



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

AGENDA

June 25 and 26, 2018

At

Queens Landing Hotel

155 Byron St, Niagara-on-the-Lake, ON L0S 1J0

Monday, June 25, 2018

- 1:00 p.m.**
- 1 Approval of the Agenda**
Motion For Decision
- 2 Motion to go *in camera* pursuant to section 7(2)(d) of the Health Professions Procedural Code**
Motion For Decision
- 3 Approval of the March 19-20, 2018 Council Minutes**
Motion For Decision
- 4 Appointment of New Academic Member and Recognition of the New Professional Council Member**
Motion For Decision
- Council is being asked to ratify the nomination of Martin Bilodeau, who has been nominated by the University of Ottawa to serve as an academic representative on Council.
- 5 Proposed Council Committee Slate**
Motion For Decision
- Council needs to consider the proposed Council committee slate recommended by the Executive Committee. This slate includes committee chairs and the designated representative for the Canadian Alliance of Physiotherapy Regulators for 2018-19.
- 6 Quality Assurance Program Review – Project Update**
For information and direction
- Council is provided with an update on the work that has been completed since April on the Quality Assurance Program Review project. Council is also being asked to provide direction on a number of issues that were identified by the Quality Assurance Working Group

3:30 p.m.

Adjournment



Tuesday, June 26, 2018

9:30 a.m. 7 Case Studies and Decision-Making

8 Annual Committee Reports – 2017 to 2018

- Executive Committee
- Registration Committee
- Quality Assurance Committee
- Patient Relations Committee
- Inquiries, Complaints and Reports Committee
- Discipline and Fitness to Practice Committees
- Finance Committee

1:00 p.m. 9 2017 – 2018 Audited Financial Statements

Motion For Decision

Teleconference Presentation by Hilborn LLP.

Council is being asked to review and approve the 2017-2018 Audited Financial Statements ending March 31, 2018

10 Educational Orders

For Information

The session will provide options to customize education orders and review how to develop SMART goals. Council will be updated on some changes to educational orders that occurred over the 2017/18. Finally, Council will workshop the creation of an education plan using the SMART methodology.

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

For Decision

12 Registrar's Report

- Q4 Dashboard

13 President's Report

- Q4 Committee Activity Summary
- Executive Committee Report
- Conference Attendance

For Information

- CAPR 2017 Annual Report

Adjournment

Future Council Meetings

- September 24 and 25, 2018
- December 17 and 18, 2018
- March 21 and 22, 2019
- June 24 and 25, 2019



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 1.0

**Council Meeting
June 25-26, 2018**

Agenda #1: Approval of the agenda

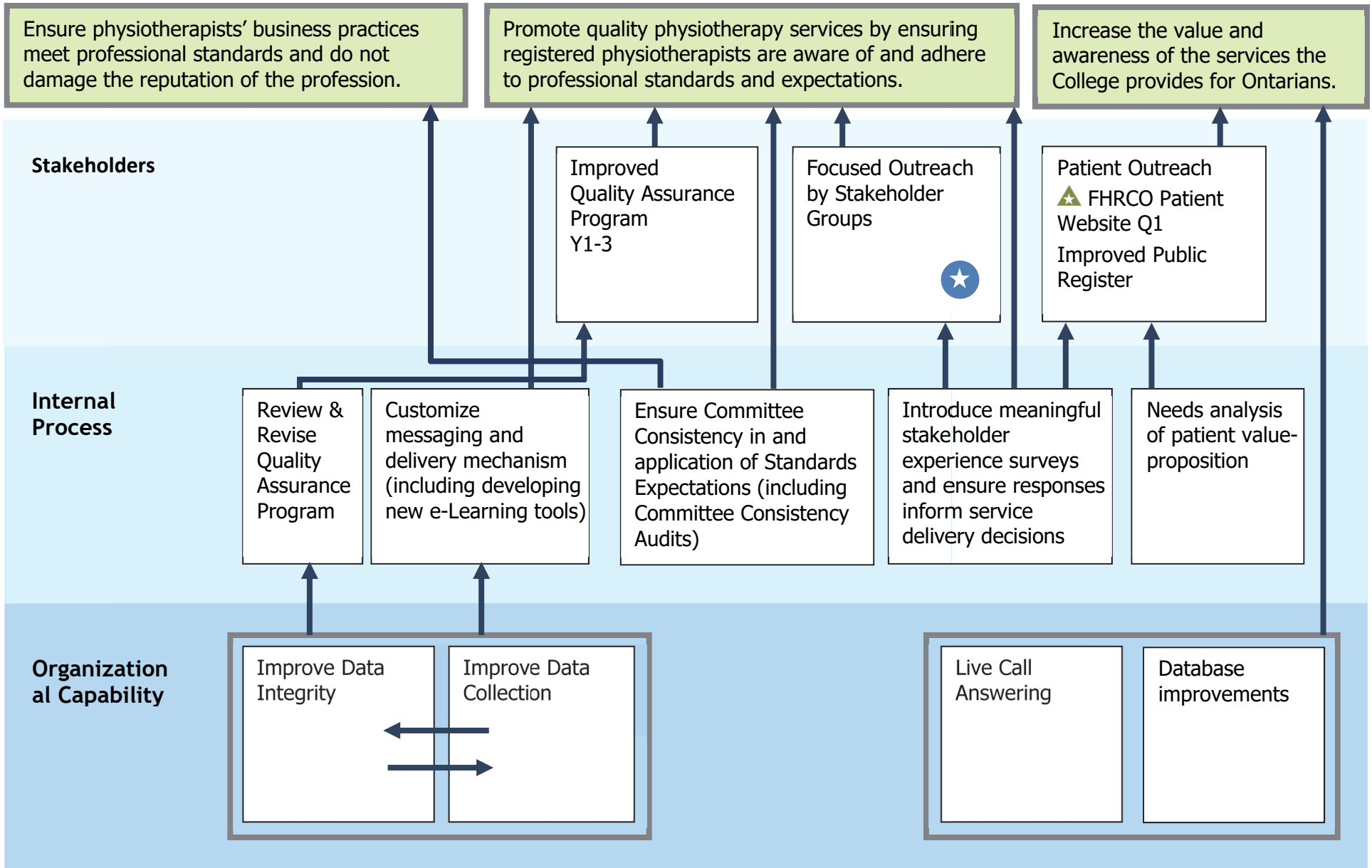
It is moved by

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

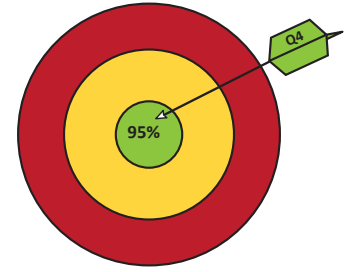
Y2-3: Internationally Educated PTs, Employers, Insurers and Registration Ceremony for new graduates

College Dashboard

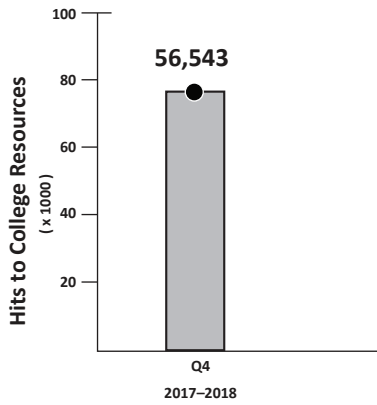
(Q4) JANUARY–MARCH 2018

Strategic

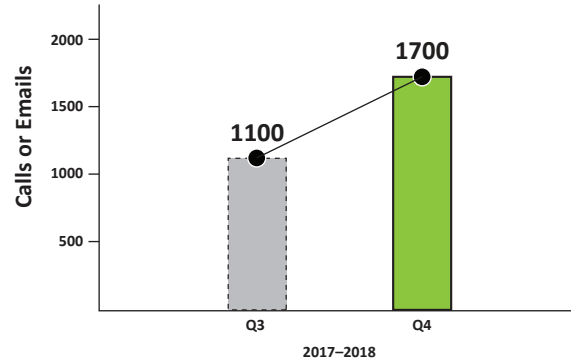
Progress of Tactics



Stakeholder Awareness



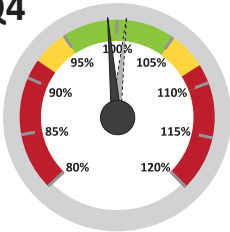
Practice Advice



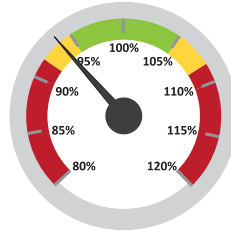
Operational

Financial Accountability

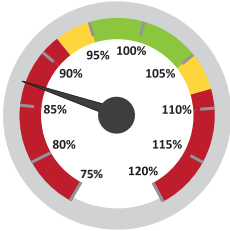
99% Q4 ● Overall



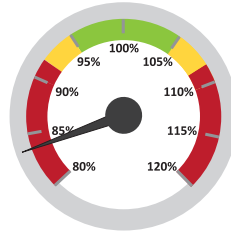
▲ All Committees



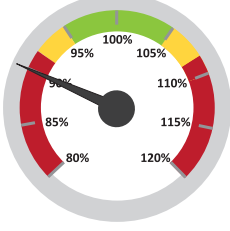
■ Quality Assurance



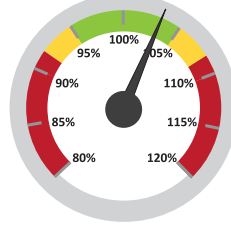
■ Investigations and Reports



■ Discipline



● Corporate Services



| | Target | Q4 |
|----------------------------------|----------------------------|---------------------------------------|
| Human Resource Excellence | | |
| Absenteeism | < 1.7 days per employee | ● |
| Turnover | Green ≤ 3 Amber > 3 ≤ 5 | ▲ |

| | Target | Q4 |
|---------------------------------|-----------------------------|---------------------------------------|
| Stat Program Performance | | |
| ICRC | Met all Statutory timelines | ▲ |
| Quality Assurance | Met all Statutory timelines | ● |
| Registration | Met all Statutory timelines | ● |

Dashboard Explanatory Notes, Q4 2017-2018

OPERATIONAL INDICATORS

| What We Measure | Why We Measure | Quarterly Results |
|---|--|---|
| <p>Financial Accountability Ratio of actual spending to budgeted spending</p> | <p>To demonstrate sound financial management by monitoring what was spent compared to what was budgeted.</p> <p>Target = Within 95% each quarter</p> | <p>Detailed explanation in the statement of operations.</p> |
| <p>Human Resource Excellence Composite measure of absenteeism and turnover rates</p> | <p>To provide an indication of overall organizational health.</p> <p>Absenteeism and turnover rates serve as proxies for good recruiting and performance management policies.</p> <p>Target = Absenteeism and turnover rates that are within industry standard</p> | <p><u>Absenteeism</u>: on target.</p> <p><u>Turnover</u>: In the past 12 month's four employees left. Two to pursue other opportunities and two were involuntary.</p> |
| <p>Meeting Statutory Obligations: Composite measure of the statutory obligations of all 3 committees</p> | <p>To ensure that each Committee meets the specific timeline and notice requirements outlined in the RHPA.</p> <p>Target = Meet all statutory requirements each quarter</p> | <p><u>Quality Assurance</u>: on target.</p> <p><u>Registration</u>: on target.</p> <p><u>Inquiries, Complaints and Reports Committee</u>:</p> <p>This measure requires 100% compliance. In this quarter, one letter in one file was sent 10 days late. This was an oversight as a result of a redistribution of a cases to investigators. No concerns were raised by the parties.</p> |

STRATEGIC INDICATOR

| What We Measure | Why We Measure | Quarterly Results |
|--|--|---|
| <p>Stakeholder Awareness Hits to College Resources</p> | <p>To monitor whether our communications efforts effectively bring people to our resources.</p> <p>We assume that if there are more visits to our resources, we can improve awareness of standards and other requirements.</p> <p>Target = Increase in the number of times College resources are accessed year over year</p> | <p>As explained at the March Council meeting, when we introduced the College's new website, we introduced a new set of metrics to assess the number of hits it receives. The new metrics do not compare to the ones in place previously.</p> <p>This measure is intended to compare the current quarter to the same quarter in the previous year. Since we are unable to do this at this time, this measure has been temporarily suspended. The number recorded here is the baseline which will be used for comparison next year.</p> |
| <p>Practice Advice Number of calls and emails to practice advice.</p> | <p>Demonstrates improved stakeholder value.</p> <p>We are actively promoting the practice advice as a service. If it is of value, an increased number of calls and emails over time will demonstrate improved Stakeholder Value.</p> <p>Target = increase from previous quarter</p> | <p>The surge in calls is likely attributable to the problems members experienced with annual renewal. It is expected that the results in the next quarter will show a significant decrease back to more normal results.</p> |
| <p>Completion of Strategic Tactics Projects meeting benchmarks as set out in approved project plans</p> | <p>To ensure that strategic projects stay on track.</p> <p>Target = All projects meet all milestones each quarter</p> | <p>On target – 19 projects are on time to complete as planned.</p> <p>1 tactic is delayed – Educator Outreach:</p> <p>Staff and vendor development of the Record Keeping e-learning module was more complex and time-consuming than anticipated. The release of the e-learning module has been postponed to the fall. We have met with three of the five universities, with the remaining two meetings planned for the fall.</p> |



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ORDRE DES
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de l'ONTARIO

Motion No.: 2.0

**Council Meeting
June 25-26, 2018**

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

It is moved by

and seconded by

that:

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



COLLEGE OF
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Motion No.: 3.0

**Council Meeting
June 25-26, 2018**

Agenda #3: Approval of the Council Meeting Minutes of March 19-20, 2018

It is moved by

and seconded by

that:

The Council meeting minutes of March 19-20, 2018, including the in camera minutes,
be approved.



MEETING OF THE COUNCIL OF THE COLLEGE OF
PHYSIOTHERAPISTS OF ONTARIO

MINUTES

March 19 and 20, 2018

At

The College Board Room

375 University Avenue, Suite 800, Toronto

Attendees:

Mr. Gary Rehan (President)
Mr. Darryn Mandel (Interim Vice President)
Mr. Ron Bourret (March 20)
Ms. Jane Darville
Ms. Zita Devan
Ms. Theresa Stevens
Ms. Nadine Graham
Mr. Ken Moreau

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. Téjia Bain
Ms. Shelley Martin

Recorder: Ms. Elicia Persaud

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

Regrets: Mr. Ron Bourret (March 19)

9:00 AM

Welcome

1.0 Motion Approval of the Agenda

1.0
It is moved by Mr. Tyrone Skanes and seconded by Mr. James Lee 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 December 14-15, 2017

2.0
It is moved by Ms. Kathleen Norman and seconded by Ms. Zita Devan that:

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

CARRIED.



3.0 Registrar's Report

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

- Key learnings from the McMaster Forum
- Annual Renewal
- Scope of Practice submission to the Ministry of Health and Long-Term Care
- Q3 Dashboard

4.0 Developing the Dashboard for 2018/2019

Council was asked to review the current dashboard and determine if changes were needed to ensure satisfaction in the level of information provided for sufficient Council oversight.

Council made the following recommendations to the dashboard effective September 2018:

- Progress of tactics: change from bull's eye to thermometer
- Practice advice: change from one column per quarter to two columns per quarter- one for "physiotherapist" callers and one for "other" callers
- Financial Accountability: include the dollar amount for operational benchmark
- Include explanatory notes with the dashboard.

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

Motion 5.0

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

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

CARRIED.

6.0 Q3 Financial Report

Received with no comments.

7.0 Approval of the Operating and Capital Budgets 2018/2019

Motion 7.0

It is moved by Mr. Ken Moreau and seconded by Mr. Tyrone Skanes that:

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

CARRIED.



8.0 Duties When Providing or Refusing Care Standard

Motion 8.0

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

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

CARRIED.

10.0 Election of Interim Vice President

Mr. Darryn Mandel was nominated to fill the vacant seat for the interim Vice President. Mr. Mandel accepted the nomination and was acclaimed Interim Vice President.

CARRIED.

Council decided not to fill the vacant interim Executive Committee member at large seat.

11.0 2018-2019 Executive Committee Election

Mr. Rod Hamilton, Associate Registrar, provided an overview of the online voting system and indicated the new office will take effect in June 2018.

Election of the President:

The following nomination was highlighted:

President:

- Mr. Gary Rehan

Mr. Hamilton called for additional nominations from the floor; none were presented.

Mr. Gary Rehan was acclaimed President.

CARRIED.

Election of the Vice President

The following nominations were highlighted:

Vice President:

- Mr. Darryn Mandel
- Ms. Theresa Stevens

Mr. Hamilton called for additional nominations from the floor; none were presented.

Councillors anonymously voted using the electronic voting system.



Mr. Darryn Mandel was elected as Vice President for the 2018-2019 year.

CARRIED.

Election of the Executive Committee: members-at-large

The following nominations were highlighted:

Executive Committee:

- Mr. Ron Bourret
- Ms. Janet Law
- Mr. James Lee
- Ms. Sharee Mandel
- Mr. Ken Moreau
- Ms. Theresa Stevens
- Mr. Tyrone Skanes

Mr. James Lee requested that his name be removed from the ballot.

Councillors anonymously voted using the electronic voting system.

The following were elected to the Executive Committee as members-at-large for the 2018-2019 year:

- Mr. Tyrone Skanes
- Ms. Theresa Stevens
- Ms. Sharee Mandel

CARRIED

The following councillors will make up the Executive Committee for the 2018-2019 year:

- Mr. Gary Rehan (President)
- Mr. Darryn Mandel (Vice President)
- Mr. Tyrone Skanes
- Ms. Theresa Stevens
- Ms. Sharee Mandel

12.0 Strategic Project – Random Billing Audit

It was noted legislative changes would be required to random billing audits.

Motion 12.0

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

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

CARRIED.



13.0 Advertising Audit Presentation

Ms. Anita Ashton, Associate Registrar, presented the final results of the advertising audit conducted last summer and noted the following:

- Mostly positive correspondence from physiotherapists – with the main source of pushback from non-physiotherapist clinic owners.

3:00 PM 14.0 College’s Investment Strategy

Motion 14.0

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

Council approve the College’s Investment Strategy.

CARRIED.

15.0 Practice Advice

Ms. Fiona Campbell, Senior Physiotherapy Advisor, provided an overview of the practice advice team including the top four types of practice advice calls received.

These include:

1. Practice Management (25%)
2. Professional obligations (17%)
3. Record keeping (14%)
4. Supervision (13%)

Day one of Council was adjourned at 3:50 p.m.

9:00 AM March 20, 2018

16.0 Quality Assurance Program Review: Final Approval of New Program

It was noted Council will receive quarterly updates on the work of the Quality Assurance Working Group.

Motion 16.0

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

Council formally approve the new Quality Assurance Program.

CARRIED.

**17.0 Quality Assurance Working Group – Terms of Reference
Motion 17.0**

It is moved by Mr. James Lee and seconded by Mr. Darryn Mandel that:



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

CARRIED.

18.0 General discussion on the Quality Assurance Program

Council had a general discussion on the new Quality Assurance program and provided some potential considerations for the working group.

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

Motion 19.0

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

Council approve the proposed by-law changes.

CARRIED.

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

Motion 20.0

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

CARRIED.

11:00 AM 21.0 Setting CEO Goals

Ms. Lynda Mungall from Mungall Consulting provided an overview of the Registrar's performance review process including details around best practices.

Advice included:

- The performance review system should be well defined and allow for flexibility and reasonability to amend goals.
- To avoid rating creep and reduce subjectivity a three point Likert scale is best practice. If a five point Likert scale is used clear criteria needs to be established.
- For the evaluation criteria, ratings should be based on personal experience and evidence only.
- Common errors include recency and attribution bias

Council requested the survey include "no basis for rating".

Ms. Lisa Tichband left the Council chambers at noon.



22.0 Committee Slate Changes

Motion 22.0

It is moved by Ms. Sharee Mandel and seconded by Ms. Nicole Graham that:

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

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

CARRIED.

23.0 Development of Professionalism Standard

Council discussed the desired utility of the Professionalism Standard.

Motion 23.0

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

Council directs staff to investigate the development of a standard on professionalism.

CARRIED.

24.0 President's Report

Mr. Gary Rehan, President, provided an update on the following:

- Process for determining Council education opportunities
- Post Council evaluations
- Q3 Committee Activity Summary
- Executive Committee Report

Adjournment

Motion It was moved by Mr. Tyrone Skanes that the Council meeting be adjourned.

CARRIED.

The Council meeting was adjourned at 1:45 p.m.

Gary Rehan, President



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Motion No.: 4.0

**Council Meeting
June 25-26, 2018**

Agenda #4: Appointment of New Academic Member

It is moved by

and seconded by

that:

The appointment to Council of Martin Bilodeau by the University of Ottawa be ratified,
effective June, 25th.

| | |
|-----------------------|--|
| Meeting Date: | June 25 - 26, 2018 |
| Agenda Item #: | 4 |
| Issue: | Appointment of New Academic Member |
| Submitted by: | Rod Hamilton, Associate Registrar – Policy and Quality Assurance |

Issue:

Council is being asked to ratify the appointment of Martin Bilodeau Ph.D, who has been nominated by the University of Ottawa to serve as an academic representative on Council.

Background:

The term of Nadine Graham, the academic councillor from McMaster University, expires on June 24.

In order to ensure that the College has both its academic representatives available at the June Council meeting, the University of Ottawa (the next university in the appointments rotation) was asked to provide a nominee for Council.

The University of Ottawa has nominated Dr. Martin Bilodeau for the appointment.

Staff have undertaken a review of College internal information and confirmed that Dr. Bilodeau is eligible for appointment.

Staff have also informed Dr. Bilodeau of the requirements respecting the appointments and he has assured us that he is not in violation of any of the criteria for appointment listed in the College by-laws.

These require that the person:

- Be a member of the College
- Be a member of the faculty of physical therapy at the University of Ottawa ,
- Not be in default of any obligations to the College,
- Not have been in the last six years subject to a proceeding or other action from a committee of the College, and
- Not hold now, or have held in the in the last 12 months, any position with an organization whose mandate is the promotion of the physiotherapy profession or whose mandate is in conflict with the College.

In keeping with the requirements of the College's by-laws, which indicate in section 3.2 that the Council must select academic members of Council, Council is being asked to ratify the nomination of Martin Bilodeau as an academic councillor from the University of Ottawa to Council, effective June 25th.

Decision Sought:

That the appointment to Council of Martin Bilodeau by the University of Ottawa be ratified, effective June, 25th.

Appendix One

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:
- ceases to be a Member with a certificate of registration authorizing independent practice;
 - no longer is a member of the faculty of physiotherapy or physical therapy from which he or she was selected;
 - is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;
 - becomes the subject of a Discipline or Fitness to Practise proceeding;
 - is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - 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;
 - 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;
 - 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.



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ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 5.0

**Council Meeting
June 25-26, 2018**

Agenda #5: Proposed Council Committee Slate

It is moved by

and seconded by

that:

Council approve the proposed committee slates for 2018-19 (with chairs).

| | |
|-----------------------|--|
| Meeting Date: | June 25 - 26, 2018 |
| Agenda Item #: | 5 |
| Issue: | Proposed Council Committee Slate |
| Submitted by: | Rod Hamilton, Associate Registrar – Quality and Policy Assurance |

Issue:

Council is being asked to approve the proposed committee slates for 2018-19 (with chairs), that has been recommended by the Executive Committee.

Background:

The development of the College committee slate now occurs prior to the June Council Meeting in order to allow consideration of the proposed slate by the Executive Committee prior to the Council meeting. This is a duty that Council asked the Executive Committee to perform.

Council will recall that in order to make the process for developing the slate of proposed committee memberships as objective as possible, it incorporates a variety of information types. This includes:

- Performance of committee members. Where relevant, information on the assessment of committee members' performance by the committee chairs that was collected by the President is incorporated into the slate development process.
- Committee experience. Councillors and non-council committee members are asked to provide information on their committee experience and related skills
- Interest in chairing. Councillors and non-council committee member are asked to indicate if they are interested in chairing a committee.
- A brief summary of observations on committee members provided by the directors associated with each committee is also included.
- A measure for succession planning that promotes the allocation of less experienced people to committees associated with fewer high stakes decisions was incorporated (where possible).

Committee Slates

As a reminder of the process used to allocate people to committees, staff assign values to the categories of information collected. This information is then entered into a spreadsheet organized by each committee. This spreadsheet then calculates numerical values corresponding to a rough indication of who might be most suitable to serve on each committee.

In order to respect the confidentiality of the feedback provided by the participants in the process (committee members, chairs and staff), the compilation and assessment of this raw data is undertaken by one senior staff person and is not shared with others in the organization.

The raw values suggesting committee memberships are then assessed against a number of other considerations relevant to committee membership including the required composition of the committee (professional, public or non-council), the need to avoid conflicts of interest arising from committee appointments, the need to distribute committee work as equitably as circumstances allow while respecting people's ability to commit time, and a desire to respect people's wishes for moving from committee to committee or for service on a particular committee.

This process then leads to a proposed slate for each committee's membership. This outcome is always a compromise since the goals of the exercise are to enable the College to staff each of its committees, and where possible, provide learning opportunities for committee members.

Gaps in the Slates

This year's slate contains some slots for memberships that are not yet filled, specifically in the composition of the ICRC and Discipline committees. This is due to an identified need to recruit professional members with current practice experience into these roles.

The College has advertised for these opportunities and at the time of writing, 20 applications have been received. These applications will be assessed and suitable candidates will be chosen for consideration by Council. The criteria that will be used to review these candidates include:

- 5 years' experience as a physiotherapist in Ontario
- Knowledge of the standards of practice of the profession
- Knowledge of the College's role
- Understanding of the public interest
- Excellent communication skills to review issues and cases, formulate opinions and convey the reasons for the opinions
- Comfort with using technology to review electronic meeting materials
- Not being currently involved with the College in any other paid role (i.e. consultant, Quality Assurance assessor or coach)
- Not having held a position in the last 12 months in an organization whose mandate conflicts with College's mandate
- Never having been involved in a complaint/investigation at the College where action was taken (i.e. caution, acknowledgement and undertaking, specified continuing education and remediation program, discipline hearing, fitness to practise hearing)

Understanding Committee Roles

For those who are newly appointed to a committee, or for those who have served on a committee for some time and wish to ensure they clearly understand the role and mandate of their committee(s), the terms of reference of each College committee is defined in the College's Governance Manual.

The Governance Manual can be accessed on the College website and are always available:

<https://www.collegept.org/about/about-the-college>

Committee Chairs

The proposed slate includes recommendations for committee chairs that have also been considered by the Executive Committee.

Slate

The proposed committee slate is appended to this briefing material.

In addition, a list of councilors and current non-council committee members and their allocation to committees is appended. This is the Committee Workload Assessment sheet. It is intended to allow easier consideration of how many committees each member is assigned to.

Decision Sought:

Council is being asked to approve the proposed committee slates for 2018-19 (with chairs), that has been recommended by the Executive Committee.

Attachments:

- Proposed Committee Slate
- Committee Workload Assessment



PROPOSED COLLEGE COMMITTEE STRUCTURE & COMPOSITION – JUNE, 2018

| COMMITTEE | REQUIRED COMMITTEE COMPOSITION | PROPOSED 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) Darryn Mandel VP Sharee Mandel Theresa Stevens 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 Persaud |
| INQUIRIES, COMPLAINTS AND REPORTS (ICRC) | At least 6 people, at least: <ul style="list-style-type: none"> 2 Professional Members of Council 2 Public Appointees 1 Professional Member | Theresa Stevens Gary Rehan Tyrone Skanes (Chair) Jane Darville Ken Moreau TBD | 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. | Bonita Thornton |
| DISCIPLINE & FITNESS TO PRACTISE | At least 10 people, at least: <ul style="list-style-type: none"> 2 Professional Members of Council 3 Public Appointees 1 Professional Members | Darryn Mandel (Chair) Lisa Tichband Janet Law Zita Devan Ron Bourret James Lee Lori Neill Sheila Cameron Jim Wernham Daniel Negro TBD TBD | 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. | Elicia Persaud |

| COMMITTEE | REQUIRED COMMITTEE COMPOSITION | PROPOSED MEMBERSHIP | BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES | Staff Support |
|------------------------------------|---|---|---|-----------------------------------|
| QUALITY ASSURANCE | At least 6 people, at least: <ul style="list-style-type: none"> 2 Professional Members of Council 2 Public Appointees 2 Professional Members | Theresa Stevens (Chair) Janet Law Nicole Graham Ron Bourret James Lee Jatinder Bains Vinh Lu | 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 | At least: <ul style="list-style-type: none"> 1 Professional Member of Council 1 Academic Member 2 Public Appointees 1 Professional Member | Sharee Mandel Martin Bilodeau Jennifer Dolling (Chair) Ken Moreau 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. | Melissa Collimore |
| PATIENT RELATIONS | <ul style="list-style-type: none"> 2 Professional Members of Council 1 Public Appointee 1 Professional Member | Mark Ruggiero Kathleen Norman Jennifer Dolling (Chair) 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 Elicia Persaud |
| FINANCE (non statutory) | President Vice President 3 Councillors at least 1 or 2 Public Appointees | Gary Rehan Darryn Mandel Mark Ruggiero Nicole Graham James Lee (Chair) | 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 | | Gary Rehan | | |

Committee Workload Assessment 2018 - 19

| Name | Exec | ICRC | Dis/Fit | Reg. | PRC | QAC | Finance | CAPR |
|----------------------|------|------|---------|------|-----|-----|---------|------|
| 1. District 8 (TBD) | | | | | X | | X | |
| 2. Nicole Graham | | | | | | X | X | |
| 3. Janet Law | | | X | | | X | | |
| 4. Darryn Mandel | X | | | | | | X | |
| 5. Sharee Mandel | X | | | X | | | | |
| 6. Gary Rehan | X | X | | | | | X | |
| 7. Theresa Stevens | X | X | | | | | | |
| 8. Lisa Tichband | | | X | | | | | |
| 9. Martin Bilodeau | | | | X | | | | |
| 10. Kathleen Norman | | | | | X | | | |
| 11. Ron Bourret | | | X | | | X | | |
| 12. Jane Darville | | X | | | | | | |
| 13. Zita Devan | | | X | | | | | |
| 14. Jennifer Dolling | | | | X | X | | | |
| 15. James Lee | | | X | | | X | X | |
| 16. Ken Moreau | | | | X | | | | |
| 17. Tyrone Skanes | X | X | | | | | | |
| Jatinder Bains | | | | | X | X | | |
| Sheila Cameron | | | X | | | | | |
| Marcia Dunn | | | | X | | | | |
| Daniel Negro | | | X | | | | | |
| Lori Neill | | | X | | | | | |
| Vinh Lu | | | | | | X | | |
| Jim Wernham | | | X | | | | | |

ICRC - recruit 1 professional member

Discipline – recruit 2 professional members

| | |
|-----------------------|---|
| Meeting Date: | June 25 - 26, 2018 |
| Agenda Item #: | 6 |
| Issue: | Quality Assurance Program Review – Project Update |
| Submitted by: | Joyce Huang, Strategic Projects Manager |

Issue:

Council is provided with an update on the work that has been completed to date on the Quality Assurance Program Review project. Council is also being asked to provide direction on a number of issues that were identified by the Quality Assurance Working Group.

Background:

Council established the Quality Assurance Working Group (QAWG) to conduct a review of the Quality Assurance Program with the goal of identifying what changes, if any, could increase the program's impact on practice without necessarily increasing cost. At the December 2017 meeting, Council considered the changes recommended by the QAWG, and they approved the framework for a new program in principle for the purpose of consultation. At the March 2018 meeting, Council considered the feedback received from the broad consultation on the proposed new program, and formally approved the new program for development. A project plan was presented for the development of new components and revisions to existing components of the QA program with the goal of implementing the new program on April 1, 2019.

A description of the new program as approved by Council is attached in Appendix 1.

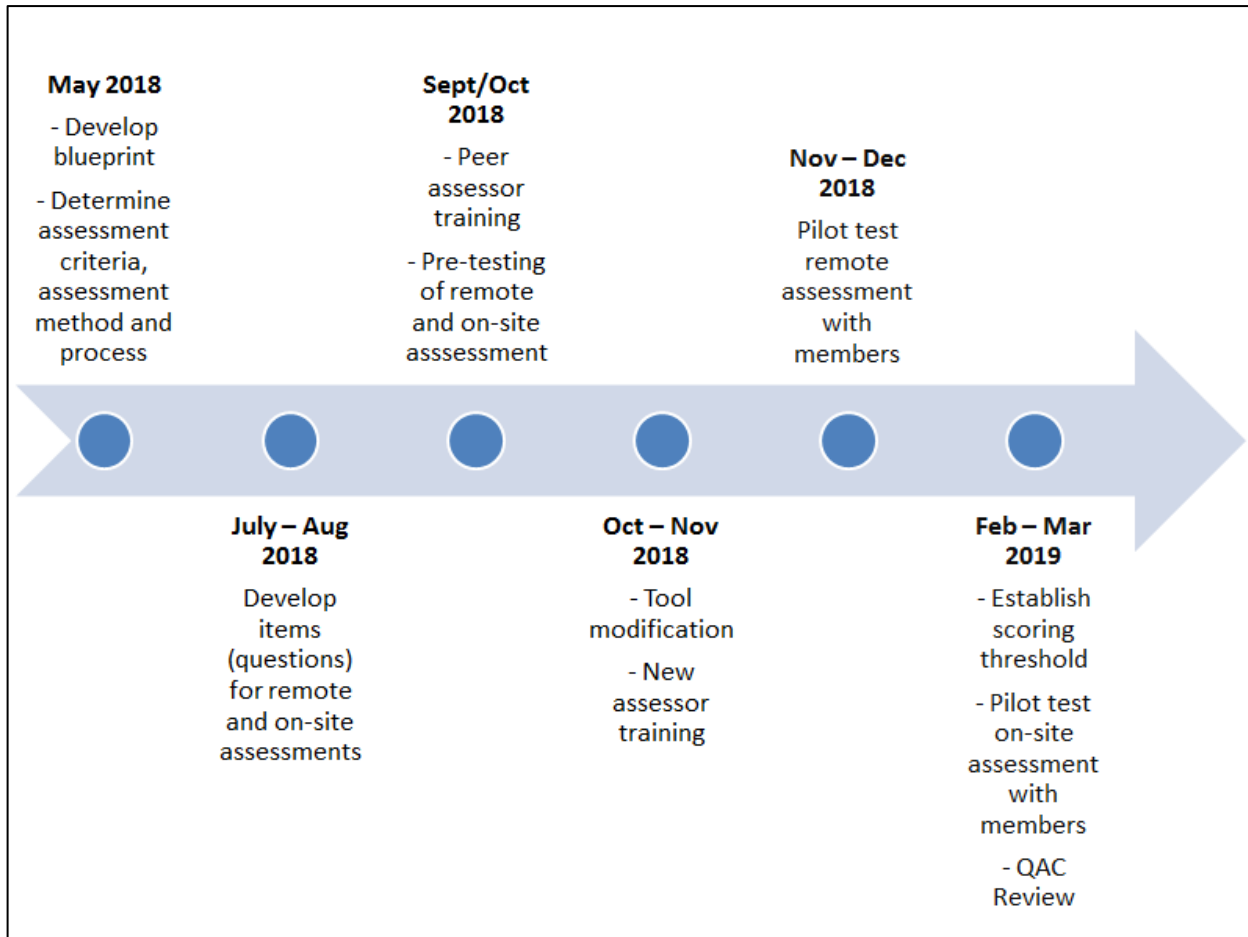
Project Update:

In preparation for the start of program development in April 2018, staff published a Request for Proposal in early 2018 to seek potential consultants with assessment expertise to assist with the development and revision of the assessment tools.

The QAWG met on March 27, 2018. The QAWG considered the proposals received from potential consultants, and selected iComp Consulting Inc. as the assessment consultant for this project. During that meeting, the QAWG also considered a number of issues that had been previously identified for further consideration, and provided direction to staff for next steps on these matters. Minutes for the meeting are attached in Appendix 2.

After the College formally engaged with the consultant, the consultant worked with staff to develop a detailed project plan for the work required, which includes the development of a new remote assessment tool, a revision of the current on-site assessment tool, and the provision of advice on other program components. The consultant proposed an approach for the development of the assessment tools that is iterative, and includes multiple stages of testing and validation of the tools.

Figure 1: Assessment Tool Development Timeline (as recommended by consultant)



Developing the Blueprint for the Remote and On-Site Assessments:

The assessment consultant put forward a recommended framework for the assessment blueprint for consideration by the QAWG.

Assessment Format

The consultant recommends using behaviour-based interviews as the format for the remote and on-site assessments. The current peer assessment also uses a behaviour-based interview format. The behaviour-based interview approach is based on the premise that past practice predicts future practice. The consultant recommends using two types of questions: situation-based (“Tell me about a time when you...”) and case-based (“For this patient, describe how you...”).

Assessment Content

It is recommended that the behaviour-based interview questions for the remote and on-site assessments be based on a set of competency-based assessment criteria. During May 2018, Ms. Leanne Worsfold, lead consultant from iComp Consulting Inc., led the development of a list of competency-based assessment criteria for the remote and on-site assessments.

She reviewed research and consultation feedback previously collected by the College, the *NPAG Competency Profile for Physiotherapists in Canada (2017)*, and College Standards. Leanne also led four focus group discussions with members and assessors to review and identify a list of competencies and expectations that should be included in the remote and on-site assessments. Based on the research data and the focus group discussions, a list of assessment criteria was identified, and the criteria are sorted into one of the assessment components: the pre-questionnaire, the remote assessment, and the on-site assessment. A full list of the assessment criteria is included in Appendix 3.

The QAWG met on June 4, 2018. During that meeting, they considered the recommended framework for the assessment blueprint. The QAWG approved the list of assessment criteria for the behaviour-based interview questions for the purpose of item (question) development. The item development work will take place over the summer, and it is expected that the assessment blueprint with the items will be reviewed by the QAWG in September 2018.

Issues for Council direction:

During the discussion about the assessment blueprint and tool development process, the QAWG identified three issues for which they are seeking direction from Council.

Topic 1: Pre-assessment questionnaire

One of the assessment criteria that was identified by the focus group participants is the confirmation that PTs have in place various written policies and procedures that are required by College Standards. Those include:

- Written process for routinely reviewing fees, billings and accounts
- Written instructions on how to manage adverse events when performing a controlled act
- Written communication plan when working with PTAs
- Written protocols for infection prevention and control
- Written process for routinely reviewing the maintenance and safety of equipment

The focus group participants believed that it is important to ensure that PTs are aware of the requirement to have these documents, however they believed that it could be covered as part of the pre-assessment questionnaire rather than during the remote or on-site assessment.

The QAWG is seeking Council's direction regarding the appropriate approach for confirming that members have the required written policies in place.

There were three potential approaches that were identified in the course of the QAWG discussion:

- The consultant has recommended using yes/no declaration statements, with links to Standards and resources, but members would not be asked to submit copies of the policies
- Provide a list of links to Standards and resources as a reminder that members should have those policies in place, but members would not be required to make declarations
- Ask members to submit copies of the relevant policies. This option seems to imply that the policies would need to be reviewed in order to confirm that they are relevant and appropriate, and not just that they exist. It has not yet been determined how the policies will be reviewed. *(Note that policy staff will explore whether the College should create checklists or guidelines for required content in these written policies so that they could be assessed for their content in the future. However this work is separate from the QA Program Review project.)*

The QAWG is seeking Council's feedback about what they believe is the most appropriate approach, and why, to help inform Working Group decision-making. Council may wish to consider whether this component of the assessment should serve an educational purpose or an enforcement purpose.

Topic 2: Remote assessment document review

One of the assessment criteria that was identified by the focus group participants is the review of certain information about the PT's practice by the peer assessor prior to conducting the remote assessment. It was recommended that the review would include advertising, billing/invoicing, and charting (to look at the PT's record keeping skills, but not to assess the quality of the care itself). The focus group participants believed that a review of this information is important for the assessment, but that it did not need to be done as part of the behaviour-based interview.

During their discussions, the QAWG wondered whether it would be worthwhile to include the document review component prior to the remote assessment. The QAWG considered the additional time that would be required for the peer assessors to review these materials, and what information would be gained from this review from an assessment perspective. The QAWG felt that this issue required further consideration by and direction from Council.

Council is asked to provide direction for staff to conduct further investigation of the issue. In particular, what are the relevant factors that should be considered? What specific information or data would be required to identify the pros and cons of including this component or not? This direction will help staff bring forward research and information that will help QAWG consider this issue at a future meeting.

Topic 3: Pilot testing the new assessment tools¹

The assessment consultant is recommending an approach to pilot testing the assessment tools that would ensure validation of the tool, inter-rater reliability, and that the scoring threshold is appropriate. The assessment questions and assessor rating reliability will be validated during a pre-test phase in October 2018 with six (6) PT volunteers who will participate in mock assessments. Then, the pilot test is expected to take place between November 2018 and March 2019. The proposed process is as follows:

- Members will be selected using a stratified random sample instead of seeking volunteers.
- For the purpose of testing for inter-rater reliability and conducting psychometric analysis, it is recommended that the College select 165 PTs for the remote assessment pilot test and 20-30 PTs for the on-site assessment pilot test. It is expected that a small proportion of the PTs selected will apply for deferrals.
- All pilot test assessment results would be subject to review and decision-making by the Quality Assurance Committee. This would provide “real” assessment values required to confirm reliability of the scoring inferences and to establish the remote interview cut score (threshold to determine who requires an on-site assessment).

The QAWG noted that if the pilot test assessments will result in real outcomes, then they are, in fact, a small-scale implementation of the new program. The recommended timing would mean that the College would be resuming QA assessments sooner than expected. It was also noted during the discussions that the number of assessments recommended by the consultant for pilot testing is higher than the number used for budget planning, and therefore would result in higher-than-budgeted cost for the project. Even though a lower number of assessments would still allow for the validation of the tools, the QAWG expressed preference for a larger number of assessments at the pilot test stage to ensure the sample of PTs is representative of the whole population, and to better ensure inter-rater reliability.²

The QAWG was supportive of proceeding with the pilot test assessments based on the approach and timing recommended by the consultant, and suggested that the College should refine the communications to members about the nature of these assessments (e.g. call it “Phase 1 implementation” rather than “pilot test”). Staff will work with the consultant to consider the appropriate number of assessments to do during the “pilot testing” phase, after more detailed analysis of the PT population characteristics, consideration of the budget implications, and in keeping with the QAWG’s preference to aim for the higher end of the recommended volume.

The QAWG would like Council to confirm that they are supportive of proceeding with the “pilot test” as described above before April 1, 2019.

¹ **Key terms in this section:**

Validity: the degree to which an assessment measures what it is intended to measure.

Reliability: the degree to which an assessment is consistent and stable in measuring what it is intended to measure. An assessment is reliable if it is consistent within itself and across time.

Inter-rater reliability: the degree of agreement or consistency among raters.

² Inter-rater reliability can be measured by having multiple assessors assess the same PT then comparing the scores to determine the degree of consistency.

Decision Sought:

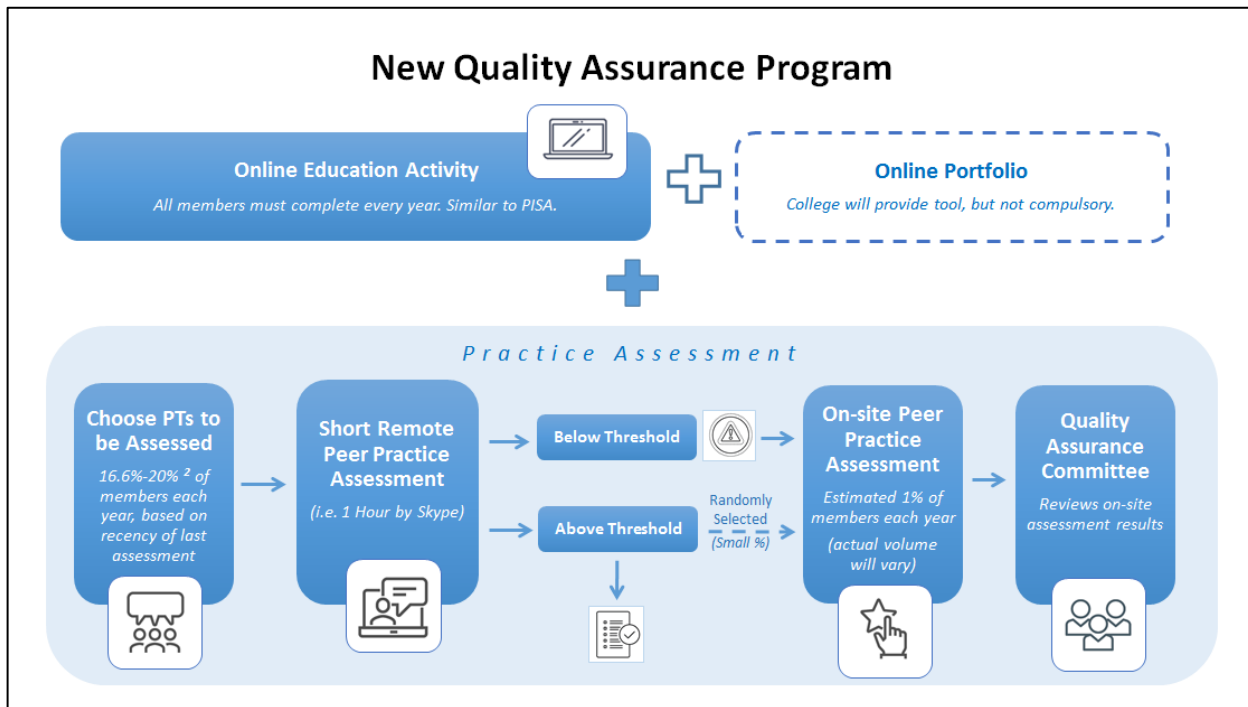
None. This item is for information and direction.

Attachments:

- Appendix 1: Description of New Quality Assurance Program
- Appendix 2: Quality Assurance Working Group Minutes – March 27, 2018
- Appendix 3: Assessment Criteria for Remote and On-site Assessments

Appendix 1: Description of New Quality Assurance Program

Figure 1: 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 cycle³. 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 cohort⁴ 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.

³ Or possibly a 6 year cycle – to be determined based on further cost analysis.

⁴ Whether the assessment cohort should include PTs not in clinical practice will be determined when the Quality Assurance Working Group considers the implementation specifics.

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

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

3. 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.

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.

Appendix 2: Quality Assurance Working Group Minutes – March 27, 2018

MEETING OF THE QUALITY ASSURANCE WORKING GROUP COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

MINUTES

March 27, 2018

at

375 University Ave., Suite 800, Toronto

Attendees:

Mr. Gary Rehan
Ms. Theresa Stevens
Mr. Darryn Mandel
Mr. Jatinder Bains
Ms. Jill Adolphe
Ms. Shelley Martin

Staff:

Ms. Joyce Huang
Ms. Shenda Tanchak
Mr. Rod Hamilton

Regrets:

Mr. James Lee
Ms. Kathleen Norman (*provided written comments*)

Recorder:

Ms. Olivia Kisil

| Item # | Item Description and Discussion Summary | Decision / Direction |
|------------------------------------|---|--|
| 1 <i>For Information</i> | <p>Council Update</p> <p>Ms. Joyce Huang provided an update on the following:</p> <ul style="list-style-type: none"> At the March 2018 meeting, Council formally approved the new Quality Assurance Program. Council also approved a Terms of Reference document for the Quality Assurance Working Group to provide clarity about the Working Group's role and responsibilities during the program development phase of the project. | |
| 2 <i>For Decision</i> | <p>Selection of Assessment Consultant</p> <p>The Working Group was asked to review the proposals submitted by prospective consultants, and select their preferred candidate.</p> <p>The Working Group members agreed that of the three proposals received, the proposal from iComp Consulting Inc. best met the criteria stated in the Request for Proposal.</p> | <p>Appoint iComp Consulting Inc. as the assessment consultant.</p> |

| Item # | Item Description and Discussion Summary | Decision / Direction |
|---|---|--|
| <p>3 <i>For Direction</i></p> | <p>Use of Random Selection in the Assessment Process</p> <p>Ms. Joyce Huang provided an overview of the background information:</p> <ul style="list-style-type: none"> • The consultation feedback suggests that some members have reservations about the use of random selection to protect the privacy of PTs who are selected for an on-site assessment. • The inclusion of random selection has additional benefits for reducing bias and to provide data for program evaluation. <p>The Working Group was asked to consider retaining the use of random selection, and to direct staff to review the continued use of random selection at a future date (as part of the program evaluation).</p> <p>The Working Group acknowledged the benefit of having random selection data to be able to evaluate that the program and tools are valid and reliable. However the Working Group also acknowledged members' reservations, and the fact that including random selection would mean that some members will be required to do the longer on-site assessment even though they had no concerns identified after the remote assessment.</p> <p>The Working Group was not opposed to retaining the random selection component, but was interested in exploring alternative research designs for program evaluation without random selection.</p> | <p>Direct staff to seek advice from the assessment consultant regarding the program evaluation research design and the use of random selection.</p> |
| <p>4 <i>For Discussion and Direction</i></p> | <p>Use Clinical Vignettes as Part of Remote Assessment</p> <p>Ms. Joyce Huang provided an overview of the background information:</p> <ul style="list-style-type: none"> • One of the questions identified for further research was whether using clinical vignettes could be effective for assessing physiotherapists' clinical skills and reasoning instead of Chart Stimulated Recall. • Staff conducted preliminary literature research to identify the strengths and weaknesses of these two tools based on the research evidence. <p>The Working Group is asked to consider the idea of using clinical vignettes (standardized patient scenarios) instead of Chart Stimulated Recall in the 1-hour remote assessment.</p> | <p>Direct staff to seek advice from the assessment consultant regarding the use of Chart Stimulated Recall or clinical vignettes in the remote assessment.</p> |

| Item # | Item Description and Discussion Summary | Decision / Direction |
|---|--|---|
| <p>5 <i>For Discussion and Direction</i></p> | <p>Working Group members recognized that clinical vignettes may be a more efficient and effective way to assess clinical skills than Chart Stimulated Recalls. However the Working Group also expressed reservations about the scenarios, noting that they may not be relevant to actual practice, and that this assessment format may make the assessment feel more like a test. There was no clear consensus within the group.</p> <p>Peer Discussion as Part of the Remote Assessment</p> <p>Ms. Joyce Huang provided an overview of the background information:</p> <ul style="list-style-type: none"> • One of the questions identified for further research and consideration is whether it is possible to retain the benefits from the peer discussion and learning in the remote assessment format. • Staff conducted preliminary research to identify ways professionals benefit from peer discussion and feedback. <p>The Working Group was asked to consider whether retaining the benefits of a peer discussion for learning purposes should be a goal in the design of the remote assessment tool.</p> <p>The Working Group agreed that peer discussion and feedback is a very important component of the Quality Assurance Program. However the group also acknowledged considerations about time requirement and practicality of including this in a 1-hour remote assessment.</p> | <p>Direct staff to seek advice from the assessment consultant regarding the feasibility of including peer discussion and feedback in the remote assessment.</p> |
| <p>6 <i>For Information</i></p> | <p>Work Plan and Outstanding Issues</p> <p>The program development work plan and the list of outstanding issues to be considered are included for information. The Working Group did not identify any additional questions or issues to add to the list.</p> | |
| <p>7 <i>For Discussion</i></p> | <p>Date of next Working Group meeting</p> <p>June 6th, 2018 was put forward as a proposed date for the next Working Group meeting. Some members stated a preference for June 4th, 2018.</p> | <p>Staff will consult with other Working Group members and confirm one of the two proposed dates.</p> |

Appendix 3: Assessment Criteria for Remote and On-site Assessments

Focus group discussions

The assessment consultant led four focus group discussions with members and assessors to review and identify a list of competencies and expectations that should be included in the remote and on-site assessments. Three of the focus groups considered assessment criteria for physiotherapists working in clinical care. The fourth group considered assessment criteria for physiotherapists working in a non-clinical role.

The focus group discussions were conducted over four webinar sessions. A total of 33 practising physiotherapists and six physiotherapists who work in a non-clinical role engaged in the webinars. The participants represent several areas of the province (central, eastern and western Ontario, and near north). They provide services to all age ranges and a variety of practice settings were represented.

During the webinars, participants worked from a list of competencies from the *NPAG Competency Profile for Physiotherapists in Canada (2017)* and expectations from the College's Standards of Practice to identify which competencies and professional behaviours are most important for practising PTs to demonstrate during the practice assessment process. Participants were asked to rank each competency or expectation on a scale of 1 to 4, with 4 being most important to assess.

In addition to ranking level of importance of each item using a rating scale, participants also discussed the level of competence that PTs should demonstrate in the practice assessment, based on Miller's pyramid: "knows," "knows-how," "shows-how", or "does." The focus groups also identified which competencies and standard expectations were critical to assess during the remote assessment as these competencies would present a good "red flag" that further assessment was required.

Assessment Criteria Identified by Focus Groups Participants

The following are the assessment criteria that the focus group participants identified as highly important to assess in the practice assessment. Based on the focus group discussions, the criteria are sorted into one of the assessment components: the pre-questionnaire, the remote assessment, and the on-site assessment.

Pre-questionnaire

1. Context of practice: the member's role, responsibilities, patient population
2. Record keeping obligations: knowledge-application questions related to privacy and confidentiality and record retention.
3. *Confirmation that appropriate policies are in place (under consideration, see details in briefing note)*
 - a. *Written process for routinely reviewing fees, billings and accounts*
 - b. *Written instructions on how to manage adverse events when performing a controlled act*
 - c. *Written communication plan when working with PTAs*
 - d. *Written protocols for infection prevention and control*
 - e. *Written process for routinely reviewing the maintenance and safety of equipment*

4. Individualized assessment – information used to inform the selection of practice-relevant questions for the remote and on-site assessments:
 - a. Rostered activities (controlled acts performed)
 - b. Business practice / private practice
 - c. Working with unregulated professionals or PTAs
 - d. Practice setting: home care, private practice, treating patients in the PTs' home, working in a practice owned by an unregulated professional

Remote Assessment (1 hour)

Document review: member submits documents prior to remote assessment and they are reviewed by the assessor prior to the assessment (under consideration, see details in briefing note)

1. *Submission of samples of clinical records with discussion*
2. *Practice-relevant items:*
 - a. *Sample of advertising materials*
 - b. *Website URL*
 - c. *Sample of billing/invoices*

Behaviour-based interview (BBI) questions:

1. Informed consent process
2. Patient safety – identifying patient risks, precautions, contraindications
3. Patient assessment – Clinical reasoning and decision-making/evidence-based approach
4. Adapt communication approach to context
5. Recognizing and managing conflict of interest
 - a. self-referral/referral to other services
6. Confidentiality and privacy
7. Practice-relevant questions:
 - a. Performing Controlled Acts
 - i. Ensure PT has the required education to perform the rostered activity
 - b. Facilitates collaborative relationships
 - c. Supervision of others – assigning activities

On-site Assessment (max. 4 hours)

Records Review

1. Patient records review (full review of clinical and financial records based on the Standard)
 - a. 3-5 records reviewed

Behaviour-based Interview (BBI): Case-based questions (using one patient case chosen from the records reviewed)

1. Develop, implement, monitor and evaluate intervention plan (specific case)
 - a. Builds a rapport and trust with the patient
 - b. Informed consent
 - c. Patient assessment (performs, analyzes and interprets)
 - d. Goal setting

- e. Intervention plan
 - f. Implementation of the intervention plan
 - g. Collegial collaboration and relationships (consultation and referral)
 - h. Assist patient to develop self-management skills
 - i. Monitor and respond to patient status during interventions
 - j. Reassess and modify plan as indicated
 - k. Evaluates patient outcomes and goal attainment
 - l. Clinical reasoning and decision-making
2. Complete or transition care
 - a. Evaluate patient outcomes
 - b. Develop discharge or transitional plan
 - c. Prepare patient for discharge or transitional care
 - d. Ensure effective transfer of information at transition

Behaviour-based Interview (BBI): Situation-based questions

1. Contributes to effective teamwork, conflict resolution
2. Address discrepancies between employer expectations and professional standards
3. Controlled Acts (Rostered Activities)
 - a. Competence, critical thinking, patient safety, evaluation, referral
4. Continuing professional development

Agenda #7

Case Studies and Decision-Making



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

**ANNUAL COMMITTEE REPORT
EXECUTIVE COMMITTEE**

April 1, 2017 to March 31, 2018

Committee Membership and Number of Meetings in 2017/18 Fiscal Year:

Gary Rehan, Professional member – Chair

Darryn Mandel, Professional member

Tyrone Skanes, Public representative

Theresa Stevens, Professional member (from June 21, 2017)

Stephen Mangoff, Professional member (until June 20, 2017)

Catherine Hecimovich, Professional member (until February 27, 2018)

In person meetings were held on the following dates:

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

Trends and/or Issues of Note

- On May 11, 2017 Executive Committee had a written resolution to appoint an interim Patient Relations committee member (James Lee).
- All Executive decisions have been included in the Executive Committee Report to Council in the Council packages.

**ANNUAL COMMITTEE REPORT
REGISTRATION COMMITTEE**

April 1, 2017 to March 31, 2018

Committee Membership and Number of Meetings in 2017/18 Fiscal Year:

Registration Committee Members:

Jennifer Dolling, Public representative – Chair (from June 22, 2017)
Marcia Dunn, Professional member
Jane Darville, Public representative
Janet Law, Professional member
Kathleen Norman, Academic member (from September 28, 2017)
Nadine Graham, Academic member (until September 27, 2017)
Gary Rehan, Professional member - Chair (until June 20, 2017)
Shadi Katirai, Public representative (until April 15, 2017)

Committee Activity:

The Registration Committee met five times via teleconference over the past year.

The Committee considered 8 cases. Three applicants were granted certificates of registration with terms, conditions and limitations, and five were denied certificates. There were no appeals to the Health Professions Review and Appeal Board.

A few trends emerged from the cases this year. The Committee considered five cases in which the applicant had failed the clinical portion of the PCE and had applied for another Provisional Practice certificate of registration. In those cases, the Committee was bound by the regulation stating that a person who has failed the practical component of the examination is not entitled to apply for a certificate of registration authorizing provisional practice except under certain prescribed circumstances. As none of the applicants met the requirements set out in the regulation, the Committee denied new Provisional Practice certificates of registration in each case. The Committee also considered two cases in which the applicants did not meet the minimum practice hours requirement, and in those cases, independent practice certificates of registration were granted with terms, conditions and limitations. There was also one case in which the applicant was seeking to return to work following a serious illness, and in that case an independent practice certificate of registration was also granted with terms, conditions and limitations.

**ANNUAL COMMITTEE REPORT
QUALITY ASSURANCE COMMITTEE**

April 1, 2017, to March 31, 2018

Committee Membership and Number of Meetings in 2017/18 Fiscal Year:

Theresa Stevens, Professional member – Chair
James Lee, Public representative
Ron Bourret, Public representative
Jatinder Bains, Professional member
Deborah Lucy, Professional member
Lisa Tichband, Professional member (from June 21, 2017)
Kelly Brewer, Professional member (until June 20, 2017)

The Quality Assurance Committee met, in person, once per quarter: June 12, 2017, September 22, 2017, December 5, 2017, and March 26, 2018. The Committee had one teleconference on November 1, 2017, before the Committee meeting in December 2017.

Statistics

The Committee considered 39 cases (11%) of all practice assessments whereas staff closed 321 cases (89%). The percentage of cases closed by staff is 1% higher this year.

Outcomes of Committee reviewed cases included the following:

- 27 closed assessments
- Three closed assessments with additional recommendations
- Nine ordered practice enhancements (SCERPS)

Record keeping continues to be the most highly identified area where concerns identified. In all practice assessments, 26% included record keeping concerns. Problems related to record keeping include the absence or inconsistent documentation of treatment goals, reassessments, consent or care delivered by the physiotherapist assistants.

Concerns connected to the chart-stimulated recall are present in 5% of practice assessments compared to 11% last year. In the previous year, fewer physiotherapists had written plans for managing adverse events associated with controlled acts. The chart-stimulated recall section of the assessment captures the requirement to have a written plan for managing adverse events. The Controlled Acts and Other Restricted Activities Standard has been in effect since June 2016 and PTs seem to be gaining awareness of this requirement.

Finally, practice issues are present in 11% of practice assessment outcomes. Various issues arise in this section including concerns about consent processes, identifying the health information custodian, infection control, and written communication plans for physiotherapists supervising physiotherapist assistants. Practice issues were found in 2% more practice assessments this year



**ANNUAL COMMITTEE REPORT
PATIENT RELATIONS COMMITTEE**

April 1, 2017 to March 31, 2018

Committee Membership and Number of Meetings in 2017/18 Fiscal Year:

Sharee Mandel, Professional member – Chair
Nicole Graham, Professional member (from June 21, 2017)
Jatinder Bains, Professional member (from June 21, 2017)
Zita Devan, Public representative (from June 21, 2017)
James Lee, Public representative (from May 11, 2017 to June 20, 2017)
Vinh Lu, Professional member (until June 20, 2017)
Lisa Tichband, Professional member (until June 20, 2017)

Meeting dates:

May 23, 2017 and January 29, 2018

Statistics

During the period of April 1, 2017 to March 31, 2018 the Patient Relations Committee met twice and considered two applications for funding for therapy and counseling. The outcomes are listed below.

Trends and/or Issues of Note:

In May 2017 the College received an application for funding for therapy and counseling from a former patient of a physiotherapist. The patient had previously filed a complaint with the College which was referred to the Discipline Committee for a hearing. At the conclusion of the hearing the physiotherapist was found to have committed various acts of professional misconduct.

In the second matter the patient had filed a complaint with the College. The matter was referred to the Discipline Committee for a hearing. The patient applied for funding prior to the discipline hearing taking place and the application was granted

Budgetary Implications

As per the regulation a patient can access up to \$16 060 over a five year period for therapy and counseling. The College has sufficient funds to cover these costs.

It should be noted that there have been recent changes made to the Regulated Health Professions Act. As a result of these changes patients can now access funding for therapy and counseling when the College first learns of the concerns. This means that patients are advised of their ability to access funds for therapy and counseling during the intake portion of the investigation process.

Legislative Reference:

Section 85.7 of the [Health Professions Procedural Code](#) which is Schedule 2 to the RHPA

**ANNUAL COMMITTEE REPORT
INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE**

April 1, 2017 to March 31, 2018

Committee Membership and Number of Meetings in 2017/18 Fiscal Year:

Michelle Addison, Professional member – Chair
Tyrone Skanes, Public representative
Sharee Mandel, Professional member
Gary Rehan, Professional member
Jane Darville, Public representative
Vinh Lu, Professional member
Ken Moreau, Public representative (from March 20, 2018)
Deborah Lucy, Professional member (until June 20, 2017)

Number of Meetings in 2017/18 Fiscal Year: 9

In-person meeting - 6

Via teleconference - 3

Trends and/or Issues of Note

- Communication issues noted in many matters
- The College has seen an increase in the number of cases involving allegations of sexual abuse and boundary violations

Statistics

Number of matters considered + breakdown of outcomes

Number of matters considered by ICRC: 96

Number of returning matters (same case considered at two separate meetings by ICRC): 8

Number of decisions issued: 65

Where the ICRC notes that a physiotherapist is not meeting the expectations outlined in the standards of practice of the profession the Committee explores all possible remedial options in order to assist the physiotherapist in enhancing their practice. Only in serious cases where there is a high level of risk identified will the matter be referred to the Discipline Committee for a hearing.

Breakdown- number of specific outcomes:

- 1 withdrawal
- 22 no action
- 1 acknowledgement and undertaking

- 19 advice and recommendation
- 8 caution
- 3 specified continuing education and remediation program
- 2 specified continuing education and remediation program and caution and acknowledgement and undertaking
- 9 refer to discipline committee for a hearing

Number of times an investigator was appointed: 15

Number of appeals + outcomes

Number of appeals: 12

Health Professions Appeal and Review Board (HPARB)

10 appealed to HPARB

Outcomes: the College received 6 decisions from HPARB:

4 ICRC decisions upheld by HPARB

2 HPARB matter returned to ICRC for further investigation

Divisional Court

2 ICRC decisions appealed to Divisional Court (Judicial Review)

Outcomes:

2 matters withdrawn by applicant (PT)

ANNUAL COMMITTEE REPORT
DISCIPLINE & FITNESS TO PRACTISE COMMITTEES
April 1, 2017 to March 31, 2018

Committee Membership and Number of Meetings in 2017/18 Fiscal Year:

Darryn Mandel, Professional member – Chair (from March 20, 2018)
 Ron Bourret, Public representative
 Sheila Cameron, Professional member
 Zita Devan, Public representative
 Nadine Graham, Academic representative
 Catherine Hecimovich, Professional member—Chair (until February 27, 2018)
 James Lee, Public representative
 Daniel Negro, Professional member
 Lori Neill, Professional member
 Lisa Tichband, Professional member (from June 21, 2017)
 James Wernham, Professional member
 Janet Law, Professional member (until June 20, 2017)

Trends and/or Issues of Note:

| | Number of Referrals from the ICRC |
|-----------|-----------------------------------|
| 2013/2014 | 1 |
| 2014/2015 | 6 |
| 2015/2016 | 6 |
| 2016/2017 | 4 |
| 2017/2018 | 9 |

| Cases Referred: | | Referred: | Pre Hearing |
|---------------------------|--|--------------------|-------------|
| CPO and Colleen Bourgeois | | April 18, 2017 | no |
| CPO and Colleen Bourgeois | | April 18, 2017 | no |
| CPO and David Evans | | August 10, 2017 | no |
| CPO and Steven Brown | | September 19, 2017 | yes |
| CPO and Steven Brown | | September 19, 2017 | yes |
| CPO and David Munro | | September 19, 2017 | no |
| CPO and Mohannad Bakri | | December 7, 2017 | yes |
| CPO and Mohannad Bakri | | December 7, 2017 | yes |
| CPO and Douglas Fearman | | January 31, 2018 | TBD |

The allegations have related to: business practices, use of physiotherapy assistants, record keeping, failure to meet professional obligations as it relates to the College, privacy breaches and sexual abuse / boundary violations.

Discipline Hearings Completed between April 1, 2017 and March 31, 2018: 8

| | | | Pre Hearing |
|---|-------------|---------------------------|-------------|
| CPO and Neil Boon | Contested | May 2017 (7 days total) | no |
| CPO and France Laberge | Uncontested | June 5, 2017 (1/2 day) | yes |
| CPO and Joselyne Bellamy | Contested | June 5, 2017 (1/2 day) | no |
| CPO and Joselyne Bellamy | Contested | June 5, 2017 (1/2 day) | no |
| CPO and Lo Ming Lum | Contested | June 6, 2017 (3-½ days) | no |
| CPO and Jeklina Konjarski | Contested | June 6, 2017 (3-½ days) | no |
| CPO and Colleen Bourgeois | Contested | August 24, 2017 (1/2 day) | no |
| CPO and David Evans | Uncontested | November 28, 2017 (1 day) | no |

Discipline Hearings in Progress at March 31, 2018: 0

Discipline Hearings Pending as of March 31, 2018: 5

CPO and BJ Roxon
 CPO and Steven Brown
 CPO and David Munro
 CPO and Mohammed Bakri
 CPO and Douglas Fearman

Update from Divisional Court as of March 31, 2018:

CPO and Lo Ming Lum [Discipline Committee Decision](#)
 [Superior Court of Justice](#)
 [Divisional Court](#)

CPO and Jeklina Konjarski [Discipline Committee Decision](#)
 [Divisional Court](#)
 [Superior Court of Justice](#)

CPO and Neil Boon Pending

Fitness to Practise Hearings Pending, In Progress or Completed: 0

**ANNUAL COMMITTEE REPORT
FINANCE COMMITTEE**

April 1, 2017 to March 31, 2018

Committee Membership and Number of Meetings in 2017/18 Fiscal Year:

James Lee, Public representative – Chair
Janet Law, Professional member
Gary Rehan, Professional member
Nicole Graham, Professional member (from June 21, 2017)
Darryn Mandel, Professional member (from March 19, 2018)
Catherine Hecimovich, Professional member (until February 27, 2018)
Stephen Mangoff, Professional member (until June 20, 2017)
Lisa Tichband, Professional member (until June 20, 2017)

Teleconference meetings were held on the following dates:

May 5, 2017 – Pre-Audit Call
May 26, 2017 – Post-Audit Call & Q4 Expense Variances
August 25, 2017 – Q1 Expense Variances
October 13, 2017 – Additional meeting to establish a revised Reserve Policy
November 10, 2017 – Q2 Expense Variances

In person meeting was held on the following date:

February 1, 2018 – Initial 2018-2019 Fiscal Budget Review & Q3 Expense Variances

Trends and/or Issues of Note:

Major Events occurring in the year concerning the Finance Committee:

- The College launched the new Database in February in time for Annual Renewal
 - Temporary help was utilized to assist in the extra workload
 - Annual Renewal cut off was delayed which means the overall deferred revenue amount is lower than last year – this is a timing difference, and all caught up by April 13, 2018
- The Reserve Policy was updated to reflect our commitment to identify internal restrictions for specific risks in accordance with advice from our external auditors
- Another clean audit was delivered, with the deficit ending up \$35K better than forecasted and \$385K better than budgeted. Costs were contained to just under budget (98.93%) and Revenues were higher due to admin service fees and membership growth.

| | |
|-----------------------|--|
| Meeting Date: | June 25 - 26, 2018 |
| Agenda Item #: | 8 |
| Issue: | Financial Report – Statement of Operations |
| Submitted by: | Robyn MacArthur, Director - Corporate Services |

Issue

Staff are presenting the financial statements for the final quarter of the past fiscal year.

Key Variances

Overall, our expenses are on target with spending of 98.8% of the budget. When Amortization is factored in, we are at 100.2%.

Overall, our income was higher than anticipated this year due to a couple of factors. The most significant of these was an increase in the number of physiotherapy registrants (increasing our income from fees) which also had an impact on interest income. Another surprisingly high revenue source was service fees. We introduced some new fees for services this year and began enforcing existing requirements that had previously been waived. There were also fewer 'leaves of absence' from practice this year, which meant a reduction in claims for fee credits. Overall, these put us nearly \$400,000 ahead of where we anticipated being in revenue.

On the expense side, Committee expenses were generally down - some a little, some significantly. It is worth noting that some of the savings in this area were offset by claims from last year that were submitted well into the current fiscal year. Council's decision to suspend delivery of the quality assurance program for the fiscal year 2018/19 reduced the need for training for assessors in 2017/18 so that cost was also reduced.

Development of the College's new information management system has had a financial impact in a surprising way: demands on staff time meant that conference and training attendance had to be curtailed. This resulted in a savings of about \$39,500. We reinvested some of this into additional spending on Council education, realizing an overall savings in human resource development of about \$24,000.

Some costs and savings are not surprising, but are unpredictable. This is the case in the area of Discipline Hearings. This year several hearings that we had anticipated to be contested moved forward based on an agreed statement of facts. As a result, hearing time was greatly reduced and, in some cases, we were able to schedule two hearings on one day. On the other hand, there was a surge in appeals with associated higher than expected legal costs. This volatility is the reason that our accountants requested that we designate an accrued expense for costs associated with professional conduct. This generated an unbudgeted expense of \$93,500 which significantly offset the savings generated in some other areas. It may be worth noting that this is not 'real' money spent – it is kept 'on the books' in order to protect against anticipated expenses in the coming year.

On the staff side, while we came out close to our budget on our human resources, this required a certain amount of juggling. This year we increased our reliance on temporary staff and consultants, while leaving unfilled vacancies in permanent positions. This balancing act was necessary for a few reasons: As previously reported, some issues with performance in the professional conduct area led to significantly higher than expected investigation expenses, which, in turn led to an adjustment in processes and staffing in that area; problems with the launch of the new annual renewal process (part of our new information system) required adding a handful of people to deal with telephone inquiries leading up to annual renewal. Council should expect to see the staffing-related impact of the new information system continue into the 2018/19 fiscal year.

Sometimes the need to spend more than the budget is a good thing. This was the case with respect to Outreach where the demand for face to face contact with the College significantly exceeded our expectations. You might expect to see this in times when registrants are frustrated with the regulator, but that was not the cause in this instance. Our members were eager to meet and speak with us about the new Quality Assurance program development. The feedback we received was helpful and overwhelmingly positive.

One final note – the achievement of target in spending against budget could not have been achieved without staff's continued attention to opportunities for saving and improvement. Robyn MacArthur initiated a transition from cheques to electronic payments for vendors, saving at least \$8,000. Shelley Martin in Quality Assurance found efficiencies in matching assessors to physiotherapists undergoing peer assessment and reduced costs by \$12,700. Joyce Huang's skills as a policy analyst permitted us to rely on in house expertise for development of our Quality Assurance program, saving \$26,600 and Fiona Campbell's introduction of the use of teleconferences and in-house coaching for SCERPs yielded savings of \$10, 448 for both the College and for members ordered into SCERPs by ICRC.

Please see the analysis with individual line items for explanations in Appendix A.

Balance Sheet

This is Appendix B. You will see the year end 2018 and 2017 Balance Sheets, and the key difference is how we are identifying our reserves.

In 2018 we are showing the new categories that were approved at Council in December 2017.

The overall change in Total Equity from \$6,890,599.88 in 2017 to \$6,432,162.41 in 2018 is the operational deficit of \$458,437.47, which can be seen in Appendix A.

Individual budget items where spending has not met the target (within 5%):

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. This is hard to predict year over year since in the 4 years that we have been offering fee credits to our members no apparent pattern has emerged.
- 4004 The College anticipated that more hearings would be held and more cost orders would be ordered.
- 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 rather than hired external coaches.

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. We have also had lower expenses, so when taken together, the 2 lines cancel each other out.)

- 4001 Registration Fees are significantly higher than budgeted, at approximately \$188,000 over our YTD budget. We budgeted for an overall increase of membership to 8,829, and ended the year at 9,145.
- The balance of the unbudgeted revenue is now identified separately in Account 4008 for additional accuracy and transparency.
- 4002 Interest income is ahead of our budgeted amount because we have more revenue than anticipated, as described above, and interest rates were higher than we had expected.
- 5005 Discipline Committee per diem expenses are below budget because we conducted half as many hearings as we had expected in the year (8 instead of 16). In addition, in some cases we were able to conduct 2 hearings on a single day, which reduced expenses significantly.
- 5010 Patient Relations per diems are lower than budget because only 1 meeting took place (committee only meets to consider funding requests) 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 The Finance Committee met for an additional meeting beyond the budget, and expense claims from the previous fiscal year were files late in this fiscal year.
- 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. In addition, at budget time we are unable to predict who will comprise individual committee slates. For this reason, all Committee costs are volatile. For this line item, the Chair of the Committee was unable to attend a meeting in person, and the favorable variance relates to the travel savings for that person.
- 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 additionally the President attended three other unbudgeted meetings (AGRE roundtable, Ministry of Health & a meeting with legal counsel). Late-filed 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 had to travel to attend meetings, resulting in higher than budgeted costs. Overall, these slate-related variances even out across the Committees (since on another Committee a local person will likely have been appointed to a Committee where travel was anticipated).

- 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. The expenses here arise from a late expense filing from a prior year, and the in person meeting.
- 5101 As reported in previous quarters, IT Hardware is over budget because a printer was purchased that was unbudgeted for but needed in the new space.
- 5104 IT Database costs are over budget. This is because the line includes costs of discovery work (\$27,722.43) that should have been accrued for in the prior year. The project itself is on budget for the fiscal year.
- 5300 Networking, Conferences and Travel expenses are lower than budgeted. This is because in some cases the conference organizers covered the costs for our staff who were presenters; and due to workload demands related to development and launch of the i.t. system, staff attendance was reduced at the end of the fiscal year.
- 5402 The membership renewal period was extended to April 13th, meaning that we didn't incur the service charges related to the renewals that would have taken place from April 1 – 13. These will appear in the Q1 report. But in general we were able to receive a lower transaction rate charge from Moneris than budgeted, which also contributes to the favorable variance.
- 5403 We have a slight unfavorable variance (\$534.51) in Maintenance & Repairs because we needed to expense some move-related items that were initially thought to be eligible to be capitalized and included in the Capital Asset section of the Balance Sheet.
- 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. This has saved staff time and reduced the cost of printing and mailing payments.
- 5409 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. This expense was mitigated in this line by inclusion of tenant incentives as a rent reduction (rather than as a separate line item under 6001.)
- 5411 As with account 5408, cost savings associated with the transition to electronic payments has saved on Printing, Filing & Stationary costs.
- 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.
- 5503 Council education expenses are in excess of budget due to late expense claims filing, as commented on previously. Additionally, the slate of the committee demanded some additional training (CCAT conference, Sexual Abuse Awareness for committee members, facilitation training, council member orientation, Touchstone conference). Note: this is largely offset by savings in line 5300.
- 5504 The unplanned by-election incurred unbudgeted costs.
- 5505 Over budget due to expenses associated with in-house development work on new QA program, more than offset by savings in line 5811 because budgeted consultant was not retained.
- 5605 French language services expense is under budget. Demand for translation is unpredictable and there is no year over year pattern.
- 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.
- 5701 As previously reported and discussed by Council at length, 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 for a variety of reasons: the need to get a legal opinion on a privacy issue, use of an external investigator, higher than anticipated travel costs. The usual internal controls were not appropriately followed for portion of the fiscal year, staffing changes addressed issue mid-year.
- 5710 2 mid-level interns hired to assist in the Admin, Finance and i.t. areas were 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, in line 5702, 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 were 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. Staff are always looking for trends in this area to assist in budgeting.

- 5755 General Legal costs are roughly in the \$20K area, year over year. This year we are under budget, but this is not considered to be a budgeting issue because the real amount is low.
- 5756 Professional Conduct Accrual Expense is an amount calculated to cover the future costs of finalizing all current cases at year end. This is calculated only at year end, and the liability is set up on the Balance Sheet.
- 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 assign assessments in Northern Ontario to assessors in the closest geographical areas.
- 5823 Assessor training costs are significantly below budget because of the Council decision to suspend QA program for one year while developing a new program. Training costs will be higher again in 2018/19.
- 5802 The jurisprudence cost is under budget because staff were able to negotiate a one-time lower rate with the vendor.
- 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. Additionally, SCERP costs were reduced by relying on in-house coaching, rather than using external physiotherapists and by using teleconferences rather than in-person visits where appropriate.
- 5880 Remediation expenses are well below budget, due to fewer cases going to remediation than anticipated. This is the offset to line 4003.
- 5890 Sexual Abuse Therapy costs are below budget. There is no year-over-year predictability in this area. 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.
- 5914 Normally, staff are encouraged to use their vacation time and are not permitted to carry over more than 1 years' worth of time. This year however, when staff might have usually taken time in the 4th Quarter, we asked them to delay due to workload demands associated with the development and launch of the new i.t. system.

- 5902 Actual costs for benefits are below budget because full time permanent staff costs are below budget, and also because the rate assumptions used for the budget were higher than actuals ended up costing.
- 5905 Staff Development is under budget because some staff were unable to complete planned training due to workload demands associated with development and launching new i.t. system.
- 5906 Staff growth and turnover higher than anticipated and lead to a higher number of recruitments.
- 5907 The Staff Recognition budget is based on an average per person, and in this case we experienced fewer occasions than expected.
- 5912 Same issue as with line 5902. Lower full time permanent staff mean lower employer costs of employment, and the rates used were slightly higher than actuals. These rates are supplied by the Government for budgeting purposes, and are not always the rates that get applied.
- 5913 The College is required to pay EHT on the per diem paid to Council and Committee members. This cost was not included in the budget, but is going forward in the new fiscal.
- 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 included the tenant incentive (cost reduction) here in the budget, but in the rent expense line (where it belongs) in the actual expenses. Therefore we are over budget.
- Net Income The deficit ends up being \$387,000 better than budgeted. It became apparent quite early in the year that we were experiencing higher than expected registration levels. At that time we reported our expectation that we would conclude the year with a lower than budgeted deficit: we estimated a deficit of 60% of the original budget of \$846,00. Further reductions arose due to the unpredictable increase in service fees, as described in line 4008.

Decisions for Council:

This item is for information only.

Statement of Operations - Budget vs. Actual

April 2017 through March 2018

| | Full Year | | | Notes |
|--|---------------------|---------------------|----------------|---|
| | Apr '17 - Mar '18 | Budget | % of Budget | Council |
| Income | | | | |
| 4008 · Service Fees | 166,025.00 | 23,100.00 | 718.72% | 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. This is really hard to predict year over year since in the 4 years that we have been offering this to our members no apparant pattern has emerged. |
| 4004 · Cost recovery from cost order | 26,500.00 | 46,000.00 | 57.61% | The College anticipated that more hearings would be held and more cost orders would be ordered. Offest by savings in discipline hearing expenses. |
| 4003 · Remediation Chargeback | 13,643.60 | 32,793.00 | 41.61% | Under budget because only 40% of the anticipated number of SCERPS were ordered by ICRC . |
| 4001 · Registration Fees | 5,441,341.67 | 5,253,381.64 | 103.58% | 315 more members registered than anticipated. (9,145 members on a budget of 8,830). |
| 4002 · Interest Income | 163,008.06 | 66,496.24 | 245.14% | Investments have grown and interest rates rose beyond budget assumptions. |
| 4006 · Gain / Loss on Sale of Investn | -4,850.00 | 0.00 | 100.0% | |
| 4010 · Miscellaneous Income | 1,990.00 | 3,000.00 | 66.33% | Please see 4003 above. |
| Total Income | <u>5,775,788.93</u> | <u>5,376,810.48</u> | <u>107.42%</u> | |
| | 5,775,788.93 | 5,376,810.48 | 107.42% | |
| Expense | | | | |
| 5000 · Committee Per Diem | | | | |
| 5002 · ICRC - per diem | 25,216.50 | 24,957.00 | 101.04% | |
| 5003 · Council - per diem | 43,264.00 | 45,366.00 | 95.37% | |
| 5005 · Discipline Committee - pe | 11,378.00 | 35,780.00 | 31.8% | Under budget as a result of lower than anticipated hearing costs and postponement of some hearings to next fiscal year. 16 hearings budgeted, only 8 took place, and some of those were shorter than anticipated. |

Statement of Operations - Budget vs. Actual

April 2017 through March 2018

| | Full Year | | | Notes Council |
|---|-------------------|-------------------|---------------|---|
| | Apr '17 - Mar '18 | Budget | % of Budget | |
| 5006 · Executive - per diem | 15,834.50 | 16,372.80 | 96.71% | |
| 5010 · Patient Relations - per die | 242.00 | 662.00 | 36.56% | Under budget as a result of limited demand for the committee's services, which only meets to consider funding requests and lower than anticipated committee member expenses |
| 5011 · QA Committee - per diem | 11,098.00 | 11,240.00 | 98.74% | |
| 5012 · Registration Com. - per di | 1,974.50 | 5,782.94 | 34.14% | Under budget because some committee members do not charge for time and a planned in person meeting was not held. |
| 5017 · Finance Committee - per c | 4,388.00 | 2,868.77 | 152.96% | Over budget as a result of costs of one extra meeting and claims from previous year. |
| Total 5000 · Committee Per Diem | 113,395.50 | 143,029.51 | 79.28% | |
| 5050 · Committee Reimbursed Expenses | | | | |
| 5052 · ICRC - expenses | 17,423.99 | 19,630.57 | 88.76% | Fewer expenses because Chair of Committee was unable to attend a meeting in person and this is the travel savings. |
| 5053 · Council - expenses | 74,348.94 | 70,812.87 | 104.99% | |
| 5055 · Discipline Committee - ex | 11,299.74 | 37,193.88 | 30.38% | Under budget as a result of lower than anticipated hearing costs and postponement of some hearings to next fiscal year. 16 hearings budgeted, only 8 took place, and some of those were shorter than anticipated. |
| 5056 · Executive Committee - ex | 13,265.92 | 8,598.04 | 154.29% | The President was required to attend 4 unbudgeted meetings: (Bill 87/Agre Roundtable/Queens Park/Legal Council). There were also some expense claims from a previous year. |
| 5062 · QA Committee - expense | 7,884.79 | 7,161.84 | 110.09% | QA committee expenses were higher than budgeted due to committee slate including committee member from outside Toronto. |
| 5063 · Registration Comm. - exp | 0.00 | 1,384.79 | 0.0% | No in-person meeting or legal education required this year. |

Statement of Operations - Budget vs. Actual

April 2017 through March 2018

| | Full Year | | | Notes |
|--|-------------------|-------------------|---------------|--|
| | Apr '17 - Mar '18 | Budget | % of Budget | Council |
| 5075 · Finance Committee - expense | 2,176.96 | 1,725.00 | 126.2% | Over budget as a result of costs of claims from previous year. The 1 in person meeting was on budget. |
| Total 5050 · Committee Reimbursed | 126,400.34 | 146,506.99 | 86.28% | |
| 5100 · Information Management | | | | |
| 5101 · IT Hardware | 10,439.92 | 7,737.48 | 134.93% | A printer was purchased that was unbudgeted but needed in the new space. |
| 5102 · Software | 24,342.66 | 23,925.26 | 101.75% | |
| 5103 · IT Maintenance | 74,727.00 | 75,888.00 | 98.47% | |
| 5104 · IT Database | 750,813.03 | 722,090.60 | 103.98% | Full contract amount paid, plus some early discovery work done in prior year, but paid for in current year. |
| Total 5100 · Information Management | 860,322.61 | 829,641.34 | 103.7% | |
| 5200 · Insurance | 9,499.40 | 9,440.30 | 100.63% | |
| 5300 · Networking, Conf. & Travel | 33,502.13 | 46,170.78 | 72.56% | Conferences costs were much lower than budgeted as expenses were covered by conference organizers for staff who were presenters and reduced staff attendance due to workload demands associated with development and launching of new i.t. system. |
| 5400 · Office and General | | | | |
| 5402 · Bank & service charges | 137,042.61 | 170,825.14 | 80.22% | Membership renewal extended into next fiscal year, so some of that expense will be incurred in F'19. |
| 5403 · Maintenance & repairs | 2,489.67 | 1,955.16 | 127.34% | Moving related expenses. |
| 5405 · Memberships & publicatic | 197,215.20 | 196,385.06 | 100.42% | |
| 5407 · Office & kitchen supplies | 16,941.73 | 17,200.00 | 98.5% | |
| 5408 · Postage & courier | 5,524.17 | 8,960.00 | 61.65% | Postage and courier expenses are down as a result of introduction of electronic payment system. |
| 5409 · Rent | 489,866.72 | 450,623.48 | 108.71% | Paid for both Suites 901 & 800 for the month of April as previously reported. This unbudgeted expense was offset by recognition, in this line, of Tenant Incentive, previously recognized in line 6001. |
| 5411 · Printing, Filing & Statione | 7,006.82 | 11,500.00 | 60.93% | As with 5408, cost savings associated with transition to electronic payments |
| 5412 · Telephone & Internet | 47,556.77 | 27,890.96 | 170.51% | Some unanticipated start-up costs related to new VOIP telephone service, as previously reported. |
| 5413 · Bad Debt | 5,398.02 | 5,909.48 | 91.35% | Balance of old receivables has not grown as much as budgeted for. |
| Total 5400 · Office and General | 909,041.71 | 891,249.28 | 102.0% | |
| 5500 · Regulatory Effectiveness | | | | |

Statement of Operations - Budget vs. Actual

April 2017 through March 2018

| | Full Year | | | Notes |
|--|-------------------|-------------------|----------------|--|
| | Apr '17 - Mar '18 | Budget | % of Budget | Council |
| 5503 · Council Education | 83,135.84 | 67,724.30 | 122.76% | Over budget due to some unbudgeted conference and educational sessions (CCAT conference, Sexual Abuse Awareness for committee members, facilitation training, councillor orientation, Touchstone conference) Note - largely offset by savings in line 5300 |
| 5504 · Elections | 4,600.00 | 3,200.00 | 143.75% | Incurred extra costs due to unplanned by-election. |
| 5505 · Policy Development | 35,483.96 | 22,000.00 | 161.29% | Overbudget due to expenses associated with in-house development work on new QA program, more than offset by savings in line 5811 because budgeted consultant was not retained. |
| Total 5500 · Regulatory Effectiveness | 123,219.80 | 92,924.30 | 132.6% | |
| 5600 · Communications | | | | |
| 5605 · French Language Service | 6,186.03 | 8,700.00 | 71.1% | Fewer translation requests than the previous year. |
| 5620 · Print Communication | 15,033.35 | 14,800.00 | 101.58% | |
| 5621 · Online Communication | 113,716.24 | 112,510.00 | 101.07% | |
| 5622 · In-Person Communication | 41,735.84 | 27,600.00 | 151.22% | Demand for outreach exceeded expectations. |
| Total 5600 · Communications | 176,671.46 | 163,610.00 | 107.98% | |
| 5700 · Professional fees | | | | |
| 5701 · Audit | 33,448.00 | 18,080.00 | 185.0% | As previously reported, auditor's invoice higher than budgeted. |
| 5702 · Hearing Expenses | 5,283.93 | 16,418.80 | 32.18% | 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 | 40,827.86 | 8,116.52 | 503.02% | Usual internal controls not appropriately followed for portion of the fiscal year leading to unusually high investigation costs. Staffing changes addressed issue mid-year. |
| 5710 · Temporary staff | 42,750.35 | 3,735.00 | 1,144.59% | 2 mid-level interns and a database consultant hired to assist Admin, Finance and database function, offset by reduction in Salaries. |
| 5750 · Legal | | | | |
| 5753 · Legal - Professional Conduct | | | | |

Statement of Operations - Budget vs. Actual

April 2017 through March 2018

| | Full Year | | | Notes |
|---------------------------------------|-------------------|-------------------|----------------|--|
| | Apr '17 - Mar '18 | Budget | % of Budget | Council |
| 5760 · General Counsel | 27,522.53 | 30,021.53 | 91.68% | General counsel support costs were not as high as anticipated. |
| 5761 · Independent Leg | 42,948.09 | 159,940.20 | 26.85% | Fewer days of ILC support required as number of anticipated hearings did not occur in this fiscal. |
| 5762 · Hearing Counsel | 46,389.85 | 106,587.25 | 43.52% | Reductions associated with fewer hearing dates as mentioned in 5702. |
| 5763 · Court Proceeding | 76,935.82 | 10,000.00 | 769.36% | More appeals and applications for Judicial Review than anticipated. Staff will watch for trends in this area. None are apparent at this time. |
| Total 5753 · Legal - Professi | 193,796.29 | 306,548.98 | 63.22% | |
| 5755 · General Legal | 17,941.02 | 20,000.00 | 89.71% | This budget item is based on potential legal costs which are unpredictable year over year. Lower than expected this year. |
| 5756 · Professional Conduct | 93,511.00 | 0.00 | 100.0% | Professional Conduct Accrual Expense is the amount calculated to cover the cost of finalizing all the known cases that existed at year end. This is calculated only at year end, and the liability is set up on the Balance Sheet. |
| Total 5750 · Legal | 305,248.31 | 326,548.98 | 93.48% | |
| Total 5700 · Professional fees | 427,558.45 | 372,899.30 | 114.66% | |
| 5800 · Programs | | | | |
| 5810 · Quality Program | | | | |
| 5811 · QA Program Developi | 40.47 | 40,102.00 | 0.1% | The background research and development for the QA program review was conducted in-house rather than by a consultant as budgeted. |
| 5821 · Assessor Travel | 81,635.44 | 94,327.24 | 86.55% | Savings due to business process improvements: geographically matching assessors to those being assessed. |
| 5823 · Assessor Training | 6,825.97 | 12,953.50 | 52.7% | Training costs reduced due to Council decision to suspend QA program for one year while developing new program. Training costs will be higher again in 2018/19 |
| 5824 · Assessor Onsite Asses | 132,927.50 | 136,168.68 | 97.62% | |
| Total 5810 · Quality Program | 221,429.38 | 283,551.42 | 78.09% | |
| 5802 · Jurisprudence | 12,337.50 | 22,600.00 | 54.59% | College negotiated a more cost effective contract with the vendor. |

Statement of Operations - Budget vs. Actual

April 2017 through March 2018

| | Full Year | | | Notes |
|---------------------------------|---------------------|---------------------|---------------|--|
| | Apr '17 - Mar '18 | Budget | % of Budget | Council |
| 5870 · Practice Enhancement - C | 6,858.15 | 20,499.16 | 33.46% | Fewer than the anticipated number of SCERPS ordered by QAC. SCERP costs were reduced by relying on in-house coaching, rather than using external physiotherapists and by using teleconferences rather than in-person visits where appropriate. |
| 5880 · Remediation - PC | 13,551.73 | 38,407.52 | 35.28% | Please see line 4003. |
| 5890 · Sexual Abuse Therapy | 5,840.00 | 8,000.00 | 73.0% | This budget item is based on potential claims which are unpredictable year over year. Lower than expected this year. |
| Total 5800 · Programs | 260,016.76 | 373,058.10 | 69.7% | |
| 5900 · Staffing | | | | |
| 5914 · Vacation Pay Adjustment | 28,139.00 | 5,000.00 | 562.78% | Vacation was deferred to the new fiscal year for many staff due to workload demands associated with development and launching new i.t. system |
| 5901 · Salaries | 2,580,822.28 | 2,608,756.00 | 98.93% | |
| 5902 · Employer Benefits | 85,950.48 | 96,837.88 | 88.76% | Budget assumptions higher than actual rates |
| 5903 · Employer RRSP Contribu | 115,881.00 | 118,540.46 | 97.76% | |
| 5904 · Consulting Fees | 0.00 | 0.00 | 0.0% | |
| 5905 · Staff Development | 63,497.24 | 89,050.56 | 71.31% | Some staff were unable to complete planned training due to workload demands associated with development and launching new i.t. system |
| 5906 · Recruitment | 4,671.46 | 1,600.00 | 291.97% | Staff growth and turnover somewhat higher than anticipated, leading to higher number of recruitments. |
| 5907 · Staff Recognition | 9,431.24 | 12,530.00 | 75.27% | Fewer occasions than anticipated. |
| 5911 · CPP - Canadian Pension I | 76,365.35 | 76,638.03 | 99.64% | |
| 5912 · EI - Employment Insuranc | 32,902.07 | 35,034.25 | 93.91% | Budget assumptions slightly higher than actual rates |
| 5913 · EHT - Employer Health Ta | 51,316.89 | 42,095.74 | 121.91% | Budget assumptions below actual rates |
| Total 5900 · Staffing | 3,048,977.01 | 3,086,082.92 | 98.8% | |
| Total Expense | 6,088,605.17 | 6,154,612.82 | 98.93% | |
| | -312,816.24 | -777,802.34 | 40.22% | |

Statement of Operations - Budget vs. Actual

April 2017 through March 2018

| | Full Year | | | Notes |
|----------------------------|---------------------------|---------------------------|----------------------|--|
| | Apr '17 - Mar '18 | Budget | % of Budget | Council |
| 6001 - Amortization | -145,621.23 | -67,780.54 | 214.84% | Budget assumed the Tenant Incentive (i.e. rebate from landlord for property improvements) would be recognized here. Captured in line 5409 as rent reduction. |
| | <u>-145,621.23</u> | <u>-67,780.54</u> | <u>214.84%</u> | |
| | -145,621.23 | -67,780.54 | 214.84% | |
| | <u>-458,437.47</u> | <u>-845,582.88</u> | <u>54.22%</u> | |

| | <u>31 Mar 17</u> | <u>31 Mar 18</u> |
|--|-----------------------------|-----------------------------|
| ASSETS | | |
| Current Assets | | |
| Chequing/Savings | | |
| 1000 · Cash on Hand | | |
| 1001 · Petty Cash | 250.00 | 250.00 |
| 1002 · Petty Cash (USD) | 200.00 | 0.00 |
| 1003 · CC Clearing - RBC - 100-999-2 | 226,536.49 | 473,239.79 |
| 1005 · Operating - RBC - 102-953-7 | 102,396.08 | 107,687.06 |
| 1000 · Cash on Hand - Other | 195.16 | 0.00 |
| Total 1000 · Cash on Hand | 329,577.73 | 581,176.85 |
| 1100 · Investments | | |
| 1104 · Investments - Long Term | 3,547,068.40 | 3,637,498.58 |
| 1102 · Investments - Short Term | 1,159,494.15 | 1,185,153.45 |
| 1103 · Savings - RBC - 100-663-4 | 7,104,759.84 | 5,537,882.68 |
| Total 1100 · Investments | 11,811,322.39 | 10,360,534.71 |
| Total Chequing/Savings | 12,140,900.12 | 10,941,711.56 |
| Accounts Receivable | | |
| 1200 · Accounts Receivable | 246,931.22 | 258,119.57 |
| Total Accounts Receivable | 246,931.22 | 258,119.57 |
| Other Current Assets | | |
| 1201 · Allowance for Doubtful Accounts | -235,834.72 | -241,232.74 |
| 1400 · Prepaid Expenses | | |
| 1411 · Prepaid Rent | 22,712.72 | 40,712.37 |
| 1401 · Prepaid Software | 8,021.64 | 2,290.47 |
| 1403 · Prepaid IT services | 13,916.47 | 27,654.90 |
| 1405 · Prepaid Insurance | 4,697.72 | 2,156.76 |
| 1406 · Prepaid Membership | 134,284.65 | 154,485.14 |
| 1408 · Prepaid staff development | 11,311.13 | 2,565.10 |
| 1410 · Prepaid meetings | 19,744.57 | 14,027.50 |
| Total 1400 · Prepaid Expenses | 214,688.90 | 243,892.24 |
| Total Other Current Assets | -21,145.82 | 2,659.50 |
| Total Current Assets | 12,366,685.52 | 11,202,490.63 |
| Fixed Assets | | |
| 1301 · Computer equipment | 287,095.82 | 83,402.04 |
| 1302 · Computer Software | 7,940.84 | 7,940.84 |
| 1305 · Computer equipment - Acc dep | -267,757.35 | -67,425.07 |
| 1306 · Computer Software - Acc Dep | -6,126.36 | -7,940.84 |
| 1310 · Furniture and Equipment | 464,531.23 | 343,109.00 |
| 1312 · Furniture & Equipment -Acc Dep | -460,354.65 | -82,600.09 |
| 1320 · Leasehold Improvements | 402,013.85 | 758,628.70 |
| 1322 · Leasehold Improvements -Acc dep | -402,013.85 | -69,540.96 |
| 1325 · Construction Work In Progress | 154,742.89 | 0.00 |
| Total Fixed Assets | 180,072.42 | 965,573.62 |
| TOTAL ASSETS | <u>12,546,757.94</u> | <u>12,168,064.25</u> |

| LIABILITIES & EQUITY | 31 Mar 17 | 31 Mar 18 |
|---|----------------------|----------------------|
| Liabilities | | |
| Current Liabilities | | |
| Accounts Payable | | |
| 2000 · Accounts Payable | 113,619.29 | 160,790.04 |
| Total Accounts Payable | 113,619.29 | 160,790.04 |
| Other Current Liabilities | | |
| 2011 · Vacation Accrual | 87,729.01 | 113,523.91 |
| 2010 · Accrued Liabilities | 261,686.62 | 325,072.72 |
| 2100 · Deferred Revenue | | |
| 2101 · Deferred Registration Fees | 5,143,180.00 | 4,833,780.00 |
| 2110 · Banked refunds | 35,125.48 | 28,971.20 |
| Total 2100 · Deferred Revenue | 5,178,305.48 | 4,862,751.20 |
| 2150 · Other Payables | | |
| 2154 · Citizen's Advisory Group | 0.00 | 11,556.19 |
| 2152 · Due to London Life (RRSP) | 14,817.66 | 15,982.74 |
| Total 2150 · Other Payables | 14,817.66 | 27,538.93 |
| Total Other Current Liabilities | 5,542,538.77 | 5,328,886.76 |
| Total Current Liabilities | 5,656,158.06 | 5,489,676.80 |
| Long Term Liabilities | | |
| 2125 · Deferred Rent - Tenant Incentiv | 0.00 | 246,225.04 |
| Total Long Term Liabilities | 0.00 | 246,225.04 |
| Total Liabilities | 5,656,158.06 | 5,735,901.84 |
| Equity | | |
| 3000 · Unrestricted Net Assets | 303,936.00 | 3,862,812.95 |
| 3001 · Invested in Capital Assets | 180,073.00 | 719,348.58 |
| 3010 · Restricted Reserves | | |
| 3011 · Contingency Reserve | 6,078,725.00 | 0.00 |
| 3012 · Fee Stability Reserve | 327,865.00 | 0.00 |
| 3013 · Professional Conduct | 0.00 | 1,000,000.00 |
| 3014 · Sexual Abuse Therapy | 0.00 | 100,000.00 |
| 3015 · Strategic Initiatives | 0.00 | 500,000.00 |
| 3016 · IT Programs | 0.00 | 250,000.00 |
| Total 3010 · Restricted Reserves | 6,406,590.00 | 1,850,000.00 |
| 3900 · Retained Earnings | 0.88 | 0.88 |
| Net Income | 0.00 | 0.00 |
| Total Equity | 6,890,599.88 | 6,432,162.41 |
| TOTAL LIABILITIES & EQUITY | 12,546,757.94 | 12,168,064.25 |



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 9.0

**Council Meeting
June 25-26, 2018**

Agenda #9: 2017 – 2018 Audited Financial Statements

It is moved by

and seconded by

that:

Council approve the 2017-2018 Audited Financial Statements ending March 31, 2018.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2018

Draft Statements Subject to Revision

HILBORNLLP

Independent Auditor's Report

To the Council of the
College of Physiotherapists of Ontario

We have audited the accompanying financial statements of the College of Physiotherapists of Ontario, which comprise the statement of financial position as at March 31, 2018, and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Physiotherapists of Ontario as at March 31, 2018, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario
To be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Statement of Financial Position

| March 31 | 2018 \$ | 2017 \$ |
|--|-------------------|-------------------|
| ASSETS | | |
| Current assets | | |
| Cash | 6,119,060 | 7,434,338 |
| Investments (note 3) | 1,185,153 | 1,159,494 |
| Prepaid expenses | 260,779 | 225,785 |
| | 7,564,992 | 8,819,617 |
| Investments (note 3) | 3,637,499 | 3,547,068 |
| Capital assets (note 4) | 965,574 | 180,073 |
| | 4,603,073 | 3,727,141 |
| | 12,168,065 | 12,546,758 |
| LIABILITIES | | |
| Current liabilities | | |
| Accounts payable and accrued liabilities (note 5) | 626,927 | 477,854 |
| Deferred registration fees | 4,862,751 | 5,178,305 |
| | 5,489,678 | 5,656,159 |
| Deferred lease incentives (note 6) | 246,225 | - |
| | 5,735,903 | 5,656,159 |
| NET ASSETS | | |
| Invested in capital assets | 719,349 | 180,073 |
| Internally restricted for contingency (note 7) | - | 6,078,725 |
| Internally restricted for fee stabilization (note 8) | - | 327,865 |
| Internally restricted for complaints and discipline (note 9) | 1,000,000 | - |
| Internally restricted for sexual abuse therapy (note 10) | 100,000 | - |
| Internally restricted for strategic initiatives (note 11) | 500,000 | - |
| Internally restricted for IT improvements (note 12) | 250,000 | - |
| Unrestricted | 3,862,813 | 303,936 |
| | 6,432,162 | 6,890,599 |
| | 12,168,065 | 12,546,758 |

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Statement of Operations

| Year ended March 31 | 2018 \$ | 2017 \$ |
|--|------------------|------------------|
| Revenues | | |
| Registration fees | 5,575,488 | 5,330,262 |
| Investment income | 158,158 | 141,503 |
| Sundry | 42,134 | 35,445 |
| | <u>5,775,780</u> | <u>5,507,210</u> |
| Expenses | | |
| Salaries and benefits | 3,091,727 | 2,950,420 |
| Administration and office (note 6) | 918,532 | 739,698 |
| Programs | 260,017 | 300,435 |
| Communications | 176,671 | 224,089 |
| Professional fees | 384,808 | 319,634 |
| Organizational effectiveness | 123,220 | 140,348 |
| Committee fees and expenses | 239,796 | 263,709 |
| Information technology | 860,323 | 145,175 |
| Networking, representation and travel | 33,502 | 31,955 |
| Amortization | 145,621 | 60,071 |
| | <u>6,234,217</u> | <u>5,175,534</u> |
| Excess of revenues over expenses (expenses over revenues) for year | <u>(458,437)</u> | <u>331,676</u> |

The accompanying notes are an integral part of these financial statements

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended March 31

| | Invested in capital assets \$ | Internally restricted for contingency \$ | Internally restricted for fee stabilization \$ | Internally restricted for complaints and discipline \$ | Internally restricted for sexual abuse therapy \$ | Internally restricted for strategic initiatives \$ | Internally restricted for IT improvements \$ | Unrestricted \$ | 2018 Total \$ |
|--|--|---|--|---|---|--|---|--------------------|---------------------|
| Balance, beginning of year | 180,073 | 6,078,725 | 327,865 | - | - | - | - | 303,936 | 6,890,599 |
| Excess of expenses over revenues for year | (120,773) | - | - | - | - | - | - | (337,664) | (458,437) |
| Purchase of capital assets, net of tenant inducements | 660,049 | - | - | - | - | - | - | (660,049) | - |
| Internally imposed restrictions (notes 7 to 12) | - | (6,078,725) | (327,865) | 1,000,000 | 100,000 | 500,000 | 250,000 | 4,556,590 | - |
| Balance, end of year | 719,349 | - | - | 1,000,000 | 100,000 | 500,000 | 250,000 | 3,862,813 | 6,432,162 |

| | Invested in capital assets \$ | Internally restricted for contingency \$ | Internally restricted for fee stabilization \$ | Unrestricted \$ | 2017 Total \$ |
|--|--|---|--|--------------------|---------------------|
| Balance, beginning of year | 153,332 | 5,172,000 | 1,328,000 | (94,409) | 6,558,923 |
| Excess of revenues over expenses (expenses over revenues) for year | (101,834) | - | - | 433,510 | 331,676 |
| Purchase of capital assets | 128,575 | - | - | (128,575) | - |
| Internally imposed restrictions (notes 7 and 8) | - | 906,725 | (1,000,135) | 93,410 | - |
| Balance, end of year | 180,073 | 6,078,725 | 327,865 | 303,936 | 6,890,599 |

The accompanying notes are an integral part of these financial statements

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Statement of Cash Flows

| Year ended March 31 | 2018 \$ | 2017 \$ |
|--|-------------|------------|
| Cash flows from operating activities | | |
| Excess of revenues over expenses (expenses over revenues) for year | (458,437) | 331,676 |
| Adjustments to determine net cash provided by (used in) operating activities | | |
| Amortization of capital assets | 145,621 | 60,071 |
| Interest capitalized on investments | (75,780) | (91,588) |
| Interest received on investments capitalized in prior years | 138,676 | 75,901 |
| Loss on disposal of investments | 4,850 | - |
| Amortization of deferred lease incentives | (24,848) | (20,087) |
| Write-off of capital assets | - | 41,763 |
| | (269,918) | 397,736 |
| Change in non-cash working capital items | | |
| Decrease (increase) in prepaid expenses | (34,994) | 95,086 |
| Increase in accounts payable and accrued liabilities | 149,073 | 140,706 |
| Increase (decrease) in deferred registration fees | (315,554) | 300,956 |
| | (471,393) | 934,484 |
| Cash flows from investing activities | | |
| Purchase of investments | (1,304,860) | (612,698) |
| Proceeds from disposal of investments | 1,121,024 | 519,491 |
| Purchase of capital assets | (931,122) | (128,575) |
| Receipt of lease incentives - tenant inducements | 271,073 | - |
| | (843,885) | (221,782) |
| Net change in cash | (1,315,278) | 712,702 |
| Cash, beginning of year | 7,434,338 | 6,721,636 |
| Cash, end of year | 6,119,060 | 7,434,338 |

The accompanying notes are an integral part of these financial statements

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements

March 31, 2018

Nature and description of the organization

The College of Physiotherapists of Ontario ("College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 ("RHPA"). As the regulator and governing body of the physiotherapists profession in Ontario, the College's major function is to administer the Physiotherapy Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

1. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition

Registration fees

Registration fees are recognized as revenue proportionately over the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being April 1 to March 31. Registration fees received in advance of the registration year to which they relate are recorded as deferred registration fees.

Investment income

Investment income comprises interest from cash and investments.

Revenue is recognized on an accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.

(b) Investments

Investments consist of guaranteed investment certificates and fixed income investments whose term to maturity is greater than three months from date of acquisition. Investments maturing within twelve months from the year-end date are classified as current.

Notes to Financial Statements (continued)

March 31, 2018

1. Significant accounting policies (continued)

(c) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, using methods and rates designed to amortize the cost of the capital assets over their estimated useful lives. The methods and annual amortization rates are as follows:

| | |
|------------------------|-----------------------|
| Furniture and fixtures | 5 years straight-line |
| Computer equipment | 3 years straight-line |
| Computer software | 2 years straight-line |

Amortization of leasehold improvements is recorded on a straight-line basis over the remaining term of the lease.

Assets not ready for use are not amortized until used in a productive capacity.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is charged to income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

(d) Deferred lease incentives

Lease incentives received include tenant inducements received in cash.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with re-negotiated leases are amortized to income on a straight-line basis over the period from the expiration date of the original lease to the expiration date of the re-negotiated lease.

(e) Net assets invested in capital assets

Net assets invested in capital assets comprises the net book value of capital assets less the unamortized balance of deferred tenant inducements used to purchase capital assets.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

1. Significant accounting policies (continued)

(f) Financial instruments

(i) Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash and investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

(ii) Impairment

At the end of each reporting period, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

Notes to Financial Statements (continued)

March 31, 2018

1. **Significant accounting policies (continued)**

(f) **Financial instruments (continued)**

(ii) **Impairment (continued)**

Any impairment of the financial asset is charged to income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(g) **Management estimates**

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from the estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

Draft Statements Subject to Revision

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject are as follows:

| Financial instrument | Risks | | | | |
|--|--------|-----------|---------------|-------------|--|
| | Credit | Liquidity | Market risk | | |
| Currency | | | Interest rate | Other price | |
| Cash | X | | | X | |
| Investments | X | | | X | |
| Accounts payable and accrued liabilities | | X | | | |

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss. The College does not hold directly any collateral as security for financial obligations of counterparties.

The maximum exposure of the College to credit risk is as follows:

| | 2018 \$ | 2017 \$ |
|-------------|-------------------|-------------------|
| Cash | 6,119,060 | 7,434,338 |
| Investments | 4,822,652 | 4,706,562 |
| | <u>10,941,712</u> | <u>12,140,900</u> |

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The College meets its liquidity requirements by preparing and monitoring detailed forecasts of cash flows from operations and anticipated investing and financing activities and holding assets that can be readily converted into cash.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

2. Financial instrument risk management (continued)

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

The College does not use derivative financial instruments to manage its exposure to interest rate risk.

Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

3. Investments

| | 2018 \$ | 2017 \$ |
|-----------|------------------|------------------|
| Current | 1,185,153 | 1,159,494 |
| Long-term | 3,637,499 | 3,547,068 |
| | <u>4,822,652</u> | <u>4,706,562</u> |

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

3. Investments (continued)

Investments have effective interest rates ranging from 1.50% to 3.55% (2017 - 1.50% to 3.55%), and maturity dates ranging from May 2018 to March 2023 (2017 - July 2017 to August 2021).

4. Capital assets

| | Cost \$ | Accumulated Amortization \$ | 2018 Net \$ |
|------------------------|------------------|-----------------------------------|-------------------|
| Furniture and fixtures | 343,109 | 82,600 | 260,509 |
| Computer equipment | 83,402 | 67,425 | 15,977 |
| Computer software | 7,941 | 7,941 | - |
| Leasehold improvements | 758,629 | 69,541 | 689,088 |
| | <u>1,193,081</u> | <u>227,507</u> | <u>965,574</u> |

| | Cost \$ | Accumulated Amortization \$ | 2017 Net \$ |
|--------------------------|------------------|-----------------------------------|-------------------|
| Furniture and fixtures | 464,531 | 460,354 | 4,177 |
| Computer equipment | 287,096 | 267,758 | 19,338 |
| Computer software | 7,941 | 6,126 | 1,815 |
| Leasehold improvements | 402,014 | 402,014 | - |
| Assets not ready for use | 154,743 | - | 154,743 |
| | <u>1,316,325</u> | <u>1,136,252</u> | <u>180,073</u> |

Assets not ready for use in the prior year, consisting of build-out costs of the new office premises occupied by the College in fiscal 2018 and deposits on furniture, have been reallocated in the current year to furniture and fixtures and leasehold improvements in the amounts of \$80,229 and \$74,514, respectively.

During the year, capital assets with a net book value of nil (cost and accumulated amortization both of \$1,054,366) were disposed of for no gain or loss.

5. Accounts payable and accrued liabilities

| | 2018 \$ | 2017 \$ |
|---|----------------|----------------|
| Trade payables and accrued liabilities | 340,416 | 309,854 |
| Accrued liabilities - complaints and discipline | 286,511 | 168,000 |
| | <u>626,927</u> | <u>477,854</u> |

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

6. Deferred lease incentives

| | Accumulated Cost \$ | Amortization \$ | 2018 Net \$ |
|--------------------|---------------------------|--------------------|-------------------|
| Tenant inducements | 271,073 | 24,848 | 246,225 |

Pursuant to the lease agreement for the College's office premises (note 13), lease incentives comprised of tenant inducements in the amount of \$271,073 were received in the current year.

Amortization of lease incentives in the amount of \$24,848 was credited to administration and office expense in the current year.

7. Net assets internally restricted for contingency

The Council of the College previously determined that the College would maintain internally restricted net assets to provide for business continuity in instances of specific unplanned or emergency events.

During the year, the Council reviewed and restated the purpose of the internally restricted net assets of the College. As a result, the Council approved a transfer of \$6,078,725 from net assets internally restricted for contingency to unrestricted net assets.

During the prior year, the Council approved a transfer of \$906,725 from unrestricted net assets to net assets internally restricted for contingency.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

8. Net assets internally restricted for fee stabilization

The Council of the College had also previously determined that the College would maintain internally restricted net assets to maintain the stability of registration fees.

During the current year, as a result of the restated purpose of the internally restricted net assets of the College, the Council approved a transfer of \$327,865 from net assets internally restricted for fee stabilization to unrestricted net assets.

During the prior year, the Council approved a transfer of \$1,000,135 from net assets internally restricted for fee stabilization to unrestricted net assets.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

9. **Net assets internally restricted for complaints and discipline**

The College makes best efforts to anticipate the costs associated with complaints and discipline matters based on past experience and current caseload. However, in the event that the College incurs costs beyond the normal scope of such matters, the Council of the College has internally restricted net assets to fund expenditures related to these matters.

During the current year, the Council approved a transfer of \$1,000,000 from unrestricted net assets to net assets internally restricted for complaints and discipline.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

10. **Net assets internally restricted for sexual abuse therapy**

The Council of the College internally restricted net assets in the current year in the amount of \$100,000 to meet the anticipated future requirements of the College for sexual abuse therapy.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

11. **Net assets internally restricted for strategic initiatives**

The Council of the College internally restricted net assets in the current year in the amount of \$500,000 to meet the anticipated future requirements of the College for strategic initiatives.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

12. **Net assets internally restricted for IT improvements**

The Council of the College internally restricted net assets in the current year in the amount of \$250,000 to meet the anticipated future requirements of the College for IT improvements.

The internal restriction is subject to the direction of the Council upon the recommendation of the Finance Committee.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

13. Commitment

The College is committed to lease the office premises until February 28, 2027. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

| | <u>\$</u> |
|------------------|-------------------------|
| 2019 | 489,575 |
| 2020 | 500,870 |
| 2021 | 501,897 |
| 2022 | 513,191 |
| 2023 | 514,218 |
| Subsequent years | <u>2,082,902</u> |
| | <u><u>4,602,653</u></u> |

Draft Statements Subject to Revision

HILBORN

LISTENERS. THINKERS. DOERS.

Draft Statements Subject to Revision

Agenda #10 Educational Orders



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 11

**Council Meeting
June 25-26, 2018**

**Agenda #11: Motion to go in camera pursuant to section 7(2)(e) of the Health Professions
Procedural Code**

It is moved by

and seconded by

that:

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

| | |
|-----------------------|---------------------------|
| Meeting Date: | June 25 - 26, 2018 |
| Agenda Item #: | 12 |
| Issue: | Registrar's Report |
| Submitted by: | Shenda Tanchak, Registrar |

Below, please find some of the College's main accomplishments and activities over the past year as well as a collection of other information that you may find useful or interesting.

Our Strategic Goals

1. Ensure physiotherapists' business practices meet professional standards and do not damage the reputation of the profession
2. Ensure physiotherapists' business practices meet professional standards and do not damage the reputation of the profession
3. Increase the value and awareness of the services the College provides for Ontarians

Communication

The cornerstone of accomplishing all of our strategic goals is communication. This College's approach to regulation is to make every effort to advance education and foster cooperation. This is reflected in the investment that we make in engagement with members and other stakeholders as well as in the educational approach taken by the member specific committees.

The following description of our outreach activities this year demonstrates the promotion of all three strategic goals. Most of the examples also relate to specific goals.

Quality Assurance Program Review

- Initial in-person outreach to members and others in the community. Ten locations that included Ottawa, Sudbury, Kenora, Windsor, Toronto, Brampton, Kitchener, Peterborough, Mississauga and Hamilton. As well we made use of OTN (Ontario TeleHealth Network) to provide additional access to PTs in Northern Ontario. We also conducted a webinar. In the end, we connected with more than 1000 PTs and others for input into how the new program should look. Council members co-presented at all 'in-person' consultations.
- Council discussed the topic at two meetings and struck a Quality Assurance Working Group that met twice over the year
- Following tentative approval of a program, we conducted further specific electronic consultations that collected another 365 responses.
- We also collected focus group input to ensure that we had captured the patient perspective through discussions with the Citizen Advisory Group.

Citizen Advisory Group Consultations (“CAG”)

- Expanded our CPO-only group into a multicollege partnership – there are now 14 College partners
- In addition to consulting with the CAG about our Quality Assurance program, we consulted with them about specialty designations, conflict of interest, the definition of the term patient, feedback on messaging and website materials relevant to patients and caregivers and about what kinds of information they would find helpful on the Public Register.

Outreach to PT Students and Others

1. We made ten visits to Ontario Universities and the Bridging Program. We spoke to both first and second year students.
2. We presented at the Physio North conference
3. 10+ misc. presentations (through videoconferences and in-person) to hospitals, PT employers and PTA programs
4. Breakfast presentation to 200+ PT at OPA InterACTION conference plus a booth with about 250 PTs and PT students coming to the booth
5. Attended the Zoomer Show – connected with 500 patients and caregivers

Standards Development

Standards for the profession are an expression of what the reasonable professional would do in similar circumstances. Part of the College’s mandate is to capture the standards in writing to ensure that they are readily understood and available to all members of the profession as well as other stakeholders who rely on the profession.

In most cases, in order to ensure that we are reflecting the real standard of the profession, we do extensive consultation. Ensuring that we have captured all standards in the simplest and most helpful way possible, requires research to identify best approaches taken by other regulators and related entities as well as extensive consultation with the end-users.

In the past few years we have worked to meet the demands of physiotherapists for plain language and clear rules. Our practice advisors tells us that this change has been very well received. In the past year, Council has approved the standards listed below.

1. Boundaries and Sexual Abuse – June 2017
2. Supervision – June 2017
3. Conflict of Interest Standard – June 2017
4. Restricted Titles, Credentials and Speciality Designations – June 2017
5. Infection Control and Equipment Maintenance Standard – September 2017
6. Record Keeping Standard – September 2017
7. Collaborative Care Standard – September 2017
8. Providing and Refusing Care Standard – March 2018

All Standards are reviewed at regular intervals in order to ensure that they reflect current practice expectations and stakeholder needs. When the environment changes, through legislation or for other reasons, the schedule is accelerated.

Other work and its connection to our mandate or strategic plan

1. New Certificate of Registration to Facilitate Cross Border Care passed Canada-wide
Primarily advances the College's object 3: to develop, establish and maintain standard of qualification for persons to be issued certificates of registration; also fosters object 8: to promote and enhance relations between the College and its members, other...key stakeholders, and the public.
2. Conducted patient focus group and fraud-related surveys with Goldfarb Market Intelligence
Connected with Goal #2 – seeking to establish baselines in terms of expectations of physiotherapy performance and levels of perceived rates of inappropriate behaviour. The focus groups also fleshed out some interesting information about patient behaviours that will assist us in Goal #3 – being more useful to Ontarians.
3. Made a scope of practice submission to government – the profession developed a submission in response to a request from the MOH for more information about the professions request for an extension to its authority that would permit PTs to order diagnostics test including x-ray, diagnostic ultrasound and lab tests.

This labour-intensive project was undertaken at the request of the Ministry of Health and Long Term Care.

We understand that the Ministry staff have completed their work with respect to the expanded scope and that it should be considered by the Legislation and Regulations Committee of Cabinet once it has been reconstituted after the election. It is our understanding that the physiotherapy scope issue will be considered at the same time as the other professions whose scope is under consideration.

4. New website launched and ongoing push to communicate more effectively and efficiently with different audiences. This year we had specifically targeted communications improvements for patients and caregivers as well as academics.

Furthered all of the goals, as described in introductory paragraph under Communication, above.

5. Worked toward a goal of having all calls to Practice Advice answered live.

This tactic is related to strategic goal #3 and the results appear on the College dashboard.

6. Council training and education

Executive Committee developed an education plan for Council. All Council underwent training in understand financial reporting, governance and sexual abuse awareness. Council made it mandatory for all members who sit on most Committees to take sexual abuse awareness training every year.

7. Development of new membership database and public register

Our new database is called Atlas and does more than store data about our membership. Once completed, it will offer operational support through online registration and process support prompts. It will also provide us with the ability to analyze the data we collect to identify trends. Phase one of the project was completed this year as has been reported at previous Council meetings.

State of Self-Regulation

Governments continue to exercise their authority to ensure that regulators are acting in the public interest. Two recent examples are:

As noted at the last Council meeting, the B.C. Minister of Health dismissed the Board of the College of Dental Surgeons and replaced all members with government appointees following concerns about a failure to adequately investigate and act on alleged improprieties on the part of its Registrar and President.

Now the Minister has appointed Harry Cayton, who may be familiar to you as the head of the UK's Professional Standards Authority, to undertake a thorough review of whether the College adheres to best practices for governance of regulated professions and whether it is fulfilling its mandate. Mr Cayton's final report is expected by December 1, 2018.

From Quebec there is another example which is a bit older however which has only recently been reported upon. Due to concerns about apparent profession-centric bias, in July 2016 the Minister of Justice in Quebec appointed a trustee to take over l'Ordre des ingénieurs du Québec. This was a result of a report that l'Ordre did not allocate the resources required to carry out its public protection mandate effectively. The impetus for the report was that the Board had tried and failed to increase fees on two occasions, following which some engineers who were openly hostile to the directions and decisions taken by the Ordre were elected to the Board. Without the additional revenue from fees, it seemed that l'Ordre was unable to properly carry out its mandate.

There also continue to be ongoing media articles outlining concerns about self-regulation. One of the more surprising was a June 11, 2018 editorial published in the National Post written by Conrad Black where he indicated that the election results signalled a good week for government. He reflected on the results of a case in the Supreme Court of Canada and his views of the Law Society of Upper Canada who had fined and suspended a member for matters related to the Ontario Securities Commission and Bre-X. The Supreme Court overturned the Law Society's decision and Mr. Black suggested that maybe the incoming government "will spruce up the concept of self-regulation; this is one area" he says, "that could use some state interference in the public interest" given the "abusive little fiefdom the Law Society officials have been running for themselves."

Legislation of Interest

Changes to the RHPA arising from Bill 87 – the Protecting Patients Act, were proclaimed in force – most importantly

- 1) Definition of patient for purposes of sexual abuse – extends the status as a patient by a year after it otherwise would have ended.

Other elements of the definition which have been codified include the following – a patient is a person if they've received payment and it has been charged for, there is a health record entry, and/or consent to service has been provided. These criteria won't apply in emergency situations.

This does not have a dramatic impact on PTs because our standard already required that physiotherapists not engage in relationships with patients for a minimum of one year after ending the professional relationship. We have not had a debate about whether a person was a patient in any recent Discipline hearings.

- 2) Funding for support for those alleging sexual abuse

The legislation has been extended to explicitly provide support as soon as a complaint or report has been made (rather than after a finding of sexual abuse has been made). The maximum amount available has not been changed.

- 3) Additional mandatory reporting obligations have been codified, but these do not expand the requirements that we have had in place by-law.
- 4) The list of sexual abuses that must result in mandatory revocation has been expanded to be more explicit.

Health Sector Payment Transparency Act

This law is intended to require drug companies and medical appliance manufacturers (and anyone else who wanted to influence health care providers) to report to government annually on what they have given away to whom. The reporting requirements are on the givers of transfers of value and not recipients.

This will have a minimal impact on practicing physiotherapists but Councillors should be aware that if they accept nearly any gift from such an entity, it may qualify as a transfer of value, and could be reported.

Miscellaneous Interesting Matters

The Canadian Physiotherapy Association's Sports Physio Division will be seeking specialty certification

I met with the BC College, CAPR, and FSBPT in April to discuss what "risk based regulation" means for physiotherapy regulators. Further work in this area is anticipated over the next several years.

CPO in Court

Division Court decision in CPO vs Neil Boon – The panel's original decision can be found here:

<https://www.collegept.org/members/upcoming-hearings/hearing-details/2017/04/20/default-calendar/neil-boon-registration-10527>

The Discipline Committee made finding of professional misconduct against Mr Boon and ordered a penalty of 3 months suspension and imposed costs in the amount of \$30,000.

The court found that the Committee's findings were "amply supported by the evidentiary record before it. The decision and its reasons are justified, transparent and intelligent". Mr. Boon had also appealed the penalty. The Court found that the penalty imposed fell within the range of previous cases as submitted by Council and was reasonable. In addition to the original costs, Mr. Boon was ordered to pay \$17,500 for the costs of the appeal.

**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY
(Q4) January, February, March 2018**

| | # of Meetings | | # of Cases Considered | # of Appeal Decisions Received (HPARB or Divisional Court) | Type of Outcomes | | Q4 2017/18 |
|---|---------------|-----|-----------------------|--|---|---|-------------------------|
| | F2F | Tel | | | | | |
| Registration | 0 | 1 | 1 | 0 | Certificate Granted (with or without terms, conditions and limitations) | | 1 |
| | | | | | Certificate Denied | | 0 |
| ICRC | 6 | 3 | 96 | 6 | Direction provided to staff (case ongoing) | | 16 |
| | | | | | Investigator appointed | | 15 |
| | | | | | Referral to Discipline | | 9* (involving 7 PTs) |
| | | | | | Incapacity Inquiry or Referral to Fitness to Practice | | 0 |
| | | | | | Other decision | | 56 |
| Quality Management | 1 | 0 | 15 | n/a | Practice Assessment | Successfully Completed (with or without recommendations) | 0 |
| | | | | | | Practice Enhancement Required | 3 |
| | | | | | Practice Enhancement | Successfully Completed | 12 |
| | | | | | | Second Practice Enhancement or Reassessment Required | 0 |
| | | | | | Requests for Deferral or Exemption | Granted | 0 |
| Denied | 0 | | | | | | |
| Discipline ** deliberation days not included** | 0 | 0 | 0 | 0 | Hearings Pending | | 0 |
| | | | | | Hearing Outcomes | Revoked | 0 |
| | | | | | | Suspended (with or without terms, conditions and limitations) | 0 |
| | | | | | | Terms, Conditions and Limitations only | 0 |
| | | | | | | Other Adjourned indefinitely In progress | 0 |
| Fitness to Practice | 0 | 0 | 0 | 0 | Hearings Pending | | 0 |
| | | | | | Hearing Outcomes | Revoked | 0 |
| | | | | | | Suspended | 0 |
| | | | | | | Terms, Conditions and Limitations | 0 |
| Patient Relations | 0 | 1 | 1 | n/a | Request for Funding | Granted | 1 |
| | | | | | | Denied | 0 |

ISSUES AND TRENDS

Registration – **Nothing to report.**

ICRC – The College has seen an increase in the number of matters involving allegations of sexual abuse and boundary violations. Communications issues noted in many matters.

**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY
(Q4) January, February, March 2018**

Quality Assurance – Nothing to report.

Discipline and Fitness to Practice – Nothing to report.

Patient Relations – Nothing to report.



EXECUTIVE COMMITTEE'S REPORT TO COUNCIL

Date: June 26, 2018

Committee Chair: Mr. Gary Rehan, President

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

Support Staff: Ms. Shenda Tanchak
Ms. Elicia Persaud

Meetings:

Meetings held since last report:

- June 7, 2018
- June 12, 2018 (teleconference)
- June 14, 2018 (teleconference)

Planned upcoming meetings:

- June 20, 2018 (teleconference)
- September 6, 2018
- November 29, 2018
- February 27, 2019
- June 4, 2019

JUNE 7, 2018 EXECUTIVE COMMITTEE MEETING

1. Proposed Council Committee Slate

The Executive Committee recommended that Council approve the proposed committee slates (with chairs) for 2018-19.

2. Registrar's Performance Appraisal

The President in consultation with Executive Committee conducted the Registrar's performance appraisal and developed a recommendation to Council.

JUNE 12, 2018 EXECUTIVE COMMITTEE TELECONFERENCE MEETING

1. Legal Opinion

The Executive Committee approved an emergency expenditure of a maximum of \$3000.00 for the purposes of obtaining a legal opinion.



JUNE 14, 2018 EXECUTIVE COMMITTEE TELECONFERENCE MEETING

1. Legal Opinion

The Executive Committee approved the details and timelines of a legal opinion.

Conference Attendance

Darryn Mandel

At

OPA (April 14, 2018 – Toronto)

KEY LEARNINGS:

1. Alan MacDonald (future president of OPA) spoke regarding a possible evolution of the organization. He tried to define OPA as more than an advocacy group, but also as a connector, disruptor, and/ or filter.

He tried to frame OPA's role as helping practitioners do their job.

2. At a clinical presentation, the effects of exercise on cognitive/executive functions were most positive at a regimen of:

60-80% of one rep max twice per week.

3. Teaching professional values:

Actively- experiential or reflective learning work better than passive, information driven format. This applies to CPO as we can deliver a reflective learning module via Pisa.



CAPR
Canadian Alliance
of Physiotherapy
Regulators

ACORP
Alliance canadienne des
organismes de réglementation
de la physiothérapie

expanding our network

2017 ANNUAL REPORT



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Growing Season is Upon us at CAPR...

The Canadian Alliance of Physiotherapy regulators (CAPR) saw a year of planning, transition and growth in 2017, with a concerted and purposeful focus on external engagement and partnership-building. The CAPR Board of Directors, after much consultation with stakeholders, finalized a new 5-year strategic plan. While continuing to focus on excellence in credentialing and assessment services, we have added an emphasis on innovation, increased partnerships, data sharing, a joint research agenda and collaboration with all physiotherapy partner organizations in Canada. The goal of these collaborations is to better understand the risks to, and supports for, safe, ethical and competent physiotherapy practice – a goal that can only be accomplished if we consider physiotherapy performance from the first day of training to the last day of licensure. In other words, all physiotherapy partner organizations will have a role to play. To support this approach, CAPR will also continue to work with the Registrars on excellence in regulatory policy by focusing on projects to coordinate registration requirements and practice standards across Canada.

The first step in the process of increased engagement was the inaugural and very successful CCPUP (Canadian Council of Physiotherapy University Programs)/CAPR joint meeting held early in the year. This meeting opened doors between the two organizations that had been closed for many years and took the first step in developing a collaborative working relationship. This collaboration has allowed for joint initiatives in research, quality improvement and data collection. It has also been key in CAPR's plans to develop a new exam blueprint. CAPR staff have brought together a multi-partite Blueprinting Project Steering Group to create a competency-based blueprint for the Physiotherapy Competency Exam based on the new Competency Profile for Physiotherapists in Canada and the Entry to Practice Milestones documents. In addition to CAPR leadership, the Steering Committee includes representatives from CCPUP, the CCPUP Curriculum Committee, the Registrars, and PEAC (Physiotherapy Education Accreditation Canada). This project is scheduled to be completed by the end of 2018, for implementation in 2019. CCPUP and CAPR are also now meeting for twice-yearly "data-dives"



to review exam performance data and other issues of common interest.

In keeping with our strategy to focus on exam excellence, the CAPR exam program continued to act on the recommendations of the external review of the exam program completed by renown exam experts, ProExam. Among the recommendations that are being actioned early-on are the use of new statistical analysis techniques to better assess the performance of exam items, reducing the number of items needed to assign a score, including field test items in each written component administration, and transitioning the items for our present practice-based blueprint to the new competency-based blueprint. We are also looking at strategies to increase the number of items produced, reviewed and placed in the field test item bank. The future of the exam is looking very innovative and exciting! The Evaluation Services program also conducted a new standard setting session and implemented the new passing standard in May 2017.

The Registrars Committee has also been busy in 2017, completing work on a unified approach to the evaluation of good character, as well as finalizing a national Memorandum of Understanding on Cross Border Physiotherapy.

Looking forward, in 2018, CAPR will be focusing on the transition to using Prometric for the written exam, developing the new exam blueprint, and the development of a new IT system. As we continue to delve into the data and work collaboratively with our stakeholders, I think we can all look forward to seeing our evaluation program continue to improve and evolve.

As you can see, it has been another year of growth and progress at CAPR, with more growth and change to come in 2018. It is truly an invigorating experience to watch an organization bloom and mature from the inside, and I have had the pleasure of doing just that at CAPR for the past three years. I would like to thank and acknowledge all the CAPR staff for always working hard to meet the very ambitious goals set out for them by the Board of Directors. It has been an absolute pleasure working with you all. Thanks also to the CAPR Board for its dedication to the organization and for always bringing its best to the table. Lastly, I would like to thank the countless volunteers who help to keep CAPR running smoothly.

Brandy Green
President

Katya Masnyk
Chief Executive Officer

Board of Directors 2017-18

Kelly Allen (YK)

Dianne Millette (BC)

Joyce Vogelgesang (AB)

Brandy Green (SK)

Brenda McKechnie (MB)

Darryn Mandel (ON)

Denis Pelletier (QC)

Rebecca Bourdage (NB)

Joan Ross (NS)

Sonia Chaudhary (PE)

Deborah Noseworthy (NL)

Regulator Members

Professional Licensing and Regulatory Affairs, Government of Yukon
College of Physical Therapists of British Columbia
Physiotherapy Alberta - College + Association
Saskatchewan College of Physical Therapists
College of Physiotherapists of Manitoba
College of Physiotherapists of Ontario
Ordre professionnel de la physiothérapie du Québec
College of Physiotherapists of New Brunswick/ Collège des physiothérapeutes du Nouveau-Brunswick
Nova Scotia College of Physiotherapists
Prince Edward Island College of Physiotherapists
Newfoundland and Labrador College of Physiotherapists

Affiliate Member

The Federation of State Boards of Physical Therapy (United States)

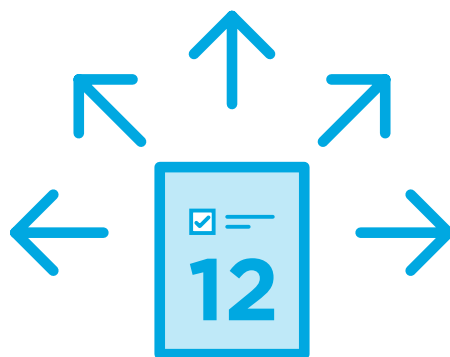
who we are

The Canadian Alliance of Physiotherapy Regulators (CAPR) is a pan-Canadian alliance of provincial and territorial organizations that regulate the practice of physiotherapy. CAPR's core business is the administration of evaluation, knowledge brokering and policy services on behalf of its regulatory members. Evaluation services include the assessment of education credentials and qualifications of internationally-educated applicants and the administration of the Physiotherapy Competency Examination to determine a candidate's readiness for safe, effective and independent physiotherapy practice. As a pan-Canadian collaborative, CAPR's activities span all ten provinces and the Yukon and serve hundreds of credentialling and examinations applicants each year.

2017 by the numbers



636
CREDENTIALLING
APPLICATIONS
RECEIVED



12
NEW REGULATORY
RESOURCES SHARED

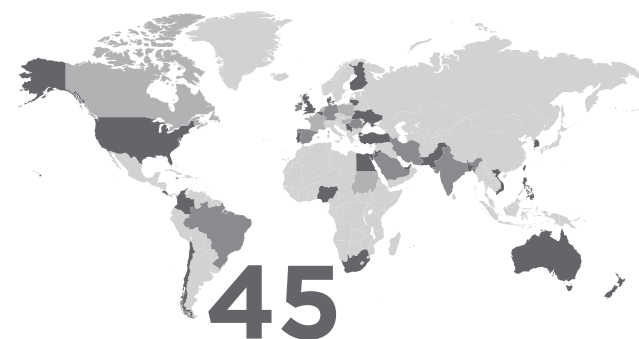


104

SUBJECT MATTER EXPERTS AND
ADVISORY COMMITTEE MEMBERS
SUPPORTING CAPR



3385
EXAMS
ADMINISTERED



45
SOURCE COUNTRIES FOR
CREDENTIALLING



20
PRESENTATIONS
DELIVERED TO
STAKEHOLDERS

Evaluation Services Committee

The Evaluation Services Committee (ESC) is appointed by the Board of Directors and provides oversight to the Credentialling and Examinations Programs. The ESC sets and monitors performance standards and ensures the effective delivery of services. The ESC provides strategic advice and makes recommendations to the Board about these programs. In 2017, the ESC turned its attention to the committees and panels that support evaluation services and made recommendations to the Board of Directors to enhance the subject-matter expertise available to the Credentialling and Examinations Programs.

Appeals Resource Group

The terms of reference of the Appeals Resource Group were adjusted to strengthen the composition of the group by being more representative of the Canadian physiotherapy community.

Written and Clinical Item Generation Committees

The Written and Clinical Item Generation Committees are composed of subject-matter experts from across the country who support CAPR by drafting questions for both exams. The terms of reference for both committees were improved by adjusting the post-registration requirements of the writers to ensure that, in

the composition of the committees, there are writers who have more recent entry-to-practice knowledge.

New Psychometric Advisory Panel

A new advisory panel to the Examinations Program was created. It was designed to provide, on an as-needed basis, psychometric expertise and advice regarding best practices and newly arising or complex psychometric issues affecting the Physiotherapy Competency Exam.

Consolidation of Written Exams

The ESC supported a reduction in the number of written exam administrations from six per year to five. This reduction was proposed to increase the number of candidates taking each exam which improves the exam question statistics that are gathered. This will allow CAPR to field test a greater number of new questions and replenish its item banks more quickly to improve security and the currency of exam questions.



Examinations Program

The Physiotherapy Competency Exam (PCE) is the entry-to-practice exam used by all regulators in Canada (except for Quebec) for both Canadian-educated and internationally-educated physiotherapist candidates. The PCE provides evidence about the demonstrated competence of physiotherapist candidates which regulators use to make licensing decisions. The PCE consists of two parts – a multiple-choice Written Component and a Clinical Component called an OSCE (Objective Structured Clinical Examination). Total exam administration volumes have remained relatively steady over the last few years. 2017 saw a total of 3385 exams administered, with a slight increase in the number of clinical exams (1583) and a slight decrease in the number of written exams (1802) compared to 2016.

Partnering with Prometric

In 2017, CAPR began negotiations to move to a new computer-based testing provider for the administration of our Written Component exams. Prometric is a world leader in the delivery of high-stakes entry-to-practice exams, securely delivering over 7 million exams per year for 350 organizations around the globe. Prometric test centres are state-of-the-art and employ certified testing staff. Security procedures are strictly and uniformly followed so that every test-taker, no matter where they



are in the country, has a consistent and fair experience. The first exam scheduled to be hosted by Prometric will be the May 2018 written exam. This change will enhance the candidate experience and keep CAPR on the leading edge of competency assessment.

Inter-rater Reliability Studies

CAPR undertook two studies to test the inter-rater reliability of written-station markers of the June 2017 Clinical Component of the PCE. The first study, which was conducted while marking was underway at the Written Station Marking session, showed that markers had an overall percentage of agreement of 80%. The second study was a blinded double-marking of candidate test sheets done after marking was completed. In this study, the reliability described by the Pearson co-efficient was 0.96. Both results are considered to be very good.

Standard-setting for the Written Component

In keeping with assessment best practices, the Examinations Program undertook a standard-setting exercise for the Written Component of the PCE in 2017. Subject-matter experts from across the country were recruited and participated in a standard-setting workshop hosted by CAPR and its psychometric consultant. The product of the workshop was a criteria-referenced passing score that, through a system of equating, has set the standard of performance since the administration of the May 2017 written exam. Peer organizations refresh their passing score standards roughly every 5 years and/or with every analysis of practice and subsequent exam blueprint change. CAPR plans to engage in its next standard-setting exercise in 2019, after the completion of the 2018 exam blueprint development process.

Special Needs Accommodations Professionals

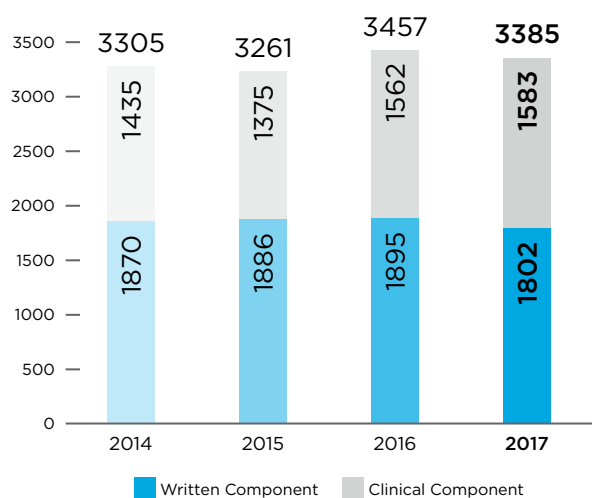
In 2017, CAPR became a member of the Special Needs Accommodations Professionals group (SNAP). This is a new group which consists of members who operate high-stakes examinations in a wide range of professional fields. The purpose is to promote knowledge transfer and discuss best practices in the field of test accommodations amongst members.

Exam Result Wait Times

| RESULTS | Benchmark | Actual Wait Time Average - 2017 |
|--------------------|-----------|---------------------------------|
| Written Component | 6 weeks | 4.2 weeks |
| Clinical Component | 12 weeks | 10.25 weeks |

Number of Exams Administered - Written Component and Critical Component

Number of Exams Administered - 2014-17



2017 PCE Pass Rates - First Time Test-Takers or Repeat

| | Written | Clinical |
|---------------------|---------|----------|
| Overall | 62 | 61 |
| CEPT* - First Time | 94 | 83 |
| CEPT - Repeat | 85 | 79 |
| IEPT** - First Time | 42 | 38 |
| IEPT - Repeat | 43 | 48 |

* Canadian-Educated ** Internationally-Educated

PCE Pass Rates for Written and Clinical Components

| WRITTEN COMPONENT | 2014 | | 2015 | | 2016 | | 2017 | |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Number | % Pass | Number | % Pass | Number | % Pass | Number | % Pass |
| TOTAL EXAMS ADMINISTERED | 1870 | — | 1886 | — | 1895 | — | 1802 | — |
| PASS | 1220 | 65 | 1138 | 60 | 1200 | 63 | 1112 | 62 |
| CANADIAN-EDUCATED | 718 | — | 703 | — | 700 | — | 690 | — |
| PASS | 673 | 94 | 650 | 92 | 653 | 93 | 646 | 94 |
| INTERNATIONALLY-EDUCATED | 1152 | — | 1183 | — | 1195 | — | 1112 | — |
| PASS | 547 | 47 | 488 | 41 | 547 | 46 | 471 | 42 |

| CLINICAL COMPONENT | 2014 | | 2015 | | 2016 | | 2017 | |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Number | % Pass | Number | % Pass | Number | % Pass | Number | % Pass |
| TOTAL EXAMS ADMINISTERED | 1435 | — | 1375 | — | 1562 | — | 1583 | — |
| PASS | 1056 | 74 | 1041 | 76 | 1042 | 67 | 964 | 61 |
| CANADIAN-EDUCATED | 706 | — | 607 | — | 738 | — | 733 | — |
| PASS | 642 | 91 | 547 | 90 | 621 | 84 | 606 | 83 |
| INTERNATIONALLY-EDUCATED | 724 | — | 768 | — | 824 | — | 850 | — |
| PASS | 414 | 57 | 494 | 64 | 421 | 51 | 358 | 42 |

CredentiaLLing Program

CredentiaLLing is the process of assessing and validating the education and qualifications of an internationally-educated physiotherapist (IEPT) to ensure that their education and qualifications are not substantially different from those of a Canadian-educated physiotherapist.

In 2017, the CredentiaLLing Program continued to provide responsive and timely customer service, completing 579 credential assessments, with wait times shorter than the established benchmarks. 547 internationally-educated physiotherapists became newly eligible for the PCE in 2017. The team continued its work in improving the online tools and resources available to support IEPTs who are considering a move to Canada.

CredentiaLLing Webinars

The CredentiaLLing Team created their first webinar for IEPTs. Entitled, 'How to Submit a Completed CredentiaLLing Application', the webinar was a big hit. Forty-five people attended the webinar live and over 70 have viewed the recording since then. More webinars are planned for 2018.

Source Country Profiles

Five more countries have been added to the Source Country Profiles on the CAPR website. These award-winning country profiles provide

valuable information to potential applicants that they can access while still in their home country.

Electronic Language Test Results

In 2017, the CredentiaLLing Team began accepting IELTS and TOEFL language test results electronically. This improves the speed and security of receiving these results and helps the applicant meet all their requirements more quickly.

Fraud-detection Expertise Shared

Our CredentiaLLing Team members are trained in the detection of fraudulent documents. In October, the team hosted a delegation from the Italian ENIC-NARIC Centre (CIMEA), a European Union credential assessment centre, who were conducting research on diploma mills and fraudulent documents. Their input contributed

to a project called FRAUDOC, funded by the European Commission, which produced two reference documents for credential assessors around the world.

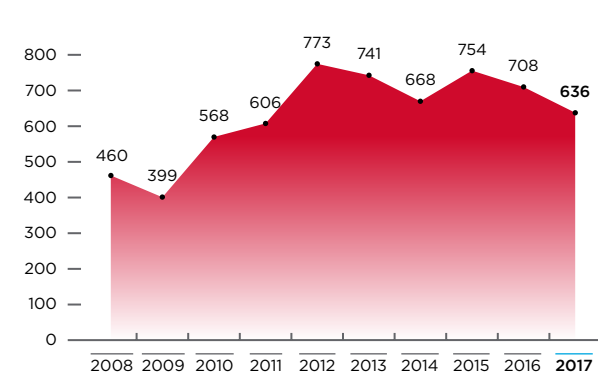
White Paper: Standards for Credential Evaluators

Supervisor & Senior CredentiaLLing Officer, Rebecca Chamula, drafted a white paper entitled, *A Comprehensive List of Standards for Credential Evaluators*. The paper was submitted for discussion at the Symposium on Credential Evaluation Issues, held in Melbourne in April 2017. Several of the standards have been incorporated into recommendations submitted to the Groningen Declaration Network. The goal of this work-in-progress is to standardize credentiaLLing approaches worldwide.

CredentiaLLing Assessment Processing Times

| RESULTS | Benchmark | Actual Wait Time Year-End - 2017 |
|---------------------------|-------------|----------------------------------|
| Files with a Precedent | 10-12 weeks | 5 weeks |
| Files without a Precedent | 16-18 weeks | 12 weeks |

Number of New CredentiaLLing Applications Received 2008-17

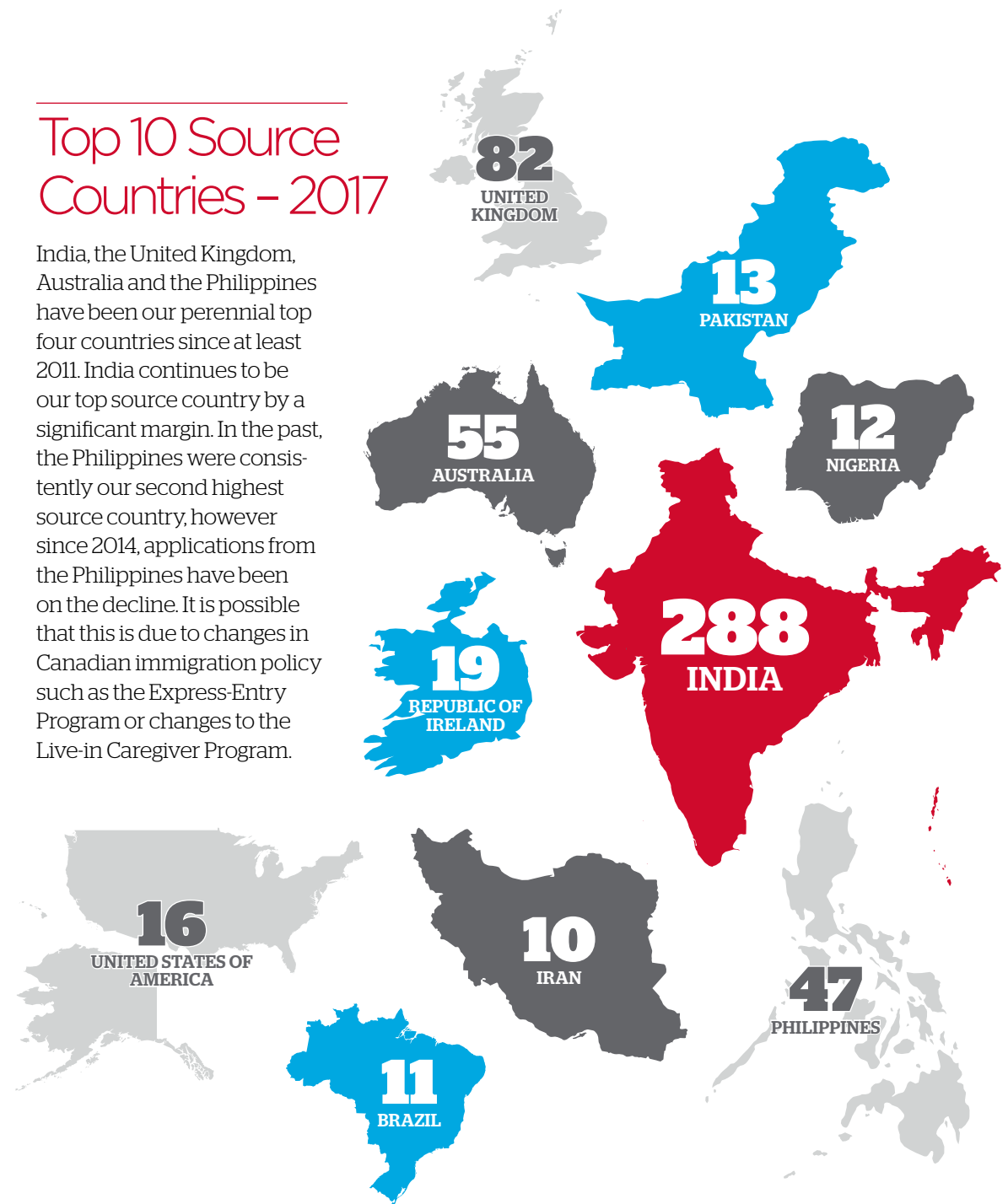


Outcomes of Credential Assessments Completed in 2017

| OUTCOME OF REVIEW | Number | % |
|--|------------|------------|
| Eligible for Exam | 436 | 75.3 |
| Eligible Pending Canadian Health System Course | 37 | 6.4 |
| Eligible Pending Improved Language Only | 15 | 2.6 |
| Eligible Pending Canadian Health & Improved Language | 46 | 7.9 |
| Eligible Pending Other - Degree Verification +/- other | 17 | 2.9 |
| Additional Documents Required: Language Test Score +/- Clinical Hours Info | 22 | 3.8 |
| Unsuccessful - Credentials are Substantially Different | 6 | 1.0 |
| TOTALS | 579 | 100 |

Top 10 Source Countries - 2017

India, the United Kingdom, Australia and the Philippines have been our perennial top four countries since at least 2011. India continues to be our top source country by a significant margin. In the past, the Philippines were consistently our second highest source country, however since 2014, applications from the Philippines have been on the decline. It is possible that this is due to changes in Canadian immigration policy such as the Express-Entry Program or changes to the Live-in Caregiver Program.



Protecting the Public

CAPR's Registrars Committee is composed of the Registrars or Executive Directors of the 11 physiotherapy regulators across Canada plus the Chief Executive Officer of CAPR. The committee serves as a forum for knowledge transfer among the regulators. It supports policy development on issues of national import and it serves as an advisory committee to the CEO, providing regional and regulatory expertise on issues of strategy and policy being considered by the Board.

2017 saw the culmination of several long-term projects supported by the Registrars Committee. The Registrars have made all the tools, guidelines and documents described below available on the CAPR website.

Is It Physiotherapy? - Decision Tool

The delivery of health care, and the physiotherapist's role within it, evolves as our evidence base expands and as demographics and technologies change. In the course of this evolution, the public's safety must be protected. The Registrars Committee developed the *Is It Physiotherapy? - Tool to Consider Emerging Practices* to assist those making decisions related to regulatory scope of practice.

Memorandum of Understanding for Cross-border Services

As technology evolves and allows for healthcare to be provided over a distance, the opportunity exists to provide care that



Signing the Memorandum of Understanding - Cross-border Services Seated: Brenda Hudson (BC)
Standing from left to right: Jo Crossan (NL), Joyce Ling (PEI), Rebecca Bourdage (NB), Joyce Vogelgesang (AB), Shenda Tanchak, (ON), Joan Ross (NS), Brenda McKechnie (MB), Lynn Kuffner (SK). Absent: Denis Pelletier (QC)

crosses jurisdictional borders to reach underserved areas. This ground-breaking Memorandum of Understanding was signed by all physiotherapy regulators in 2017 with the intention of facilitating necessary care across borders within Canada, while ensuring patients are protected. Additionally, three guidelines were developed to support patients and physiotherapists in the areas of tele-rehabilitation and cross-border service delivery.

CAPR Values Statement Regarding the Role of PTA/PRT's

A position statement was created supporting the valued role of the physiotherapist assistant and the physical rehabilitation therapist working alongside physiotherapists, delivering physiotherapy services to those who need them.

Documentation of Good Character

The Registrars Committee, in 2017, adopted

a comprehensive set of recommendations designed to standardize the documentation of good character in all jurisdictions across Canada. In addition, *Good Character and Reputation - Decision-making Guidelines* were approved for use across the country.

Core Standards of Practice for Physiotherapists and Harmonized Code of Ethical Conduct

The bulk of the work on these two milestone documents was completed in 2016, however in 2017 work has continued in provincial and territorial jurisdictions to gain council/board approval, make any necessary regulation changes and fully implement the use of these documents. Our vision is that ultimately all physiotherapists across the country will refer to one harmonized Code of Ethical Conduct and one set of Core Standards of Practice for Physiotherapists.

Valuing Partnerships

The Canadian Alliance of Physiotherapy Regulators recognizes the value brought by collaboration with stakeholders in the Canadian physiotherapy community. In 2017, CAPR, along with its valued partners, completed a number of initiatives contributing to the dialogue on regulation and safe, competent physiotherapy practice in Canada.

NPAG Competency Profile for Physiotherapists in Canada

The National Physiotherapy Advisory Group completed their 4th competency profile for the physiotherapy profession in Canada. This major initiative was led by the Canadian Alliance of Physiotherapy Regulators and the Canadian Council of Physiotherapy University Programs with significant contributions from Physiotherapy Education Accreditation Canada and the Canadian Physiotherapy Association. The work was directed by a Steering Group, supported by physiotherapist subject-matter experts and informed and validated by over 1,500 registered physiotherapists from across Canada who participated in a practice survey. The 7 roles of a physiotherapist that were identified in the previous 2009 competency profile, have been updated into 7 competencies and then taken a step further identifying, for the first time, entry-to-practice milestones. This innovative work will provide the basis for the next examination blueprint, which is scheduled to be completed in 2018.

CCPUP Stakeholder Forum

On March 2, 2017, CAPR hosted a Stakeholder Forum with representatives from the Canadian Council of University Physiotherapy Programs and from the National Association for Clinical Education in Physiotherapy for a day of communication and collaboration. The goal was to explore opportunities to better align Canadian physiotherapy education and physiotherapy competency assessment. CAPR has forged an ongoing partnership with CCPUP to strengthen the links between training and our work. We now hold two “data-dive” meetings per year with the Council plus an annual policy meeting. CCPUP has created a liaison committee to better funnel feedback about the Physiotherapy Competency Exam to CAPR, and the detail in CAPR reports to the academic programs on the PCE performance of their students has been enhanced. CAPR is also working with CCPUP on the new exam blueprint and curriculum guidelines. This collaboration helps us fulfil our mission to support the physiotherapy community in protecting the public.

CNAR Masterclass in Regulation – 2017

The Canadian Network of Agencies for Regulation is the federation of agencies responsible for the protection of the public through the self-regulation of professions and occupations. Annually, CNAR hosts a masterclass workshop in regulation, designed for seasoned regulators wishing to explore issues at the forefront of self-regulation. In 2017, CAPR Chief Executive Officer, Katya

Masnyk and CAPR Board Member and Registrar of the College of Physical Therapists of British Columbia, Dianne Millette along with Katrina Haymond and James T. Casey of Field Law, proposed, planned and hosted the daylong workshop entitled, Assessing Regulatory Performance: Emerging Trends and Best Practices. The workshop’s presentations and conversations advanced the dialogue on the challenging issue of measuring and demonstrating performance in professional regulation. Afterwards, CAPR’s Diana Sinnige, Director, Policy and Communications, documented the proceedings of the day.

Regulatory Risk Studies

CAPR collaborated with the College of Physiotherapists of Ontario and researchers, Susan Glover-Takahashi and Marla Nayer, to contribute data to their research project entitled, *What Ontario Physiotherapist Data Says about Risks to Competence*. This innovative study aimed to identify factors that put physiotherapists at risk of not meeting professional or regulatory commitments during their careers. The study found that candidates with higher scores on the PCE do better on Quality Assurance practice assessments, while those who fail the exam on the first attempt are more likely to be the subject of an investigation that results in actions taken by the college. The authors conclude that not doing well on the PCE is “a risk to competence in the future”. CAPR has also contributed to similar research currently underway in Alberta. Those results should be available in 2018.

a bold strategy

This year saw the close of the 2012-2017 Strategic Plan and the development and approval of a fresh strategy for 2018-2022.

Major Accomplishments 2012-2017

The past five years have witnessed the achievements of many major milestones for CAPR. Some highlights include:

- A full governance review with recommendations implemented
- Revamped credentialing standards and processes with a dramatic decrease in applicant wait times
- An external review of the CAPR Examinations Program
- Upgrading of the Written Component of the PCE from pencil and paper to a computerized platform
- Launch of a redesigned website, including a Members' Site and award-winning, pre-arrival communications tools for candidates
- Launch of CAPR's social media presence, including a Facebook page, an email newsletter and regular What's New postings on our website
- Development of pan-Canadian core practice standards and a single regulatory Code of Ethical Conduct for the profession.

A New Strategic Framework for 2018-2022

An extensive consultation process, that included internal and external stakeholders, was completed in 2017 which shaped the creation of our next strategic framework. In December 2017, the Board of Directors approved a wholly updated framework: Vision, Mission, Values and Strategic Objectives for 2018 to 2022.

While continuing to focus on excellence in credentialing and assessment services,

the Board has added an emphasis on increased partnerships, data sharing, a joint research agenda and collaboration with all physiotherapy partner organizations in Canada. Our goal through these collaborations is to better understand the risks to, and supports for safe, ethical and competent physiotherapy practice. CAPR will also continue its work on excellence in regulatory policy by focusing on projects to coordinate registration requirements and practice standards across Canada.



Vision

EVERY PHYSIOTHERAPIST IS
A COMPETENT AND ETHICAL
PHYSIOTHERAPIST

Mission

TO SUPPORT THE
PHYSIOTHERAPY COMMUNITY
IN PROTECTING THE PUBLIC

Values

SERVING THE PUBLIC
INTEREST

EXCELLENCE

INTEGRITY

COLLABORATION

TRANSPARENCY

GOOD GOVERNANCE

Strategic Objectives 2018–2022

Ensure Excellence in Evaluation Services

- Through innovation and evidence-based policy-making, develop and implement leading edge competency assessment
- Implement an effective and efficient governance model for evaluation services
- Continue to be leaders in education credential assessment

Engage Stakeholders

- Develop collaborative, research-based processes to inform the development of a single system of ensuring competency of physiotherapists
- Collaboratively develop and implement a single Physiotherapy Identification Number (PIN)
- Develop and implement a communication strategy to engage all stakeholders

Cultivate Regulatory Excellence

- Proactively explore the harmonization of regulatory processes to enhance regulatory effectiveness and achieve efficiencies
- Continue collaborative policy work, environmental scanning and the sharing of information to protect the public interest



Demonstrating Accountability



MacGillivray
Chartered Accountants & Business Advisors

Gail C. Almand, CPA, CA
Brian L. Braun, CPA, CA
George Karteros, CPA, CA
Jamie R. Mitchell, CPA, CA, CBV
David J. Straughan, CPA, CA

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REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

The accompanying summary financial statements, which comprise the summary statement of financial position as at December 31, 2017, and the summary statement of operations for the year then ended, are derived from the audited financial statements of The Canadian Alliance of Physiotherapy Regulators for the year ended December 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated April 3, 2018.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of The Canadian Alliance of Physiotherapy Regulators.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with the criteria disclosed in the summary financial statements.

Auditors' Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810 "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of The Canadian Alliance of Physiotherapy Regulators for the year ended December 31, 2017 are a fair summary of those financial statements, in accordance with the criteria disclosed in the summary financial statements.

MacGillivray Brampton

Chartered Accountants
Licensed Public Accountants

Mississauga, Ontario
April 3, 2018

Summary Statement of Financial Position AS AT DECEMBER 31, 2017

| | 2017 | 2016 |
|--|---------------------|--------------|
| ASSETS | | |
| Current | | |
| Cash | \$ 2,591,883 | \$ 1,887,091 |
| Short-term investments | 2,267,286 | 2,398,918 |
| Accounts receivable | 272,634 | 3,162 |
| Prepaid expenses | 112,443 | 126,468 |
| | 5,244,246 | 4,415,639 |
| Capital assets | 514,412 | 100,286 |
| Investments | 203,194 | 304,503 |
| | \$ 5,961,852 | \$ 4,820,428 |
| LIABILITIES | | |
| Current | | |
| Accounts payable and accrued liabilities | \$ 864,837 | \$ 467,057 |
| Deferred revenue | 898,851 | 905,756 |
| | 1,763,688 | 1,372,813 |
| Deferred leasehold inducement | 262,285 | — |
| | \$ 2,025,973 | \$ 1,372,813 |
| NET ASSETS | | |
| Invested in capital assets | \$ 252,127 | \$ 100,286 |
| Contingency reserve | 1,467,187 | 1,517,227 |
| Designated reserve | 515,184 | 532,134 |
| Unrestricted | 1,701,381 | 1,297,968 |
| | 3,935,879 | 3,447,615 |
| | \$ 5,961,852 | \$ 4,820,428 |

Applied criteria in the preparation of the financial statements

The criteria applied by management in the preparation of these summary financial statements are as follows;

- a) the information in the summary financial statements is in agreement with the related information in the complete financial statements; and
- b) the summary financial statements contain all the information necessary to avoid distorting or obscuring matters disclosed in the complete set of financial statements, including the notes therein.

Management determined that the statement of changes in net assets and the statement of cash flows do not provide additional useful information and as such has not included them as part of the summary financial statements.

The complete audited financial statements of The Canadian Alliance of Physiotherapy Regulators can be obtained from the Organization upon request.

Summary Statement of Operations

FOR THE YEAR ENDED DECEMBER 31, 2017

| | 2017 | 2016 |
|--|---------------------|---------------------|
| Revenue | | |
| Examination fees | \$ 4,676,436 | \$ 4,290,957 |
| Credentialing fees | 665,046 | 716,934 |
| Registrant levies | 461,088 | 437,206 |
| Investment income | 152,736 | 90,349 |
| Other | 27,864 | 33,335 |
| Member fees | 6,132 | 6,113 |
| | \$ 5,989,302 | \$ 5,574,894 |
| Expenses | | |
| Salaries and benefits | 2,147,352 | 2,038,372 |
| Clinical examination | 1,615,176 | 1,468,946 |
| Written examination | 595,703 | 607,886 |
| Occupancy | 266,060 | 241,902 |
| Administration and office | 263,240 | 326,429 |
| Special projects | 150,920 | 206,089 |
| Bank charges and credit card fees | 104,637 | 98,904 |
| Staff travel and development | 100,118 | 62,154 |
| Committees | 76,603 | 40,659 |
| Amortization | 67,954 | 71,348 |
| General meetings | 34,811 | 51,251 |
| Professional fees | 27,787 | 34,985 |
| Credentialing expenses | 23,666 | 30,128 |
| Membership fees | 14,408 | 8,514 |
| Translation | 12,603 | 13,010 |
| | \$ 5,501,038 | \$ 5,300,577 |
| Excess of revenue over expenditures | | |
| | \$ 488,264 | \$ 274,317 |



CAPR Award of Distinction

The Canadian Alliance of Physiotherapy Regulators Award of Distinction is presented to an individual who has made an outstanding contribution to a regulatory organization or to physiotherapy regulation in general.

The recipient is someone who represents the following characteristics:

- exemplification of professionalism
- commitment to promoting public-interest values and ethical conduct
- commitment to best practice in conducting regulatory affairs
- ethical problem solving and decision making
- commitment to mentoring, guidance and sharing with colleagues

2017 CAPR Award of Distinction: **Nancy Cho**

Nancy Cho has dedicated her professional life to physiotherapy in the province of British Columbia and has supported the Canadian Alliance of Physiotherapy Regulators almost since its inception. Nancy has been providing professional leadership for decades. At the College of Physical Therapists of British Columbia, Nancy leads the Registrant Competency Assessment Committee and was the Committee Chair of the Volunteer Experience & Causes Committee. She is the Chair of the British Columbia Leadership Council, a forum for physiotherapy leaders – regulatory,

professional and educational – from across the province. Nancy is the Regional Practice Lead for the roughly 400 physiotherapists and rehabilitation assistants working at Vancouver Coastal Health. She is also on the Nurse Practitioner Exam Committee for the College of Registered Nurses of BC. At CAPR, Nancy is a long-term supporter and volunteer, actively participating in exam development since 1990. Notably, she has chaired the Written Test Development Group since 2002. In this capacity, she has mentored Regional Chairs from across Canada to develop high-quality exam content. Her

Previous Award Recipients:

Beth Maloney Award

- 2000 **Cathryn Beggs**
- 2001 **Marilyn Atkins**
- 2002 **Brenda McKechnie**
- 2003 **Steve Lawless**
- 2004 **Sue Turner**
- 2005 **Louise Bleau**
- 2006 **Susan Glover Takahashi**
- 2007 **Margaret Warcup**
- 2008 **Laura May**
- 2009 **Dianne Millette**
- 2010 **Jan Robinson**

CAPR Award of Distinction

- 2011 **Joyce Vogelgesang**
- 2012 **Lori Neill**
- 2013 **Brenda McKechnie**
- 2014 **Monika (Moni) Fricke**
- 2015 **Helen McKay**
- 2016 **Brenda Hudson and Sue Murphy**

President, Brandy Green, presents 2017 CAPR Award of Distinction to recipient Nancy Cho



size of the site. Nancy approached these with a “can do” attitude that made our jobs at CAPR much easier. Nancy is a warm, welcoming, conscientious, thorough individual with a good sense of humour. CAPR is proud to recognize and honour Nancy Cho with the CAPR Award of Distinction.



The Steering Group of the Physiotherapy Practice Profile Project.
Pictured from left to right: Bernadette Martin, Katya Masnyk, Kathy Davidson, Brandy Green, Sue Murphy, Richard Debigaré, Keith Johnson, Diane Parker-Taillon and David Cane.
Absent: Michael Brennan, Linda Woodhouse, Sharon Switzer-MacIntyre.

Celebrating Volunteers

Evaluation Services Committee

- Mark Hall, *Acting Chair*
- Roger Hur
- Marla Nayer
- Ann Reid
- Dragana Susic
- Janelle Van Heeren
- Joyce Vogelgesang

Board of Examiners

- Victor Brittain, *Chair*
- Joyce Sharum
- Peter Dilworth
- Darryn Mandel
- Neil MacHutcheon
- Kristin Taylor
- Cheri Gunn
- Tyler Friesen

Appeals Resource Group

- Nancy Cho
- Cynthia Lambert
- Élise Bouchard
- Gareth Sneath
- Greg Heikoop
- Susan Murphy
- Victorina Baxan
- Joyce Vogelgesang

Key Validation Group

- Nancy Cho, *Chair until April*
- Sandy Rennie, *Chair after April*
- Catherine Le Cornu-Levett
- Stacey McPhail
- Anastasia Newman
- Gillian Manson

Written Test Development Group, Written Item Generation Teams

National Chair

Sandy Rennie

British Columbia

Catherine Le Cornu-Levett, *Chair*
Helen Bolton, *Interim Chair*
Sophia Zhao
Kelsey Van Stolk (Grubb)

Alberta

Karen McIntosh, *Interim Chair*
Julie Stenner
Susan Bocchinfuso
Amarjeet Saini

Saskatchewan

Bonnie Maclean, *Chair*
Jocelyn Krieg
Lacey Pederson

Manitoba

Rudy Niebuhr, *Chair*
Mirei Belton
Angelique Beaudette
Megan Ferrone
Blake Richison

Toronto

Janice Owen, *Chair*
Janet Bowring
Gina Lam
Adrienne Murawiecki
David Sun

Quebec

Manuela Materassi, *Chair*
Sharon Ho
Giuseppe Paziienza
Amanda Lee
Raji Cambow

Nova Scotia

Kate Grosweiner, *Chair*
Mark MacKenzie
Nancy Walker
Reta Holland
Stephen Richey
Matt Bethune

Ottawa

Melissa Cormier, *Chair*
Benjamin Tobali
Carole McMaster
Laura Lunn
Rachel Goard
Erin Morgan-Donnelly

Clinical Test Development Group, Clinical Item Generation Teams

National Chair

Cheri Gunn

British Columbia

Rosalyn Jones, *Chair*
Joseph Anthony
Jo Moorhen
Joanna Gueret
Dee Malinsky

Alberta

Mona Iyizoba, *Chair*
David Benterud
Stacy Culbert
Tara Willes
Roel Buenaventura

Saskatchewan

Soo Kim, *Chair*
Susan Tupper
Melissa Koenig
Kristen Quigley

Hamilton

Barbara Pollock, *Chair*
Gillian Manson
Denise Lai
Anastasia Newman
Jessica Pilon-Bignell

Toronto

Keith McQuade, *Chair*
Mindi Goodman
Bansi Shah
Catherine Patterson
Sandy Lyeo

Kingston

Diana Hopkins-Rosseel, *Chair*
(Tasos) Tom Doulas, *back-up Chair*
Graeme Leverette
Lucie Pelland
Kate Attwood
Jennifer Patelli

Nova Scotia

Suzanne Taylor, *Chair*
Janice Palmer
Alison McDonald
Krista Sweet
Jessica Roy

Manitoba

Ricky Paggao, *Chair*
Jessica Marasco
Leah Dlot
Heather Kattenfeld
Karen Malenchak

Recognizing Staff – 2017

Katya Masnyk, *CEO*

Valerie MacGregor,
Corporate Director, Finance and Operations

Heather Campbell,
National Director, Evaluation Services

Diana Sinnige,
Policy & Communications Lead

Hervé Jodouin,
Psychometric Advisor & Research Lead

Ruth Pereira
Zara Armstrong
Rebecca Chamula
Jenny Choi
Nancy Durrant
Erin Gollaher
Keisha Gudge
Gillian Japal
Jennifer Lippa
Shereen Mir-Jabbar
Maureen Okojie
Nancy Osadetz
Delon Pereira
Adam Sayers
Laura Segal
Carena Tran
Krista-Lee Walters
Lindsay Weidelich
Aya Xuan
Adryan Zorec



CAPR
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of Physiotherapy
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