculty. If the university does not submit a name of an eligible candidate for Council's approval in accordance with this section, Council may nevertheless select a Member that meets the above eligibility requirements from any faculty of physiotherapy or physical therapy of a university in Ontario.
- (6) If an Academic Councillor dies, resigns, is disqualified or otherwise removed from Council, an eligible replacement shall be selected to serve the remainder of the term of office from among the members of the faculty of physiotherapy or physical therapy from which the former Academic Councillor was selected.
- (7) An Academic Councillor selected under this section is disqualified from sitting on Council if the Academic Councillor:
- (a) ceases to be a Member with a certificate of registration authorizing independent practice;
 - (b) no longer is a member of the faculty of physiotherapy or physical therapy from which he or she was selected;
 - (c) is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;
 - (d) becomes the subject of a Discipline or Fitness to Practise proceeding;
 - (e) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - (f) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Academic Member's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (g) remains or becomes a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - (h) is found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - (i) continues to hold or assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - (j) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - (k) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (l) fails to attend two consecutive regular meetings of Council without good reason in the opinion of Council; or
 - (m) fails, in the opinion of Council, to discharge properly or honestly any office to which he or she has been selected or appointed.
- (8) Subsections (7)(a), (b), (d), (e), (f) and (h) shall result in automatic disqualification.
- (9) Subsections (7)(c), (g), (i), (j), (k), (l) and (m) shall result in a vote by Council regarding the disqualification of the Councillor.

DECLARATION OF OFFICE

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

REMUNERATION OF COUNCILLORS AND COMMITTEE MEMBERS

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

INDEMNIFICATION

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

Part 4—Meetings of Council and Committees

COMPOSITION AND DUTIES OF COUNCIL

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

REGULAR MEETINGS

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

SPECIAL MEETINGS

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

NOTICE OF MEETINGS

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

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

MEETINGS HELD BY TECHNOLOGICAL MEANS

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

WRITTEN RESOLUTIONS

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

MINUTES

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

RULES OF ORDER

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

Part 5 — Conduct of Councillors and Committee Members

CONFLICT OF INTEREST - COUNCIL AND COMMITTEE MEMBERS

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

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

CODE OF CONDUCT FOR COUNCILLORS AND NON-COUNCIL COMMITTEE MEMBERS

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

SEXUAL CODE ABUSE PREVENTION TRAINING

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

Part 6—Election of Executive Committee

ELECTION OF PRESIDENT AND VICE-PRESIDENT

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

ELECTION OF REMAINING EXECUTIVE COMMITTEE MEMBERS

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

DUTIES AND POWERS OF PRESIDENT AND VICE-PRESIDENT

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

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

Part 7—Statutory and Non-statutory Committees

STATUTORY COMMITTEES

The Executive Committee

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

The Registration Committee

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

The Inquiries, Complaints and Reports Committee

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

The Discipline Committee

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

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

The Fitness to Practise Committee

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

The Quality Assurance Committee

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

The Patient Relations Committee

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

EXECUTIVE DELEGATION

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

NON-STATUTORY COMMITTEES

The Finance Committee

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

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

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

APPOINTMENT OF NON-COUNCIL COMMITTEE MEMBERS

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

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

SELECTION OF STATUTORY AND NON-STATUTORY COMMITTEES AND COMMITTEE CHAIRS

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

STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES

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

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

Part 8 — Members' Obligations

THE REGISTER

- 8.1. (1) (a) A Member's name in the register shall be the Member's full name and shall be consistent with the documentary evidence of the Member's training.
- (b) The Registrar may direct a Member's name in the register to be different than the documentary evidence of the Member's training if the Member applies and satisfies the Registrar that the Member has validly changed his or her name since his or her training and that the use of the newer name is not for an improper purpose.
- (c) The Registrar may give a direction under paragraph (b) before or after the initial entry of the Member's name in the register.
- (2) In addition to the information referred to in subsection 23 (2) of the Code, the following information shall be kept in the register:
- (a) the Member's name and any changes in the Member's name since his or her training;
- (b) the Member's registration number;
- (c) if the Member ceases to be a Member or has died, a notation of the reason the registration terminated or a notation that the Member has died and the date of death if known;
- (d) information on a former Member that was on the register just before the registration terminated (including due to death), ~~for a period of at least two years after the termination of registration, except for any information related to the registration and discipline history of the Member in Ontario which shall be entered on the register for a period of 50 years after the termination of registration;~~
- (e) the name of the school from which the Member received his or her degree or diploma in physiotherapy and the date the Member received the degree or diploma;
- (f) all classes of certificate of registration held by the Member and the dates that each started and terminated;
- (g) the name, business address, and business telephone number of each current and previous Place of Practice of the Member;
- (g) (g.1) whether each current Place of Practice of the Member is 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

Formatted: Indent: Left: 3 cm, No bullets or numbering

Formatted: Numbered + Level: 1 + Numbering Style: i, ii, iii, ... + Start at: 1 + Alignment: Left + Aligned at: 3 cm + Indent at: 3.86 cm

Formatted: (a) By-laws

Formatted: (a) By-laws, Numbered + Level: 1 + Numbering Style: i, ii, iii, ... + Start at: 1 + Alignment: Left + Aligned at: 3 cm + Indent at: 3.86 cm

- ~~(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

Formatted: (a) By-laws, Indent: Left: 2 cm, Hanging: 1 cm, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 2 cm + Indent at: 2.63 cm

Official By-Laws—Part 8

Official By-Laws—Part 7

Official By-Laws—Part 7

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~~

Formatted: Normal, Indent: Left: 3 cm, No bullets or numbering

Formatted: Normal, Indent: Left: 3 cm

~~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;

Formatted: Font color: Black

Formatted: Indent: Left: 2 cm, No bullets or numbering

- (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;

(f)

- (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

Formatted: Indent: Left: 3.86 cm, No bullets or numbering

Official By-Laws—Part 7

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 9 + Alignment: Left + Aligned at: 4.01 cm + Indent at: 4.65 cm

Formatted: Indent: Left: 2 cm, Hanging: 0.63 cm, No bullets or numbering

- (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
--	---	----------

- (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
--	----------

- (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.

President

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 31st in any registration year) will be eligible to receive a fee credit if they are resigning for any of the following reasons:
 - Education leave;
 - Health-related leave;
 - Compassionate/Bereavement/Family-related leave;
 - Maternity/Parental leave
 - Moving out of province.
- 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

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

Purpose

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

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

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

Performance Expectations

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

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

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

Sanctions

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

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

Procedural and Other Safeguards

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



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 19.0

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

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

It is moved by

and seconded by

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.

Meeting Date:	March 19-20, 2018
Agenda Item #:	19
Issue:	Proposed Governance Policy - Canadian Alliance of Physiotherapy Regulators Board (CAPR) Nominee
Submitted by:	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 nominees 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.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
*de l'*ONTARIO

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

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.



Meeting Date:	March 19-20, 2018
Agenda Item #:	21
Issue:	Proposed Committee Slate Changes
Submitted by:	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"> At least 3 Professional Members of Council At least 1 but not more than 2 Public Appointees Must include President and Vice President 	Gary Rehan (Chair) Catherine Hecimovich (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"> 2 are Professional Members of Council 2 are Public Appointees 1 is Non Council 	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"> 2-7 Professional Members 3 Public Appointees Up to 5 Non-Council Members 	Cathy Hecimovich (chair) 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 Cathy Hecimovich (TBD) 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		



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 22.0

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

Agenda #22: Development of a Standard on Professionalism

It is moved by

and seconded by

that:

Council directs staff to develop a standard on professionalism.

Meeting Date:	March 19-20, 2018
Agenda Item #:	22
Issue:	Development of a Standard on Professionalism
Submitted by:	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.

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.