



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

**AGENDA**

*October 12, 2018*

*At*

*The College Board Room*

*375 University Avenue, Suite 800, Toronto*

**9:00 AM**

**Welcome**

**1 Approval of the Agenda**

**Motion** For Decision

**2 Interim Registrar's Report**

For Information

**3 Appointment of New Committee Members: Inquiries, Reports and  
Complaints Committee and Discipline and Fitness to Practise Committees.**

**Motion** For Decision

**10:00 AM**

**4 Denise Cole, Assistant Deputy Minister**

For Information

**5 Quality Assurance Program Review**

**Motion** For Decision

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 items that were identified by the Quality Assurance Working Group

**6 Advertising Standard: Emerging Issues**

**Motion** For Decision

The Inquiries, Complaints and Reports Committee has requested that Council consider revisiting the Advertising Standard in light of concerns about enforcement and its public protection value.

**7 Q1 Financial Reports**

For Information

**8 Motion to go *in camera* pursuant to sub sections 7(2)(c) and (d) of the  
Health Professions Procedural Code**

**Motion** For Decision



**9 President's Report**

- Q1 Committee Activity Summary
- Executive Committee Report

**10 Member's Motions**

**Motion** For Decision

**Adjournment**

**Future Council Meeting Dates:**

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



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
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**Motion No.: 1.0**

**Council Meeting  
October 12, 2018**

**Agenda #1.0: Approval of the agenda**

**It is moved by**

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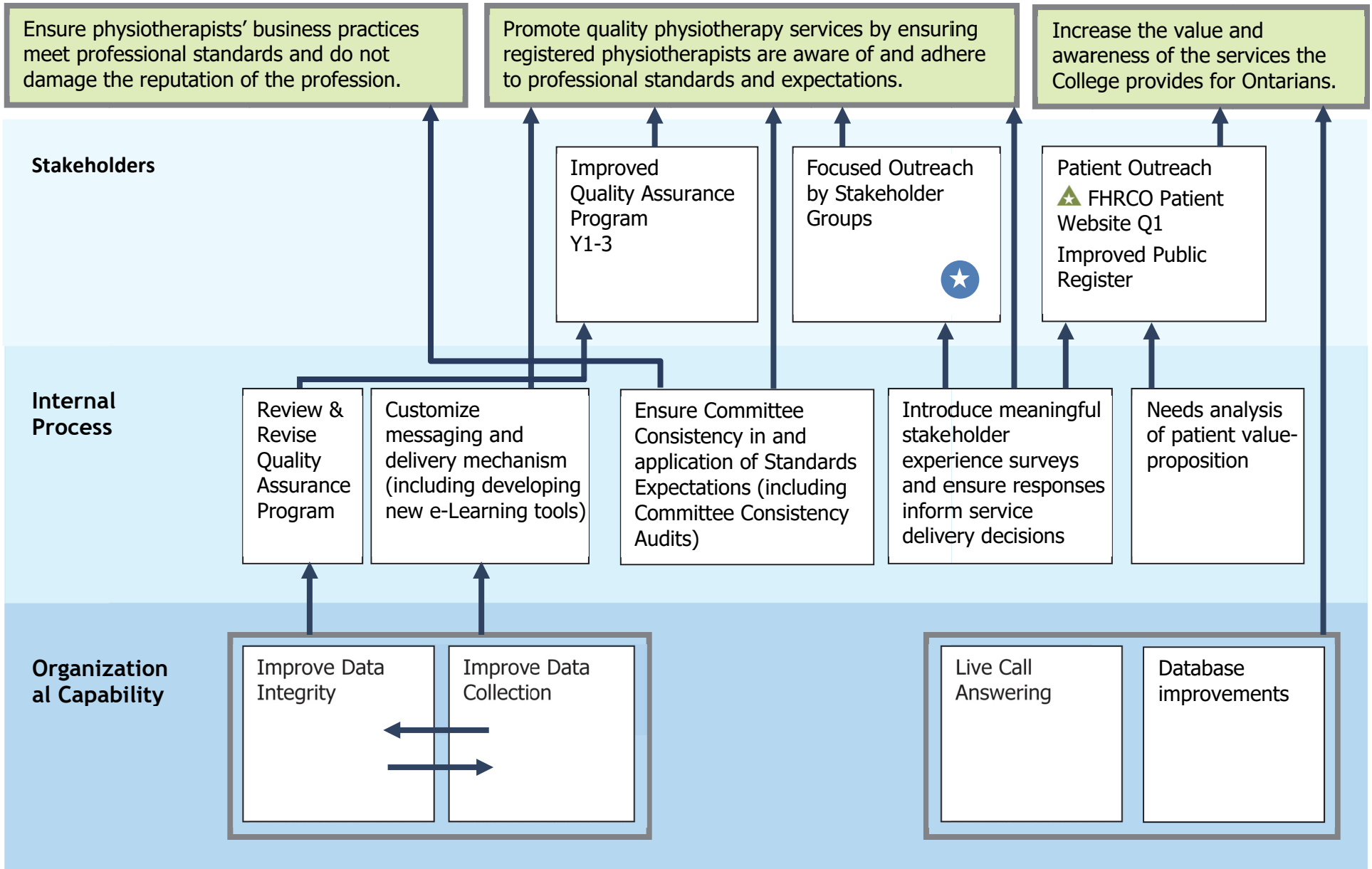
**and seconded by**

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**that:**

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

# Strategy Map 2017–2020



Ongoing/External



Y1: Supervisors, Students, Educators

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

## Agenda #2

Interim Registrar's Report

(to be presented verbally)



COLLEGE OF  
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**Motion No.: 3.0**

**Council Meeting  
October 12, 2018**

**Agenda #3.0: Appointment of New Committee Members**

**It is moved by**

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**and seconded by**

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**that:**

Council appoint Heather Anders and Sue Grebe to the College's Discipline and Fitness to Practise Committees and Monica Clarke to the ICRC as non-council committee members, effective October 12, 2018.

<b>Meeting Date:</b>	October 12, 2018
<b>Agenda Item #:</b>	3.0
<b>Issue:</b>	Appointment of Committee Members to the ICRC and Discipline/Fitness to Practise Committees
<b>Submitted by:</b>	Rod Hamilton, Interim Registrar

**Issue:**

Council is asked to appoint one non-Council committee member to the Inquiries Complaints and Reports Committee (ICRC) and two non-Council committee members to the Discipline/Fitness to Practise Committees.

**Background:**

In keeping with its usual process, in June of this year Council approved the College's committee slate.

Councillors may also recall that when the slate was approved, some of the membership slots were not filled, specifically in the composition of the ICRC and Discipline/Fitness to Practise Committees.

These gaps were the result of an identified need to recruit professional members with current practice experience into these Committee roles.

To identify potential candidates for these roles, staff used the same competency-based appointment process for non-Council committee members first piloted in 2016 to fill vacancies that existed on the Discipline/Fitness to Practise Committees. See Appendix One for an overview of this process.

Status of the Recruitment

At the time of the slate approval in June, the recruitment process was underway.

The committee opportunities had been advertised and applications were being received. Ultimately, more than 20 applications were received.

Each of these applications was pre-screened based on the following criteria:

- At least 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 facilitate the reviewing of issues and cases, formulating opinions and conveying 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)

This preliminary review identified five potential candidates for the three roles that were available.

These five candidates were interviewed by the Associate Registrars.

The interviews concentrated on determining which candidates had the strongest skills in the following domains:

- Knowledge of the standards of practice of the profession
- Knowledge of the College's role
- Understanding of the public interest
- Excellent communication skills to facilitate the reviewing of issues and cases, formulating opinions and conveying the reasons for the opinions
- Comfort with using technology to review electronic meeting materials

### Recommended Candidates

Based on the interviews, three potential candidates were identified for the committee appointments.

For the Discipline/Fitness to Practise Committee:

- Heather Anders
- Sue Grebe

For the ICRC:

- Monica Clarke

College staff also reviewed the College records and confirmed that these candidates do not have prior history with the College.

The resumes of Heather, Sue and Monica are attached.

Also attached is a copy the College's committee slate with the proposed changes highlighted.

### **Decision Sought:**

That Council appoint Heather Anders and Sue Grebe to the College's Discipline and Fitness to Practise Committees and Monica Clarke to the ICRC.



**Attachments:**

- Resume – Heather Anders (seperate attachment)
- Resume – Sue Grebe (seperate attachment)
- Resume – Monica Clarke (seperate attachment)
- College Committee Slate with proposed changes
- Appendix One – Competency-based recruitment process



COLLEGE COMMITTEE STRUCTURE & COMPOSITION – OCTOBER JUNE, 2018

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
EXECUTIVE	5 people: <ul style="list-style-type: none"> <li>At least 3 Professional Members of Council</li> <li>At least 1 but not more than 2 Public Appointees</li> <li>Must include President and Vice President</li> </ul>	<b>Gary Rehan (Chair)</b> 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"> <li>2 Professional Members of Council</li> <li>2 Public Appointees</li> <li>1 Professional Member</li> </ul>	Theresa Stevens Gary Rehan  <b>Tyrone Skanes (Chair)</b> Jane Darville Ken Moreau  <u>Monica Clarke</u> 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"> <li>2 Professional Members of Council</li> <li>3 Public Appointees</li> <li>1 Professional Members</li> </ul>	Darryn Mandel Lisa Tichband Janet Law  Zita Devan <b>Ron Bourret (Chair)</b> James Lee  Lori Neill Sheila Cameron Jim Wernham Daniel Negro <u>Heather Anders</u> TBD <u>Sue Grebe</u> 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	MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
QUALITY ASSURANCE	At least 6 people, at least: <ul style="list-style-type: none"> <li>2 Professional Members of Council</li> <li>2 Public Appointees</li> <li>2 Professional Members</li> </ul>	<b>Theresa Stevens (Chair)</b> 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"> <li>1 Professional Member of Council</li> <li>1 Academic Member</li> <li>2 Public Appointees</li> <li>1 Professional Member</li> </ul>	Sharee Mandel  Martin Bilodeau  <b>Jennifer Dolling (Chair)</b> 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"> <li>2 Professional Members of Council</li> <li>1 Public Appointee</li> <li>1 Professional Member</li> </ul>	Mark Ruggiero Kathleen Norman  <b>Jennifer Dolling (Chair)</b>  Jatinder Bains	The Committee is to advise Council with respect to the patient relations program and to administer the program to provide funding for therapy and counselling.	Anita Ashton
FINANCE (non statutory)	President  Vice President  3 Councillors at least 1 or 2 Public Appointees	Gary Rehan  Darryn Mandel  Mark Ruggiero Nicole Graham  <b>James Lee (Chair)</b>	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		

## Appendix One

### Competency Based Non-Council Committee Member Appointment Process

#### Overview

The competency-based appointment process requires the College to do three things:

1. Identify the key competencies and characteristics required of non-council committee members for each committee.
2. Recruit physiotherapists who are interested in sitting on committees.
3. Screen interested candidates to ensure they demonstrate the required competencies for committee membership.

#### Part One – Key competencies and characteristics of potential committee members

General competencies:

- Intelligence
- Open-mindedness
- Integrity
- Literacy/language competence
- Basic degree of technological aptitude

College required characteristics:

- Is not an advocate for any organization whose mandate conflicts with the College's mandate
- Is not currently involved with the College in any other paid role (i.e., consultant, assessor, coach)
- Has not 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)
- Has knowledge of the College's current standards of practice
- Has at least five years experience working as a physiotherapist in Ontario
- Has knowledge of the College's role
- Has understanding of the public interest
- Is available to participate in committee meetings
- Is willing to undertake the required preparation

#### Part Two – Recruitment Plan

When committee members are needed, the College will issue a call for applicants.

This call for applicants will detail the specifics of the role including:

- The committee appointment(s) being recruited
- The competencies/characteristics required by potential candidates
- The application process (i.e. submission of C.V. and expression of interest)

The recruitment notice will be issued by the College through its communication channels.

### **Part Three – The Screening Process**

After the recruitment notice has been issued, applicants would be screened. This screening process would normally involve the following steps:

- Pre-screening of C.V.s by College staff. This review would be based on the minimum competencies/characteristics required of committee members. It would also ensure that the member had no disqualifying interactions with the College.
- Screening of applicants' C.V.s by committee program manager.
- Interviewing of applicants by committee program managers. These might be either by technology or in person.

Once this process was complete, the recommendations of staff would be subject to review by Council, so no commitment could be made to potential committee members until the appointment is ratified by Council.

### **Potential Benefits**

This proposed method of recruiting committee members has a number of potential benefits including the following:

- It enables the College to recruit committee members who have the competencies that committees require.
- It has the potential to eliminate the appearance of bias or nepotism associated with the way the College has previously recruited committee members by establishing both transparent competencies and a transparent application process.
- It recruits from a wider base of potential applicants so that applicants might be more skilled
- It provides a clear rationale why people should be removed from committees or moved from committee to committee.
- It reinforces the College's commitment to openness and transparency in its processes.

## Agenda #4

Denise Cole, Assistant Deputy Minister



COLLEGE OF  
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**Motion No.: 5.0**

**Council Meeting  
October 12, 2018**

**Agenda #5.0: Quality Assurance Program Review**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the recommendation by the Quality Assurance Working Group to remove the additional random selection of physiotherapists who are “above threshold” after the remote assessment to do an on-site assessment.



COLLEGE OF  
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of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 5.1**

**Council Meeting  
October 12, 2018**

**Agenda #5.0: Quality Assurance Program Review**

**It is moved by**

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**and seconded by**

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**that:**

Council approve the recommendation by the Quality Assurance Working Group that non-clinical PTs should engage in practice assessments in the new Quality Assurance Program.



<b>Meeting Date:</b>	October 12, 2018
<b>Agenda Item #:</b>	5.0
<b>Issue:</b>	Quality Assurance Program Review – Project Update
<b>Submitted by:</b>	Joyce Huang, Strategic Projects Manager

**Issue:**

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

Council assigned to the Quality Assurance Working Group the role of providing policy direction regarding the review and development of the Quality Assurance Program. A project plan was established 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.

**Project Update:**

Since April 2018, staff and the QAWG have been carrying out work based on the established project plan to develop new components of the QA program and review existing components. At this time, there are two key updates regarding the status of the project.

*1. Phase 1 Implementation in April 2019*

In the previous project plan, it was anticipated that the College would begin pilot testing the new and revised practice assessment tools in December 2018. Due to the deferral of the discussion about the QA Program Review at the June 2018 Council meeting, some of the project milestones needed to be deferred. As a result, an adjustment has been made to the project plan to begin the pilot testing phase in April 2019.

At their June 2018 meeting, the QAWG noted that since the pilot test assessments will result in real outcomes for members, using tools that have been validated, they are in fact part of the implementation of the new program, and can be considered Phase 1 Implementation of the new QA Program. Therefore this

adjustment in the timing of the pilot testing does not impact the College's ability to meet its prior commitment to implement the new QA program in April 2019.

## *2. Development of Technology Tools Underway*

Staff have begun working with technology vendors to develop technology tools that will support the new QA program and assessment processes. The development work will take place over the fall, with the goal of having the tools fully tested and ready for implementation in early 2019.

An updated project plan and timeline, which includes the adjustments to the project milestones noted above and additional details about the assessment tool development work, is attached as Appendix 2.

### **Work Completed to Date:**

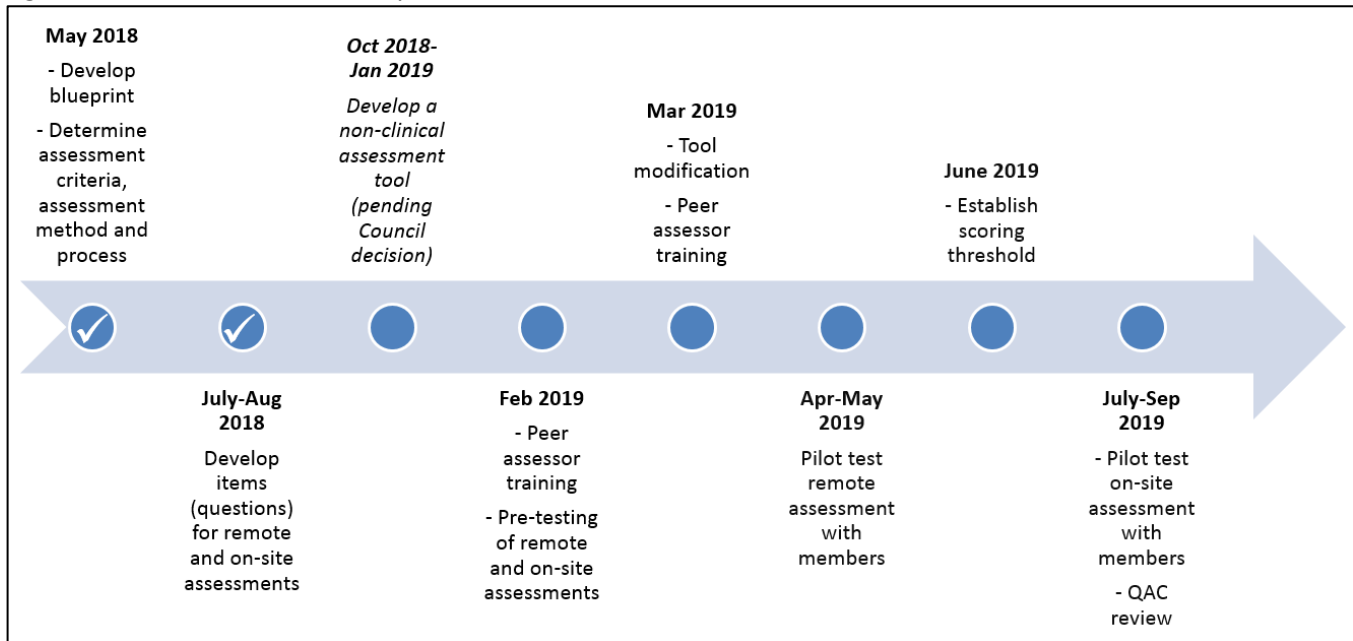
The most significant work that has been completed to date is the development of a new remote assessment tool and the revision of the on-site assessment tool. Below is a detailed update regarding this work.

#### Hiring an Assessment Consultant

Staff identified the need to hire an external consultant with expertise and experience in competency assessment to assist the College with the development and revision of the QA assessment tools. Staff published a Request for Proposal in early 2018 to seek potential consultants, and received three proposals. At its March 2018 meeting, the QAWG considered the proposals received from potential consultants, and selected iComp Consulting Inc. as the assessment consultant for this project.

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 (see Figure 1 below).

Figure 1: Assessment Tool Development Process and Timeline



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

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

*Assessment Format*

The QAWG approved the consultant’s recommendation to use 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 recommended 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 was 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.

Ms. Worsfold reviewed research and consultation feedback previously collected by the College, the NPAG *Competency Profile for Physiotherapists in Canada (2017)*, and College Standards. Ms. Worsfold 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.

At their June 2018 meeting, the QAWG approved the list of assessment criteria for the behaviour-based interview questions for the purpose of item (question) development. At their September 2018, the QAWG made further refinements to the assessment content for the pre-questionnaire, the remote assessment, and the on-site assessment. The QAWG approved this updated assessment content for the purpose of further tool development and pre-testing. The full assessment blueprint is included for information in Appendix 3.

#### Developing Behaviour-based Interview Questions for the Remote and On-site Assessments

The item (question) development work took place in July 2018. The item writing for the remote and on-site assessments was conducted over one (1) in-person meeting and two (2) webinar sessions. A total of eight (8) practising physiotherapists engaged in the item writing. The participants represented several areas of the province and a variety of practice settings. During the item writing, the group worked from the topics indicated in the assessment blueprint approved by the QAWG, which included competencies from the *NPAG Competency Profile for Physiotherapists in Canada (2017)* and expectations from the College's Standards of Practice.

At their September 2018 meeting, the QAWG conducted a detailed item-by-item review of the draft behaviour-based questions. The QAWG provided detailed feedback and suggested changes to the questions, performance indicators, and whether the competency is best assessed as part of the pre-questionnaire, remote assessment, or on-site assessment. The QAWG approved the draft questions with their suggested changes for the purpose of pre-testing.

#### **Issues for Council Decision and Direction:**

Part of the QAWG's responsibilities is to identify items that are discussed at the QAWG that should be brought forward to Council for direction or decision-making. The QAWG identified a number of items for which they are seeking direction and decisions from Council. Other items considered by the QAWG for which they provided direction are also brought forward to Council for their information.

The list of items are presented below, starting with items requiring Council decision, followed by items requiring Council direction, then items for information.



1. For Decision Items

<b>Item/Topic</b>	Randomly select PTs who are “above threshold” after the remote assessment to do an on-site assessment
<b>Details</b>	<p>Council discussions indicated that there is a need to re-consider the use of an additional component of random selection to blind the selection process for the on-site assessment in light of the consultation feedback.</p> <p>The QAWG considered the consultation feedback that expressed reservations about the effectiveness of using random selection in the assessment process to blind the selection for on-site assessments. The QAWG also acknowledged the potential value of the data from this random selection group for evaluation and research.</p> <p>The QAWG directed staff to seek advice from the assessment consultant regarding program evaluation methods and the need for data from a random selection group in the assessment process.</p> <p>Staff held preliminary discussions with the assessment consultant regarding program evaluation and the data needs for evaluation. All but one evaluation question could be answered effectively without data from a random selection group. The evaluation question is regarding the sensitivity of the assessment tool in identifying members who require remediation.</p> <p>The QAWG sought further advice from the consultant regarding alternative ways to collect data to assess the sensitivity of the tool without random selection from the “above threshold” group of physiotherapists. The consultant indicated that it would be possible by setting the scoring threshold such that physiotherapists who are at the “borderline” of the threshold also go on to the on-site assessment. The QAWG agreed that this alternate approach is preferable, so that members who performed well on the remote assessment are not unnecessarily required to do an on-site assessment.</p> <p>Therefore the Working Group made the recommendation that the random selection from the “above threshold” group to do an on-site assessment be removed from the new Quality Assurance program.</p>
<b>Council Decision/Direction Sought</b>	That Council approves the recommendation by the QAWG to remove the additional random selection of physiotherapists who are “above threshold” after the remote assessment to do an on-site assessment.



<b>Item/Topic</b>	Assessing Non-Clinical Physiotherapists
<b>Details</b>	<p>One of the questions previously identified for further consideration was whether physiotherapists working in a non-clinical role should participate in a practice assessment. In the current QA Program, PTs who work in a non-clinical role are not required to participate in a peer assessment. Consultation feedback indicates that there is some support among members to engage non-clinical physiotherapists in a practice assessment, particularly if they have influence directly or indirectly on patient care.</p> <p>The QAWG agreed that members working in a non-clinical role where they do influence practice should be assessed. The QAWG noted that further consideration is needed regarding the format and content of a practice assessment for non-clinical physiotherapists, and directed staff to conduct further exploration of potential content for a non-clinical assessment tool.</p> <p>Ms. Worsfold from iComp Consulting led three focus group discussions with members whose practice is non-clinical in nature to review and identify a list of competencies and expectations that should be included in a potential non-clinical assessment. Based on the focus group discussions, a list of proposed assessment criteria for a remote and in-depth assessment for non-clinical PTs was identified.</p> <p>The QAWG considered the proposed list of assessment criteria for non-clinical PTs, and confirmed their earlier recommendation that non-clinical PTs should engage in practice assessments in the new QA Program. The QAWG directed staff to develop a non-clinical assessment tool.</p> <p>The QAWG further noted that there is a need to determine a threshold for engaging in a non-clinical assessment based on “degree of separation” from patient care. This issue will be considered as part of the tool development work.</p>
<b>Council Decision/Direction Sought</b>	That Council approves the recommendation by the QAWG that non-clinical PTs should engage in practice assessments in the new QA Program.



## 2. For Direction Items

Item/Topic	Confirmation that members have the required written policies in place as part of the pre-questionnaire
<b>Details</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• Written process for routinely reviewing fees, billings and accounts</li> <li>• Written instructions on how to manage adverse events when performing a controlled act</li> <li>• Written communication plan when working with PTAs</li> <li>• Written protocols for infection prevention and control</li> <li>• Written process for routinely reviewing the maintenance and safety of equipment</li> </ul> <p>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.</p> <p>During the QAWG discussion, three potential approaches for this component of the assessment were considered.</p> <ol style="list-style-type: none"> <li>1. 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 asked to confirm that they have the required policies in place or to submit copies of the policies.</li> <li>2. Ask members to confirm that they have the required written policies and procedures in place (using yes/no declaration statements), with links to Standards and resources, but members would not be asked to submit copies of the policies. This is the approach recommended by the assessment consultant.</li> <li>3. 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, as the College does not currently have standards regarding the content of these written policies. <i>(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.)</i></li> </ol>



# Council

<b>Council Decision/Direction Sought</b>	<p>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.</p> <p>Council may wish to consider whether this component of the assessment should serve an educational purpose or an enforcement purpose.</p>
<b>Item/Topic</b>	Including a component of feedback/coaching by the assessor in the on-site visit
<b>Details</b>	<p>Historically, the philosophy of the QA Program is based on the principle of continuing education. Some component of feedback/coaching by the assessor has been a part of the peer assessment since the current iteration of the QA Program began in 2004. The ongoing feedback collected from members who have gone through a peer assessment indicate that they value the collegial discussion, feedback and learning that occur during the peer assessment. The consultation feedback collected as part of the QA program review also echoes that view.</p> <p>As part of the QA Program Review discussions, Council provided the direction that the goal of the QA Program going forward is to ensure that all PTs meet minimum standards for competence and quality.</p> <p>The QAWG considered whether and how the feedback/coaching component could be retained in the revised on-site assessment process. In their discussion, the QAWG noted the need to consider what is the proper role of the peer assessor as defined in legislation, and whether it is desirable to maintain a collegial and supportive approach to practice assessments going forward.</p> <p>The College’s Quality Assurance Regulations indicate that the peer assessor’s role is to carry out the practice assessment, and provide a report to the QA Committee. The QA Committee then determines whether the member’s knowledge, skill or judgment is satisfactory. The QAWG wondered whether the assessor would be acting outside of their authority by providing feedback to the member during the practice assessment itself. During their discussion, the assessment consultant indicated that it would be possible to provide training to assessors so that they provide feedback to the member after conducting the on-site assessment in a neutral way, while making it clear that they are not making any determinations about the member’s performance.</p> <p>The QAWG indicated that there is a need to seek feedback from Council on this issue.</p>





<b>Council Decision/Direction Sought</b>	<p>The QAWG is seeking Council’s feedback on two questions:</p> <ol style="list-style-type: none"> <li>1. Whether it would be appropriate for the assessor to provide members with some feedback/coaching after they complete the on-site assessment, but before they conclude their on-site visit.</li> <li>2. Whether there is a desire to maintain the collegial and supportive approach to practice assessments going forward.</li> </ol>
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### 3. For Information Items

Item/Topic	Exempting Members who Recently Completed the PCE from Being Assessed
<b>Details</b>	<p>In the current QA Program, physiotherapists who completed the PCE within the last three years are not eligible to be selected for assessment. The QAWG was asked to provide direction on whether this policy is still appropriate.</p> <p>The QAWG considered data and research about the level of competency and risk of new professionals in physiotherapy and other professions. The research suggests that new professionals typically possess the clinical skills required for practice, and that they develop non-clinical skills in their first years of practice. New professionals typically become fully adjusted to professional practice after one year, and they often experience stress and anxiety during this transition period. The first year of practice is an important influence on the development of values and attitudes towards the profession. External research and data about our own members appear to suggest that health professionals seem to be at greater risk the longer they have been in practice. By inference, that would suggest that new professionals do not necessarily pose a higher risk.</p> <p>The QAWG considered the research and evidence. The QAWG acknowledged that the first year in practice is highly influential for new professionals, so there is value in assessing PTs relatively early in their careers to identify and correct “bad habits” before they become entrenched. At the same time, the QAWG also believed that it is reasonable to allow new members some time to solidify their knowledge, develop non-clinical skills and learn about their practice environment through practice, before they go through an assessment. The QAWG also agreed that members in provisional practice should not be required to engage in practice assessments, as that would cause undue hardship as they also need to prepare for their clinical exam.</p>



	Based on those considerations, the QAWG recommended amending the exemption policy to a 2-year exemption period beginning from the date a member is registered in the independent practice category.
<b>Item/Topic</b>	Offering Members the Option to Conduct the Remote Assessment by Phone
<b>Details</b>	<p>The new QA Program approved by Council includes a remote assessment which would be conducted by videoconference. The QAWG was asked to consider a recommendation from the assessment consultant to offer members the choice between conducting the remote assessment by videoconference or by phone. The rationale was that members who are concerned or uncomfortable about technology will be more anxious and distracted during the interview, which will affect their performance and impact the reliability of their assessment results. In the consultation feedback comments, some members also suggested that the College should consider a phone interview as an alternative for members who do not have access to the required technology and/or connectivity to use videoconferencing.</p> <p>The QAWG was supportive of offering members the option to choose between conducting the remote assessment using videoconferencing or by phone. However, the Working Group noted that there is a need to further consider if teleconferencing were used, how the assessor would confirm the identity of the physiotherapist and confirm that they are not receiving help from someone else during the course of the assessment.</p> <p>Staff conducted additional research regarding those two issues. The research suggested that confirmation of identify and proctoring is not commonly used for assessments other than high-stakes exams. The common reasons students give for cheating or academic dishonesty do not necessarily apply in the context of a quality assurance assessment. There is also no evidence to suggest that cheating is more likely in virtual or remote forms of assessment compared to face-to-face.</p> <p>After considering the evidence, the QAWG confirmed their earlier recommendation to offer members the option to conduct the remote assessment by phone or by videoconferencing, and determined that there is no need to require confirmation of identify or proctoring for assessments conducted by phone.</p>

## **Decision Sought:**

Council is asked to:

1. approve the recommendation by the QAWG to remove the additional random selection of physiotherapists who are “above threshold” after the remote assessment to do an on-site assessment, and
2. approve the recommendation by the QAWG that non-clinical PTs should engage in practice assessments in the new QA Program.

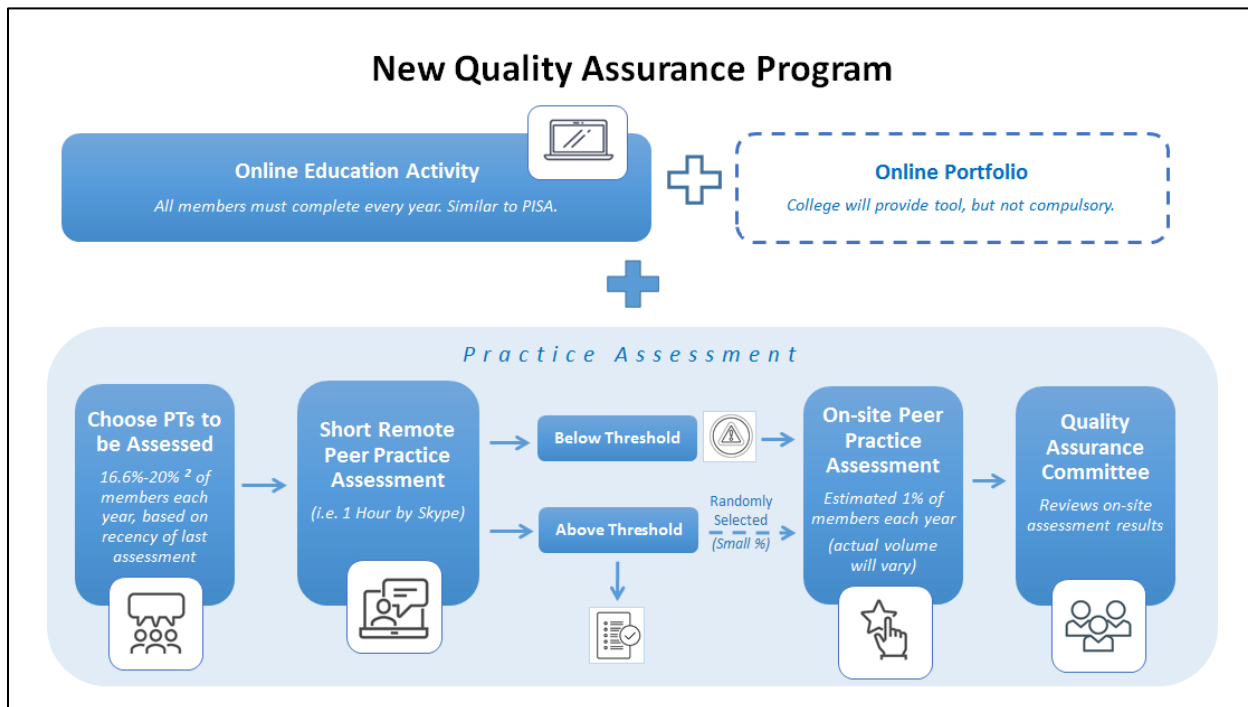
Council is also asked to provide feedback and direction on other items identified by the QAWG.

## **Attachments:**

- Appendix 1: Description of New Quality Assurance Program
- Appendix 2: Updated Project Timeline for the Quality Assurance Program Review
- Appendix 3: Assessment Blueprint (as of September 2018)

## 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 cycle<sup>1</sup>. 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 cohort<sup>2</sup> 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.

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

<sup>2</sup> 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: Updated Project Timeline for the Quality Assurance Program Review

Timeline	New Tool Development Activity	Program Review Activity
March 2018 (after Council Meeting)	<i>Completed</i> - WG meeting to review the proposals from prospective assessment consultants and select the successful candidate; and to consider outstanding questions regarding program and tool design.	
April 2018	<i>Completed</i> - Hire the consultant, who will assist with the development of assessment tools.	<i>Completed</i> - Provide a report with data and research relevant to the current on-site assessment tool to the consultant, which will provide an evidence base on which they can make recommendations about revisions to the on-site assessment tool.
April 2018	<i>Completed</i> - WG meeting to resolve outstanding questions regarding tool design (if necessary).	
April – May 2018	<i>Completed</i> - Hold meetings with a group of subject matter experts (SMEs) to develop the blueprint for the remote assessment tool. Seek input from SME group on on-site assessment tool as required.	<i>Completed</i> - Review the existing pool of peer assessors to map their skills and to evaluate their past performance. Compare with desired competencies for peer assessors in the new program to identify suitable assessors.
June 2018	<i>Completed</i> - WG meeting to provide direction on outstanding policy questions, which may include: <ul style="list-style-type: none"> <li>• the selection process for assessments</li> <li>• size and composition of assessor pool</li> <li>• appropriate remuneration for assessors</li> <li>• any questions or issues raised by the consultant</li> </ul>	<i>Completed</i> - Contact current peer assessors who have the desired competencies to confirm their ongoing interest and ability to be peer assessors in the new program.
June – July 2018		<i>Completed</i> - Prepare for recruitment of new peer assessors: <ul style="list-style-type: none"> <li>• Determine compensation model</li> <li>• Update recruiting tool based on the required key competencies and work experience</li> </ul>
June – September 2018	<i>In Progress</i> - Work with consultant to develop the remote and on-site assessment tools based on the blueprint and content developed by SME group.	<i>In Progress</i> - Revise internal program policies and procedures, and communications materials, to correspond to changes to the program. Revise QAC policies and procedures.

Timeline	New Tool Development Activity	Program Review Activity
September – November 2018	<i>Completed</i> - Development of questions for the remote assessment tool question bank (if required).	
August – October 2018	<i>In Progress</i> - Development of database functionalities for the Quality Assurance Program.	
September 2018	<i>Completed</i> - Seek direction from WG on any outstanding policy considerations (if necessary).	
September – November 2018	Programming of online versions of the remote and on-site assessment tools.	
September – December 2018		<i>In Progress</i> - Recruit and hire peer assessors.
October – December 2018	<i>In Progress</i> - Plan post-implementation program evaluation with assistance from the consultant.	<i>In Progress</i> - Develop training and evaluation plans for peer assessors.
November 2018	Identify the topic of the mandatory education activity (i.e. PISA) for upcoming year (2019-20).	
December 2018	Seek direction from WG on any outstanding policy considerations (if necessary).	
December 2018 – January 2019		Create a decision-making aid for QAC based on the revised on-site assessment tool/process.
January – February 2019	Select a small group of PTs who will participate in the pilot test assessments (i.e. Phase 1 Implementation). Prepare/update related communication materials (e.g. notification letter, member resources).	
January – March 2019	Development the content and the tool for the mandatory education activity (i.e. PISA).	
February 2019	1 of 2 assessor training sessions on using the new assessment tools. Pre-test the assessment tools with six to ten volunteer PTs.	
March 2019	2 of 2 assessor training sessions on using the new assessment tools.	
March 2019	Notify members who have been selected for the pilot test assessments (i.e. Phase 1 Implementation).	
<b>April 2019</b>	<b>Phase 1 Implementation</b>	
April – May 2019	Conduct pilot test of the remote assessment. Conduct scoring calibration sessions with assessors. Collect feedback from members and assessors about the tool.	
June 2019	Conduct cut score study to establish threshold for those require further assessment. QAWG approves scoring threshold. Notify members who are required to do an on-site assessment. Make necessary changes to tool and processes based on feedback.	

Timeline	New Tool Development Activity	Program Review Activity
July – August 2019		Conduct pilot test of the on-site assessment. Conduct scoring calibration sessions with assessors. Collect feedback from members and assessors about the tool. Make necessary changes to tool and processes based on feedback.
August 2019	Evaluate performance of peer assessors based on the pilot test assessments, provide feedback, and identify additional training needs.	
September 2019	Hold an informal QAC meeting to: review the assessment reports and make individual member case decisions; evaluate the usefulness of the information in the reports and the decision-making aid, and identify necessary improvements.	
<b>September 2019</b>	<b><i>Completion of program review and development.</i></b>	



### Appendix 3: Assessment Blueprint (as of September 2018)

This is a working draft. The assessment blueprint will be continually refined and updated as the tool development proceeds.

#### Step 1: Remote Assessment

All members selected for a Practice Assessment will engage in step 1 which includes the following three components:

1. Pre-questionnaire
2. *Pre-interview document submission (pending further consideration)*
3. Remote Interview

#### *Pre-questionnaire*

All members engaged in the Practice Assessment process will complete an online pre-questionnaire. The primary purpose of the pre-questionnaire is to obtain information about a member's practice to provide the assessors and the QA Committee with context of practice. The pre-questionnaire also informs the matching of the member's practice with an appropriate peer assessor's professional experience. Aspects of the pre-questionnaire will be pre-populated with member specific data generated from the College's database (Atlas).

It has been identified that "jurisprudence-like" questions will provide formative information to determine if further assessment or remediation is required. Question topics include:

- Knowledge of the role and responsibilities of the Health Information Custodian (HICs)
- Patient record retention period, and releasing patient records with patient consent in a secure and confidential manner

*Confirmation that appropriate policies are in place (pending Council direction):*

- *Written policy for routinely reviewing fees, billing 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*

Sole practitioners and clinic operators and owners are asked additional questions specific to:

- Fee schedule and how patients are informed of the fee for service

#### *Remote Interview*

The Remote Interview is conducted by telephone or video teleconference, as chosen by the member. The interview will not exceed 1-hour in length and will include the following topics:

#### **Core (relevant to all members)**

1. Informed consent process (incorporate communication approach)
2. Patient safety

3. Patient assessment
4. Professional boundaries
5. Managing ethical dilemmas
6. Adapting communications
7. Collaboration

**Practice-specific (based on pre-questionnaire responses)**

8. Performing rostered activities
9. Working with PTAs

**Step 2: In-depth assessment*****On-site Assessment***

A scoring threshold will be established for the remote assessment, members whose score is below the threshold will be required to engage in an On-site Assessment. The On-site Assessment will be conducted in-person, at the member's place of employment. The assessment will not exceed 4-hours in length. The On-site Assessment includes four components:

1. Patient Record Audit
2. Case-base questions
3. Situation-based questions
4. *Feedback and mentoring (pending Council direction)*

***Patient Record Audit***

A Patient Record Audit is a review of the member's documentation habits for select patient records against a checklist that is aligned to the Record Keeping Standard. The member makes available during the on-site assessment 10 patient records of their choosing. The assessor selects 5 out of the 10 patient records for the review. The assessor and member collaboratively complete the checklist for three patient records. If, however, inconsistent scoring is noted amongst the three records, the assessor selects another record until a pattern of charting behaviour is identified or a total of five records are audited. The Patient Record Audit will take approximately an hour to complete.

***Case-specific questions***

The assessor selects one of the patient records reviewed during the Patient Record Audit and focuses the behaviour-based interview questions specific to that patient. The assessor may select additional records, from the group of 5 reviewed records to frame the member's actions in performing rostered activities.

*The topics for discussion include:*

1. Accepting the patient (assess personal knowledge and appropriateness for physiotherapy)
2. Informed consent
3. Assessment, clinical impression and referral to others
4. Treatment plan, assigning to PTAs

5. Develop goals, client collaboration
6. Monitor and evaluate treatment / intervention plan
7. Discharge planning or transitioning care
8. Performing controlled acts and maintaining competence (for all of the member's rostered activities)

### ***Situation-based questions***

The third component of the assessment includes a discussion with the member about recent past situations when they demonstrated the required actions associated to the following topics:

1. Patient safety
2. Addressing discrepancies between employer expectations and professional standards
3. Continuing professional development
4. Confidentiality and privacy
5. Infection control and prevention

### ***Feedback and mentoring (pending Council direction)***

Following the final behaviour-based interview question, the assessor will “close” the assessment portion of on-site visit. The assessor will then, direct the member to specific College resources based on the assessor's preliminary scoring; and answer practice-related questions.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 6.0**

**Council Meeting  
October 12, 2018**

**Agenda #6.0: Reconsideration of the Advertising Standard**

**It is moved by**

\_\_\_\_\_

**and seconded by**

\_\_\_\_\_

**that:**

Council reaffirms the current Advertising Standard as fit for purpose.

<b>Meeting Date:</b>	October 12, 2018
<b>Agenda Item #:</b>	6.0
<b>Issue:</b>	Advertising Standard: Emerging Issues
<b>Submitted by:</b>	Rod Hamilton, Interim Registrar Téjia Bain, Junior Policy Analyst

## Issue

Is the current Advertising Standard fit for purpose?

The Inquiries, Complaints and Reports Committee has requested that Council consider revisiting the Advertising Standard in light of concerns about enforcement and its public protection value.

## Background

The Advertising Standard has undergone extensive review over the last five years. Even before its most recent review during the 2014-2017 Standards Review Project, Council was made aware of issues with non-compliance and enforcement of the Advertising Standard<sup>1</sup>. After a consultative workshop at one Council meeting, and discussions about the Standard at three separate Council meetings, Council approved the current Advertising Standard in September 2016. The standard is now simpler and easier to understand, but still reflects the rules and prohibitions that existed in previous versions.

When the Advertising Standard was approved, Councillors made a commitment to enforce the standard in order to address concerns about non-compliance.

In the summer of 2017, staff conducted an audit of physiotherapy practices that had websites:

- 4,364 websites were reviewed (covering 8,463 PTs);
- 2,762 PTs (32.6%) were found to be in breach of the Advertising Standard.

Each physiotherapist who was in breach was emailed some educational information about the breach and how to fix it. These websites were reviewed again a month later. While the majority of PTs made changes, some did not. If they were still in breach, the PT received a second email indicating that they were required to change their website or Facebook pages by a certain date. They were advised that if changes were not made, the Registrar would consider whether or not to initiate a formal investigation.

<sup>1</sup> See materials from the December 2014 Council meeting. Retrievable from [www.collegept.org](http://www.collegept.org)

At this stage, around 100 members remained in breach. The next step required by the *Regulated Health Professions Procedural Code*<sup>2</sup> is consideration by the Inquiries, Complaints and Reports Committee (ICRC) in order for the Registrar to initiate an investigation<sup>3</sup>.

At its June 2018 meeting, the ICRC was presented with the first 19 cases of members who remained in breach of the standard. The ICRC deferred a decision about next steps in these matters and requested that Council revisit the Advertising Standard because of concerns about enforcement and its public protection value.

### **Why did the ICRC ask for Council's direction before taking further action?**

The ICRC identified concerns about the Advertising Standard which caused it to have reservations about enforcement.

### *Does the standard accurately reflect the expectations of the profession about advertising?*

- Standards are intended to reflect the expectations of the profession about how the average professional would conduct himself or herself. The College consults with the membership in order to determine their expectations before Council considers approving standards.
- During consultation for the Advertising Standard, the College received mixed views about the reasonableness of the expectations. While most agreed that members would be able to comply with the expectations, some respondents commented that more guidance was needed on how to apply the expectations because of how much variety there is in healthcare advertising today<sup>4</sup>. Others expressed that it was too restrictive in some sections, specifically on the prohibition of testimonials.
- Since adoption of the standard, the College has continued to receive feedback from representatives of private practitioners who assert that it is unnecessarily restrictive and inhibits their ability to fairly compete with each other and with other health care practitioners.

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<sup>2</sup> Regulated Health Professions Act, Schedule 2, section 25

<sup>3</sup> The next step referred to here is not a final decision, but the technical interim step of confirming the Registrar's appointment of an investigator. While preliminary information has already been gathered, the appointment is required before notifying the registrant of the investigation. After this, the registrant may provide a response and the ICRC would consider all the facts and determine the appropriate outcome of the matter.

<sup>4</sup> For example, patients can provide feedback on services in a variety of ways besides reviews on social media, such as by giving a Facebook page or Instagram post a "like" or "thumbs up". While this kind of feedback can be influential, it is not restricted by the standard.

Are members able to control this element of their practice?

- The number of private clinics owned by non-physiotherapists is increasing. These clinic owners are not bound by the rules of the College and therefore have no obligation to meet the expectations of the Advertising Standard.
- During the audit, some physiotherapists informed the College that they have no control over advertisements made on their behalf by their employers. In most circumstances, employers were willing to make the appropriate changes to their advertising in order to be compliant with the standard. However, some employers were not, leaving the physiotherapists in breach of the standard.

Is our standard overly protective of the public?

- Research has shown that the level of concern from the public about physiotherapy advertising is relatively low:
  - At their June 2018 meeting the Citizens Advisory Group indicated that they had no concerns about physiotherapy advertising. They stated that they were informed consumers who felt capable of making their own decisions about what health care provider to see and were more concerned about other practice issues like infection control and boundaries<sup>5</sup>.
  - Last August, participants in a patient focus group said they are most likely to find a physiotherapist through their doctor or by word of mouth; they would rarely rely on advertisements to make a choice about a physiotherapy provider. Participants also said that they understand there are better and worse sources of information on the internet, but overall, they trust their ability to discern between a good and bad website<sup>6</sup>.
  - A recent study conducted by Advertising Standards Canada indicated that consumer awareness about influential marketing has increased in 2018 with those under 35 years of age more likely to purchase on the basis of an influencer's recommendation<sup>7</sup>. The study results also revealed that advertising for health therapies was among the least trusted types of advertisements.

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<sup>5</sup> Citizen Advisory Group Summary Report 2018-06-23. Available from <https://www.collegept.org/patients/get-involved-citizens-advisory-group>

<sup>6</sup> For a copy of the full report please email College staff.

<sup>7</sup> Advertising Standards Canada, 2018. Consumer Perspectives on Advertising. 2018 May. Available from <https://www.adstandards.ca/en/ASCLibrary/consumerResearch.aspx>

Is enforcement of the Advertising Standard the best use of College resources?

- About 100 physiotherapists remained in breach of the Advertising Standard after the audit was completed. The preparation and decision writing for 100 case files would require approximately 6 months of full-time work for an investigator. The College may need to hire an additional staff person to focus solely on the cases identified through the advertising audit.
- Based on program data for the average number of cases reviewed by the ICRC, it would take approximately 8 full-day meetings in order to review the 100 case files.
- Exponential costs can also be incurred when members going through the complaints process as a result of the advertising audit report similar breaches of their colleagues to the College<sup>8</sup>.

### Implications

What are the implications of reaffirming the Advertising Standard? By

reaffirming the current Advertising Standard, Council would:

- Confirm its commitment to enforce the standard.
- Endorse the approach of using more restrictive rules to protect the public from harmful advertising.
- Recognize that staff and the ICRC will make accommodations for the additional resources and time required to address case files from the advertising audit.
- Acknowledge and accept that the College could experience an increase in the number of reports made by members on advertising breaches of their colleagues.

What are the implications of revisiting the Advertising Standard? By giving

direction to revisit the Advertising Standard, Council would:

- Affirm that changes to the standard are required to address the concerns identified<sup>9</sup>.
- Decide whether to put all advertising matters on hold until the standard has been changed. A decision to put these matters on hold would mean:
  - The ICRC can decide not to approve investigations for cases from the audit based on this direction.
  - Staff would manage incoming reports and complaints about advertising in the interim<sup>10</sup>.

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<sup>8</sup> Of the 25 advertising-related files for the year 2018 so far, 21 were reports made by physiotherapists reporting on advertising breaches of their colleagues. These files are not included in the count from the advertising audit.

<sup>9</sup> Staff plans to bring forward recommendations for these changes at the next Council meeting in December.

<sup>10</sup> Note that the College may choose not to investigate some reports received from members, but we are required by law to investigate all formal complaints from the public. As of the time of writing the College has received 4 formal complaints for the year 2018.



**Decision sought:**

Does Council reaffirm the current Advertising Standard as fit for purpose?

**Attachments:**

- Appendix 1: Advertising Standard
- Appendix 2: Background information

## **Appendix 1: Advertising Standard**

**Date Approved:** September 21, 2016

**In Effect:** January 1, 2017

### **1. Authority and Responsibility**

Physiotherapists are responsible for any advertisement on their behalf.

### **2. Truth in Advertising**

Advertisements must be true, accurate, and verifiable. This means that the physiotherapist must be able to prove that the information in the advertisement is true.

Advertisements must not mislead.

Advertisements must be easy for consumers to understand.

### **3. Advertising Content**

Advertisements must only contain information about services for conditions that the physiotherapist is competent to diagnose and to treat.

Advertisements must not state or imply a guarantee of treatment results.

Advertisements must not contain any direct, indirect, or implied testimonials or endorsements.

Advertisements must not contain references to third-party websites or publications that carry testimonials or endorsements of physiotherapists.

### **4. Claims of Superiority**

Advertisements must not state or imply that a physiotherapist's services are better than those offered by other physiotherapists.

Advertisements must not state or imply that a certain brand or product is better than others.

### **5. Advertising about Prices**

If an advertisement offers discounted prices for packaged or bundled services, it must clearly state that there is still the option to buy one service at a time. It must also make it clear that there is an option to receive a refund for unused services.

## Glossary

### ***Advertising:***

Advertising is any message in a public medium or in a public space promoting a service or a product.

### ***Endorsements:***

An endorsement is the act of giving public approval or support to someone or something. Endorsements are a specific type of advertising that usually employs a celebrity or a professional to say good things about a product or service. Sometimes an endorsement and a testimonial might be the same thing.

### ***Mislead:***

Leaving out important information or including information that is irrelevant or distracting.

### ***Testimonials:***

A testimonial is a written or spoken statement in which someone says that they used a product or service and says or implies that they benefitted from or liked it, or a written or spoken statement that praises someone's work, skill, or character, for example.

### ***Treatment:***

To determine whether the activity performed by the physiotherapist assistant was treatment, ask yourself if the activity was part of the physiotherapist's treatment plan, for example applying modalities, exercises, gait training, etc. Things such as tidying the treatment area, removing an ice pack or escorting patients to and from the treatment area would likely not be classified as treatment.

### ***True, accurate, and verifiable:***

Whatever you say in your advertisement must have some independent proof to verify it. Ask yourself how you could prove to the College that the statement in the advertisement were true. Different kinds of advertising claims will require different kinds of proof.

For example, a claim about clinical outcomes might require the same kinds and level of proof that you would see in a peer-reviewed journal. Other types of statements, such as saying "parking is free for patients" would simply require that the claim be true and could be double checked by the College if necessary.

***Understand:*** By being clearly laid out and written in language that is easy for the average person to understand

## Appendix 2: BACKGROUND INFORMATION – Reconsideration of the Advertising Standard

The Inquiries, Complaints and Reports Committee (ICRC) has requested that Council consider revisiting the Advertising Standard. The reasons for this request have been described in the relevant briefing note (re: Issue: *Reconsideration of the Advertising Standard*).

This background information was prepared to assist Councillors in determining whether the current Advertising Standard provides the appropriate level of public protection. Staff will take Councillors through a brainstorming exercise to help them come to a consensus about this matter.

### Why is advertising regulated?

Advertising is often used as a communication tool to help professionals to promote their services, attract patients, and increase revenue<sup>1</sup>. When done in good faith, advertising can be a helpful way for consumers to find information about the services they need or want. However, a problem arises when consumers are put at risk of receiving unnecessary or even harmful services when promoters use false or misleading advertisements.

Healthcare is a distinctive field in that in exchange for the expertise of the health care provider, patients put themselves in a vulnerable position of dependency. This means they must trust the health professional to put their needs and interests over his or her private and personal interests<sup>2</sup>. To ensure that health professionals maintain this ethical principle and that patients have accurate information about the services a provider offers, advertising of health services is regulated.

Historically, the advertising rules of most Ontario health professions (including the College's) have been based on guidelines for advertising that were developed by the Ministry of Health in a pre-social media world. Recent communications with the Ministry of Health and Long-Term Care staff indicates that the government has not given any recent direction on updating their advertising guidelines.

### Box 1: Statutory legislation that governs advertising

Professional Misconduct Regulation under the *Physiotherapy Act*, Section 1. – defines actions that are considered unprofessional in practice. Members of the profession are held accountable to this regulation when they demonstrate misconduct in practice.

*It is an act of professional misconduct to:*

- 21. Represent qualifications in a manner that is false, misleading or deceptive*
- 25. Advertise, unless the advertisement is accurately and fairly presents verifiable information to assist a patient in choosing whether to engage the services of the member*

The Competition Act, Section 74.01(1) – federal law that governs most business conduct in Canada with the purpose of maintaining and encouraging competition.

*A person engages in reviewable conduct who,*

- (a) makes a representation to the public that is false or misleading in a material respect;*
- (b) makes a representation to the public in the form of a statement, warranty or guarantee of the performance, efficacy or length of life of a product that is not based on an adequate and proper test thereof, the proof of which lies on the person making the representation; or*
- (c) makes a representation to the public in a form that purports to be:*
  - (i) a warranty or guarantee of a product, or*
  - (ii) a promise to replace, maintain or repair an article or any part thereof or to repeat or continue a service until it has achieved a specified result, if the form of purported warranty or guarantee or promise is materially misleading or if there is no reasonable prospect that it will be carried out.*

## The History of our Advertising Standard

As new technologies have emerged to promote services, the College has updated its advertising rules to ensure physiotherapist accountability. The first version of the Advertising Standard was approved by Council in December 2007. Since that time, concerns about compliance with and enforcement of the standard were raised within the different program areas of the College on several occasions.

In 2014, the College underwent a major review of all its standards. The Advertising Standard was one of the first to be reviewed as part of the 2014-2017 Standards Review Project.

Throughout the course of three Council meetings, Councillors considered the pros and cons of allowing the use of testimonials, endorsements, reviews, brand names, and claims of superiority in advertisements about physiotherapy services. After considering all possibilities, Council decided to prohibit all of these forms of advertising and made a commitment to enforce these rules.

The final draft of the current Advertising Standard was approved with an effective date of January 1, 2017. For a complete timeline of the development of the standard, please see Box 2.

### Box 2: Advertising Standard development

The College's Advertising Standard has been the subject of two reviews over the last five years due to concerns raised about compliance with and enforcement of the College's advertising rules. The following is a timeline of the development of the current Advertising Standard.

- After discussion about non-compliance with the Advertising Standard at their December 2013 meeting, Council recommended that staff gather additional information about the scope of the non-compliance issue in order to guide any decisions about enforcement options.
- The Advertising Standard was one of the first to be reviewed as part of the 2014-2017 Standards Review Project. Focus groups with stakeholders were convened at the October 2015 Council meeting to discuss the expectations and possible changes to the Advertising Standard.
- A first draft of the standard was presented to Council at the December 2015 meeting. Council was asked to consider the pros and cons of allowing the use of testimonials, endorsements, reviews, and brand names in advertisements about physiotherapy services. After considering all possibilities, Council decided to prohibit all of these means of advertising and made a commitment to enforce these rules.
- At the March 2016 Council meeting, staff asked for Council's direction on whether members should be permitted to use evidence-based claims of superiority in advertising. An outcome measurement tool promoted by the CPA was being used by PTs to collect and compare data about patient outcomes and satisfaction, and members wanted to know if the data could support the use of ads that use claims of superiority. Council did not reach a decision about allowing comparative advertising with restrictions because of concerns about enforcement. Council asked staff for more information.
- At the June 2016 meeting, Council approved the circulation of a draft standard for consultation with stakeholders. The draft standard included an expectation that permitted advertisements to use claims of superiority so that Council could gather the perspective of members and other stakeholders on this issue.
- While most respondents supported allowing physiotherapists to use ads that use claims of superiority provided the information is supported by true, accurate and verifiable data, Council decided against allowing it on the basis that the data from outcome measurement tools was not always necessarily true, accurate and verifiable. After making several language changes, the final draft standard was approved with an effective date of January 1, 2017.

## What is the level of compliance with the current Advertising Standard?

After the Advertising Standard was approved, Council directed staff to undertake measures to ensure compliance with the new standard. The advertising audit emerged from this direction. The audit of physiotherapy practices that had websites revealed that 32.6% of physiotherapists were in breach of the standard. The websites of hospitals and major physiotherapy conglomerates (eg. LifeMark) were not included in the audit.

After notifications were sent to members in breach of the standard asking them to correct their advertisements, 0.6% of physiotherapists (approximately 100) remained in breach.

## Causes of breaches of the Advertising Standard

Historically, most issues of non-compliance with the Advertising Standard have arisen from the prohibitions on use of testimonials and claims of superiority. When the advertising audit was completed in the summer of 2017, many of the breaches identified were concerning these

issues. The breach with the most pushback from members and their employers was about the use of Facebook testimonials. Figure 1 shows an example of a Facebook testimonial.

The rationale behind Council’s decision to prohibit the use of testimonials and claims of superiority was:

- **Use of testimonials:** When testimonials are used for advertising purposes, even if they are true, they are inherently misleading to the public because the testimonials presented are almost always chosen for their positive impressions of the practice, and equal space is often not given to negative comments.
- **Claims of superiority:** It is difficult to objectively determine if claims of superiority are true, accurate and verifiable given the subjective nature of the data.

All of the 19 cases files of members in breach of the standard that were brought before the ICRC in June were about either use of testimonials or claims of superiority.

**Figure 1: Facebook testimonial example**



**What does the public think about physiotherapy advertising?**

Recent feedback from patients and members of the public indicated that public concern about physiotherapy advertisements is relatively low. Responses gathered from the Citizen Advisory Group<sup>3</sup>, a patient focus group<sup>4</sup>, and a group of Canadians surveyed by Advertising Standards Canada<sup>5</sup> indicate the following:

- Patients feel informed enough to make their own decisions about which health care provider to see, with or without seeing an advertisement.
- People are most likely to find a physiotherapist through their doctor or by word of mouth than by an advertisement.
- The public views advertisements for health therapies with some skepticism and trusts their ability to discern between good and bad online advertisements.

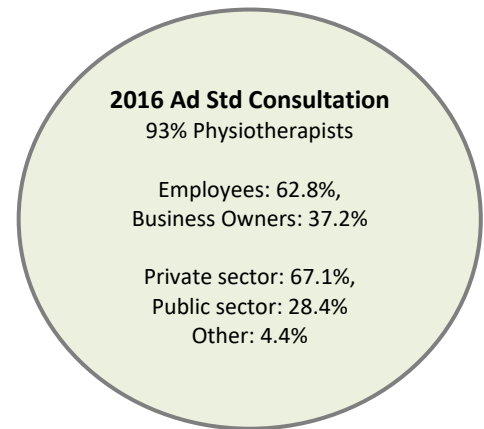
**What do members think about the Advertising Standard?**

When stakeholders were asked for feedback on the expectations of the Advertising Standard in 2016, almost all respondents agreed that members would be able to comply with all of the expectations. However, when asked for comments, concerns were raised about the reasonableness, interpretation and applicability of the standard. Section 1. *Authority and Responsibility* and section 3. *Advertising Content* received the most feedback.

While most respondents supported the content in section 1, some said that the College should be more explicit about how far the responsibility on the physiotherapist should go when it comes to advertisements made on their behalf that are in breach of the standard. If the creator of the ad (usually the employer) is unwilling to change it, the physiotherapist in these circumstances risks practicing while being in breach of the standard or potentially losing their source of income because they do not want to practice in such an environment.

Some commentators on section 3 suggested that testimonials should be allowed when they are unsolicited and meet the true, accurate and verifiable criteria. Others were concerned that the prohibitions in this section did not allow physiotherapists to compete on an even playing field with other regulated health professionals who have less strict rules about advertising.

After the adoption of the standard, the Practice Advisors received a high volume of calls from members asking for further guidance on how they can comply with the standard. While most members took the steps to ensure compliance, some were unable to because their employers were unwilling to change their ads. Others expressed that some expectations of the standard were too restrictive (specifically the prohibition on using testimonials and Facebook reviews) and made it difficult for them to compete with other health care providers who have less restrictive advertising rules. Practice Advisors have indicated, however, that calls about the Advertising Standard have decreased significantly since the advertising audit was completed.



**Recent changes to advertising rules of other regulators**

The College’s Advertising Standard aligns with the advertising rules of most health regulators in Canada which are foundationally grounded in restricting advertising that is false or misleading.

In recent years, a few health Colleges in Ontario have made changes to their advertising rules for various reasons.

- The College of Chiropractors of Ontario permits its members to use testimonials on websites and other forms of advertising mediums<sup>6</sup>. In any other form of advertising besides websites, only testimonials that refer to the benefits of chiropractic services may be used. Amendments were made in February 2017 to the definition of advertising in the Advertising Standard to include electronic media, such as websites and social media.

- In March 2018, Council for the Royal College of Dental Surgeons of Ontario unanimously approved amendments to the College's Professional Misconduct Regulation under the Dentistry Act (O. Reg 853/93), removing the restriction on making comparisons with another member or practice. Council made this change based on recommendations to address issues that dentists face with advertising and handling social media<sup>7</sup>. These changes have not yet been adopted by the government.
- The College of Audiologists and Speech-Language Pathologists distributed guidelines on advertising in September 2016 to address questions they received from their members about the use of testimonials, endorsements, referral programs and "free" giveaways. Their proposed Advertising Regulation prohibits the first three forms of advertising and allows members to promote "free" products as long as the ad is not misleading<sup>8</sup>.



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## References

- <sup>1</sup> Laliberté, M. Expert Opinion: Standards of Practice in Advertising. 2018 Mar. Cited 2018 Sep 5 from hearing materials of the Discipline Committee of the College of Physiotherapists of Ontario; CPO case no. 2015-0302 & 2015-0310 CPO vs. S. Brown. [For a copy of this material please contact College staff]
- <sup>2</sup> The Canadian Medical Protective Association. Recognizing boundary issues. 2014 Sep. [cited 2018 Sep 10] Available from <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2014/recognizing-boundary-issues>
- <sup>3</sup> Citizen Advisory Group Summary Report 2018-06-23. 2018 Jun. [cited 2018 Sep 6] Available from <https://www.collegept.org/patients/get-involved-citizens-advisory-group>
- <sup>4</sup> For a full copy of the report from the patient focus group please email College staff.
- <sup>5</sup> Advertising Standards Canada, 2018. Consumer Perspectives on Advertising. 2018 May. [cited 2018 Sep 6] Available from <https://www.adstandards.ca/en/ASCLibrary/consumerResearch.aspx>
- <sup>6</sup> College of Chiropractors of Ontario Council Materials. 2017 Feb 28. [cited 2018 Sep 10] Available from <https://www.cco.on.ca/about-cco/who-we-are/council-meetings/>
- <sup>7</sup> Royal College of Dental Surgeons of Ontario. Council Highlights for March 8, 2018. [cited 2018 Sep 10] Available from <https://www.rcdso.org/en-ca/rcdso-members/dispatch-magazine/articles/1939>
- <sup>8</sup> College of Audiologists and Speech-Language Pathologists of Ontario. Proposed Advertising Regulation 2013. [cited 2018 Sep 10] Available from <http://www.caslpo.com/members/resources/legislation-regulations-and-by-laws>

<b>Meeting Date:</b>	October 12, 2018
<b>Agenda Item #:</b>	7.0
<b>Issue:</b>	Q1 Variance Reporting
<b>Submitted by:</b>	Finance Committee

**Issue:**

The Q1 Financial Reports are attached for review.

**Background**

We often refer to our zero-based budgeting process. In simple terms, all that means is that we plan to spend based on actual predicted costs for every single item, rather than budgeting based on past experience plus an allowance for inflation. This is a much more cumbersome process and we aren't always accurate, but it permits Council to closely monitor the planned expenses in association with the planned projects. At budget time, Council could determine that a particular project was not worth the cost, for example.

When we talk about variances, we are referring to the differences between the amount that we planned to spend and the amount that we actually did spend.

Historically, variances in the first quarter have been quite high. There are two main reasons for this. The first is that the budget is planned six months before the expenses occur, so costs can change. The second is that we have often anticipated that projects would get underway as soon as the fiscal year begins, when, in fact, the costs associated with new projects don't begin to be billed until later on. This year we recognized that and budgeted for less spending in the first quarter. This seems to have worked because our expenses are almost exactly as budgeted: overall we have spent 98.26% of what we had planned, although there are still some significant variances in specific areas.

**Key Variances**

**Income**

The Income section of the report has much more detail than we have tracked before. We have segregated the administrative fees (i.e. for costs of printing wall certificates and similar things) from the registration fees and have identified specific types of administrative fees. From an oversight perspective, this may be more detail than you need, but we find it helpful in terms of predicting future income in this budget line. The long-term value of tracking this data will provide a better understanding of where our membership is spending their money with the College, which will, in turn allow us to plan better for servicing them.

You will see that we have some large variances in this area. It may be that the annual registration renewal process prompted more requests than we can expect for the rest of the year and our annual predictions may yet prove to be accurate.

### **Expenses**

Expenses are largely on budget. If we have spent more than 5% over or under the budget, you will find an explanation for the difference in the Variance Report, at Appendix A.

Executive Committee costs were higher than budgeted due to the unplanned meetings held by Executive Committee between June 7 and 22, 2018 and to the costs associated with obtaining a legal opinion that had not been anticipated by Council. Each budget line provides an explanation of the specific variance. Overall the costs of these Executive Committee activities have been \$3,675 to date. Two claims for preparation time by the Vice President (totalling \$552) remain outstanding (pending provision of additional information and approval by the President) at the time of writing.

### **2019 Forecast**

We are concerned that the alignment of budget to expenses in this quarter may potentially be misleading.

We have developed a spending forecast because some changes have occurred since the budget was approved which are likely to have an impact on actual spending. The anticipated increases in spending are outlined below. They are somewhat offset by some known decreases which will appear in the variance reports through the year. The predicted impact on the budget takes the decreases into account.

At the time of writing, we expect that we will finish this year about \$160,000 over budget.

The increases that we anticipate are as follows:

- Council Education – possible increase of \$25,000 based on Council’s direction for further education and/or need for a governance review and/or a Governance Committee
- Temporary Staff – certain increase of \$60,000 for staffing to improve implementation of and customer service around the new automatic on-line renewal system
- Professional Conduct Accrual Expense – required “book” increase of \$50,000, as recommended by the auditor.
- Amortization - this budget line will increase by \$35,395 as a result of a recommendation by our auditor to change the way we record information. Note that while this is a technical accounting change and is offset by a reduction in our rent payments, it does have an impact on our bottom line.
- Additional IT expenses – an increase of at least \$40,000 is known at this time for the cost of the QA Assessment Tool as the cost was unknown at the time of budget preparation, nor were we certain we would get to it in the current Fiscal year. Negotiations with Adoxio are ongoing, so this may rise.

## Balance Sheet

We have provided you with the year end and the Q1 2017 balance sheets as comparatives to the Q1 2018 statement. This is Appendix B.

You may find it is useful to note the change in the balances in the accounts over time.

For example:

- At year end, the credit card clearing account was high as we were in the midst of annual renewal. Once the annual renewal deadline has passed, as of mid-April, you can see that the balance in that account drops. This is a predictable trend.
- Prepaid Expenses are down from year end, but higher than last year because fees for activities taking place later in the year were paid for in Q1, earlier than last year.
- Fixed Assets are being amortized, and that the change from Year End is \$28,875 in net assets is the same amount as is shown as Amortization Expense.
- The deferred revenue section has been updated to separate the pro-rated fees from the full fee revenue.
  - When a physiotherapist renews his or her certificate at the beginning of the year, they pay the full annual fee. If they register part way through the year, they pay a pro-rated fee, based on the number of days left in the year. Historically we have recorded all registration income in one line.

### 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 | 85.24% - All service fees were captured in a lump sum last year and have now been budgeted individually (accounts 4015 to 4019). As you can see from the individual line items, our ability to predict actual revenues are impaired by two things: the demand for these services are unknown, and we have no specific historical data upon which to make predictions. Cannot predict if this will even out as the year carries on, but we will have better data from which to budget for next year. |
| 4007 | 109.53% - 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.   |
| 4003 | 69.47% - The number of compensable remediation programs ordered by Committees was lower than estimates. Accurate predictions are difficult because the number of orders depends on the nature of the specific cases reviewed by the Committee.  |

- 4001 99.3% - Registration Fees are on budget in total, but as you can see, we have separated out the various types of registration fees for our own future analysis. This will be useful for our budgeting, and will, over time, provide us with useful data on where our revenue is coming from. In the interim, we are not surprised by the volatility in the results because we had no hard historical data upon which to base our estimates.
- 5005 87.82% - Discipline Committee per diem expenses are below budget because of deferrals of hearings.
- 5006 109.8% - 4 additional hours of prep time were approved by the chair for a committee member.
- 5010 13.99% - Patient Relations per diems are lower than budget because only 1 meeting took place (committee only meets to consider funding requests) and only the chair claimed per diem.
- 5012 81.88% - Registration Committee per diems are below budget because some members either didn't claim any prep time or less than was budgeted for.
- 5017 84.66% - 1 member of the committee didn't claim any prep time, and the budget was too high by \$80. Just an error in how the quarters were divided.
- 5053 85.38% - Council expenses are under budget, which included a Winery dinner, a photographer and individual car rentals. Subsequent to the finalization of the budget, different, and more cost-effective arrangements were made, and this resulted in the savings.
- 5055 85.56% - Discipline Committee expenses: as with Account 5005, expenses are under budget due to deferrals of hearings.
- 5056 197.31% - The over budget expense is the cost of the legal opinion obtained by Executive Committee.
- 5062 60.19% - One QA Committee member was unable to attend at the June meeting.
- 5300 88.02% - Some activities in Networking, Conferences and Travel expenses were deferred to Q2.
- 5505 79.55% - Some work delayed until Q2 as a result of database work in Q1.
- 5605 20.91% - French language services expense is under budget. Demand for translation is unpredictable and there is no year over year pattern.
- 5620 78.81% - A print project was delayed to allow the Communications team to focus on eliminating defects in the database after the go live had taken place.
- 5622 69.8% - In person communications expense is under budget. Outreach events budgeted in Q1 are now scheduled to occur in Q3.

- 5701 92.43% - Last year we were overbudget for Audit expense by a large amount. The budget for this year was set with the expectation that we had allowed enough, but with the desire to come in under budget.
- 5702 73.9% - Hearing expenses are under budget due to deferrals in hearings, therefore fewer expenses such as Court Reporting.
- 5760 26.12% - General Counsel expenses almost always come out to the same general amount each year, but the timing is unpredictable. Some legal opinions being sought in Q2 may actually bring us over budget by the end of Q2.
- 5761 83.85% - Again, deferrals have led to fewer demands for Independent Legal Advice in this quarter. The expense savings have been somewhat off-set by an increase in pre-hearing conferences.
- 5762 81.42% - As above, in lines 5702 and 5761, hearing counsel expenses are lower than budget, because of deferrals, but off-set by pre-hearing conferences.
- 5811 91.55% - For QA program development and evaluation, webinars were used instead of in-person meetings which resulted in lower costs versus budget.
- 5821 108.98% - QA assessor travel costs are higher than budget. When the new assessors were hired in summer of 2017 we did not have council's decision that QA program would stop during new program development. 5 new assessors were hired in late summer/early fall 2017. They completed all remote training about program. The last step in training was to observe 1 assessment and then to be observed. All new hires completed their observation report. We were in the process of matching the new assessors with observers (observations are budgeted as training) Because fewer assessments were available it was more difficult to match the new assessors with assessments, we went forward with the matches for the new hires to complete their practice/experience conducting interviews, and some of these which were budgeted in Q4, took place in Q1.
- 5823 100% - As above in line 5821, no Assessor training costs were budgeted for Q1.
- 5824 64.2% - The Assessor Onsite Assessment Fee is below budget because fewer assessments took place because once the previous year's target had been met, the program stopped selecting random assessments and there were very few carry over assessments into Q1.
- 5802 112.16% - The jurisprudence budget did not include HST.
- 5871 40.07% - QA Practice enhancement fees are below budget. The number of enhancements that the QA Committee deals with is unpredictable and depends on the nature of the particular matters considered by the Committee in any quarter.
- 5880 29.76% - Remediation expenses are well below budget, due to fewer cases going to remediation than anticipated. This is the offset to line 4003. The number and nature of the matters is unpredictable and depends on the nature of the particular cases and caseload considered by ICRC.

- 5890 85.86% - Sexual Abuse Therapy costs are below budget. There is no year-over-year predictability in this area. Note, however, we budgeted conservatively in order to be prepared for an increase in claims due to increased reports of concerns and general environmental awareness of this issue. To date we have not seen an increase in claims for therapy.
- 5902 94.27% - 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.
- 5903 87.7% - Employer RRSP Contributions occur when a staff member has worked in a full-time permanent position for more than a year. The mixture of new hires (who haven't yet met the 1-year threshold) and contract positions has lowered the expense obligation.
- 5907 71.96% - Pressures on all staff due to problems with the quality of the database project as demonstrated at annual renewal meant that Q1 was too busy for staff recognition. We anticipate catching up on this budget line.
- 5911 94.97% - Government rates used in budget for CPP. Actuals are lower because gross salaries are slightly lower than budgeted.
- 5912 94.61% - Government rates used in budget for EI. Actuals are lower because gross salaries are slightly lower than budgeted.
- Net Income The surplus ends up being \$6,809.44 better than budgeted, or 105.32% of budget. Since revenues are virtually on budget at 98.88%, the surplus comes from a net savings on expenses. Despite an increased effort to predict the Q1 expense lines, some activities were necessarily delayed to ensure that the database launch and annual membership renewal were completed.

We are happy to discuss and answer any questions you may have regarding these statements.

	Q1			Full Year		Forecast		Notes for Council
	Apr - Jun 18	Budget	% of Budget	Budget	% of Budget	Budget	% of Budget	
<b>Ordinary Income/Expense</b>								
<b>Income</b>								
<b>4008 · Admin Fees</b>								
<b>4019 · Prof Corp Application \$700</b>	6,300.00	6,000.00	105.0%	21,000.00	30.0%	21,000.00	30.0%	This is the first time that we have separated our administration and registration fees into separate categories. Our ability to predict actual costs is impaired by two things: the rules for administrative fees are relatively new so demand for the services is unknown and we have no historical data upon which to make predictions..
<b>4018 · Late Fees \$225</b>	4,950.00	5,625.00	88.0%	5,625.00	88.0%	5,625.00	88.0%	
<b>4017 · Wall Certificates \$25</b>	825.00	470.00	175.53%	1,880.00	43.88%	1,880.00	43.88%	
<b>4016 · Letter of Prof Stand / NSF \$50</b>	3,300.00	2,550.00	129.41%	10,100.00	32.67%	10,100.00	32.67%	
<b>4015 · Application Fees \$100</b>	13,900.00	19,700.00	70.56%	110,300.00	12.6%	110,300.00	12.6%	
<b>Total 4008 · Admin Fees</b>	<b>29,275.00</b>	<b>34,345.00</b>	<b>85.24%</b>	<b>148,905.00</b>	<b>19.66%</b>	<b>148,905.00</b>	<b>19.66%</b>	
<b>4007 · Registration fee credits</b>	-14,834.27	-13,543.04	109.53%	-35,823.84	41.41%	-14,834.32	100.0%	More PT's returned to practice (and used banked credits) than we anticipated based on previous experience
<b>4004 · Cost recovery from cost orders</b>	5,500.00	5,750.00	95.65%	23,000.00	23.91%	7,500.00	73.33%	
<b>4003 · Remediation Chargeback</b>	1,868.63	2,690.00	69.47%	10,760.00	17.37%	1,868.63	100.0%	ICRC made fewer remediation orders than budgeted. The number of orders is unpredictable as it depends on the nature of the particular cases and the caseload considered by ICRC.
<b>4001 · Registration Fees</b>								
<b>4021 · Cross Boarder Fee \$100</b>	0.00	200.00	0.0%	800.00	0.0%	800.00	0.0%	We are new to this segregation of revenue data, so tracking this year by type with allow for far more accurate predicitions in the years to come.
<b>4020 · Courtesy Registration Fee \$100</b>	0.00	300.00	0.0%	1,200.00	0.0%	1,200.00	0.0%	
<b>4014 · Provisional Practice Fees \$75</b>	2,775.00	3,750.00	74.0%	34,875.00	7.96%	34,875.00	7.96%	We are new to this segregation of revenue data, so tracking this year by type with allow for far more accurate predicitions in the years to come.
<b>4013 · Prof Corp Fees \$250</b>	12,500.00	24,500.00	51.02%	88,250.00	14.16%	88,250.00	14.16%	
<b>4012 · Independent Practice - ProRated</b>	6,910.67	7,000.00	98.72%	146,531.50	4.72%	146,531.50	4.72%	
<b>4011 · Independent Practice - \$595</b>	1,430,401.25	1,427,137.50	100.23%	5,408,550.00	26.45%	5,408,550.00	26.45%	
<b>Total 4001 · Registration Fees</b>	<b>1,452,586.92</b>	<b>1,462,887.50</b>	<b>99.3%</b>	<b>5,680,206.50</b>	<b>25.57%</b>	<b>5,680,206.50</b>	<b>25.57%</b>	
<b>4002 · Interest Income</b>	27,967.20	28,000.00	99.88%	112,000.00	24.97%	112,000.00	24.97%	
<b>4010 · Miscellaneous Income</b>	785.00	0.00	100.0%	0.00	100.0%	0.00	100.0%	
<b>Total Income</b>	<b>1,503,148.48</b>	<b>1,520,129.46</b>	<b>98.88%</b>	<b>5,939,047.66</b>	<b>25.31%</b>	<b>5,939,047.66</b>	<b>25.31%</b>	
<b>Gross Profit</b>	<b>1,503,148.48</b>	<b>1,520,129.46</b>	<b>98.88%</b>	<b>5,939,047.66</b>	<b>25.31%</b>	<b>5,939,047.66</b>	<b>25.31%</b>	
<b>Expense</b>								
<b>5000 · Committee Per Diem</b>								
<b>5002 · ICRC - per diem</b>	5,593.00	5,365.80	104.23%	21,463.20	26.06%	21,463.20	26.06%	Committee member attendance reduced due to deferrals of hearings - offset somewhat by increase in number of pre-hearing conferences
<b>5003 · Council - per diem</b>	11,228.25	11,284.00	99.51%	43,216.00	25.98%	43,216.00	25.98%	
<b>5005 · Discipline Committee - per diem</b>	4,391.00	5,000.00	87.82%	27,385.00	16.03%	27,385.00	16.03%	
<b>5006 · Executive - per diem</b>	3,294.00	3,000.00	109.8%	25,889.50	12.72%	25,889.50	12.72%	
<b>5010 · Patient Relations - per diem</b>	63.00	450.48	13.99%	1,126.20	5.59%	1,126.20	5.59%	
<b>5011 · QA Committee - per diem</b>	2,174.00	2,655.00	81.88%	4,208.24	51.66%	4,208.24	51.66%	4 extra hours above maximum prep time claimed for June 7th Mtg. 1 meeting, only the chair claimed per diem.
<b>5012 · Registration Com. - per diem</b>	253.00	275.00	92.0%	4,680.00	5.41%	4,680.00	5.41%	One member unable to attend QAC at the June meeting.
<b>5017 · Finance Committee - per diem</b>	690.00	815.00	84.66%	3,485.00	19.8%	3,485.00	19.8%	Some Committee members claiming lower than expected for preparation time.
<b>Total 5000 · Committee Per Diem</b>	<b>27,686.25</b>	<b>28,845.28</b>	<b>95.98%</b>	<b>131,453.14</b>	<b>21.06%</b>	<b>131,453.14</b>	<b>21.06%</b>	1 member did not claim prep time, and budget allocation by quarter too high for Q1 by \$80
<b>5050 · Committee Reimbursed Expenses</b>								
<b>5052 · ICRC - expenses</b>	4,572.24	4,800.00	95.26%	30,441.92	15.02%	30,441.92	15.02%	



	Q1			Full Year		Forecast		Notes for Council
	Apr - Jun 18	Budget	% of Budget	Budget	% of Budget	Budget	% of Budget	
5053 · Council - expenses	30,540.01	35,770.19	85.38%	74,559.19	40.96%	74,559.19	40.96%	The Budget included dinner at a winery that was moved to the hotel, the photographer was not used, travel to/from dinner not needed, and overall travel costs anticipated individual car rentals rather than the use of a coach to transport everyone from Toronto. Committee member attendance reduced due to deferrals of hearings - offset somewhat by increase in number of pre-hearing conferences Cost of unbudgeted legal opinion obtained by Executive Committee One member unable to attend QAC at the June meeting.
5055 · Discipline Committee - expenses	4,277.99	5,000.00	85.56%	32,172.24	13.3%	32,172.24	13.3%	
5056 · Executive Committee - expenses	4,898.82	2,482.80	197.31%	10,531.20	46.52%	10,531.20	46.52%	
5062 · QA Committee - expenses	1,625.16	2,700.00	60.19%	2,700.00	60.19%	2,700.00	60.19%	
5063 · Registration Comm. - expenses	0.00	0.00	0.0%	1,700.00	0.0%	1,700.00	0.0%	
5075 · Finance Committee - expenses	0.00	0.00	0.0%	3,220.00	0.0%	3,220.00	0.0%	
<b>Total 5050 · Committee Reimbursed Expenses</b>	<b>45,914.22</b>	<b>50,752.99</b>	<b>90.47%</b>	<b>155,324.55</b>	<b>29.56%</b>	<b>155,324.55</b>	<b>29.56%</b>	
<b>5100 · Information Management</b>								
5101 · IT Hardware	12,635.76	12,650.00	99.89%	37,620.00	33.59%	37,620.00	33.59%	
5102 · Software	2,718.73	2,696.58	100.82%	16,586.32	16.39%	16,586.32	16.39%	
5103 · IT Maintenance	23,332.26	23,374.50	99.82%	90,108.00	25.89%	90,108.00	25.89%	
5104 · IT Database	24,470.15	25,000.00	97.88%	319,810.00	7.65%	319,810.00	7.65%	
<b>Total 5100 · Information Management</b>	<b>63,156.90</b>	<b>63,721.08</b>	<b>99.12%</b>	<b>464,124.32</b>	<b>13.61%</b>	<b>464,124.32</b>	<b>13.61%</b>	
5200 · Insurance	2,420.01	2,435.53	99.36%	9,742.12	24.84%	9,742.12	24.84%	Some activity budgeted in Q1 has been deferred to Q2.
5300 · Networking, Conf. & Travel	3,313.80	3,765.00	88.02%	34,108.30	9.72%	34,108.30	9.72%	
<b>5400 · Office and General</b>								
5402 · Bank & service charges	8,506.88	8,500.00	100.08%	123,130.00	6.91%	123,130.00	6.91%	
5403 · Maintenance & repairs	1,011.35	1,030.00	98.19%	3,100.00	32.62%	3,100.00	32.62%	
5405 · Memberships & publications	53,502.53	53,905.00	99.25%	213,252.41	25.09%	213,252.41	25.09%	
5407 · Office & kitchen supplies	4,858.24	4,750.00	102.28%	22,100.00	21.98%	22,100.00	21.98%	
5408 · Postage & courier	1,577.35	1,600.00	98.58%	6,300.00	25.04%	6,300.00	25.04%	
5409 · Rent	122,985.74	123,100.00	99.91%	492,400.00	24.98%	489,575.00	25.12%	
5411 · Printing, Filing & Stationery	2,566.99	2,575.00	99.69%	9,700.00	26.46%	9,700.00	26.46%	
5412 · Telephone & Internet	9,719.11	9,636.88	100.85%	35,785.88	27.16%	35,785.88	27.16%	
5413 · Bad Debt	1,500.00	1,500.00	100.0%	6,000.00	25.0%	6,000.00	25.0%	
<b>Total 5400 · Office and General</b>	<b>206,228.19</b>	<b>206,596.88</b>	<b>99.82%</b>	<b>911,768.29</b>	<b>22.62%</b>	<b>908,943.29</b>	<b>22.69%</b>	
<b>5500 · Regulatory Effectiveness</b>								
5503 · Council Education	8,069.28	7,956.00	101.42%	44,915.00	17.97%	69,915.00	11.54%	Some work delayed until Q2 as a result of database work in Q1.
5504 · Elections	0.00	0.00	0.0%	3,600.00	0.0%	3,600.00	0.0%	
5505 · Policy Development	2,068.20	2,600.00	79.55%	35,679.53	5.8%	35,679.53	5.8%	
<b>Total 5500 · Regulatory Effectiveness</b>	<b>10,137.48</b>	<b>10,556.00</b>	<b>96.04%</b>	<b>84,194.53</b>	<b>12.04%</b>	<b>109,194.53</b>	<b>9.28%</b>	
<b>5600 · Communications</b>								
5605 · French Language Services	104.53	500.00	20.91%	10,000.00	1.05%	10,000.00	1.05%	Fewer requests for translation than anticipated.
5620 · Print Communication	394.06	500.00	78.81%	14,200.00	2.78%	14,200.00	2.78%	Project delayed until Q2 as a result of need for communications team to focus on eliminating defects in the database.
5621 · Online Communication	6,655.44	7,000.00	95.08%	77,400.00	8.6%	77,400.00	8.6%	
5622 · In-Person Communication	3,141.19	4,500.00	69.8%	26,900.00	11.68%	26,900.00	11.68%	Outreach events budgeted for this quarter are actually scheduled to begin in the fall of 2018.
<b>Total 5600 · Communications</b>	<b>10,295.22</b>	<b>12,500.00</b>	<b>82.36%</b>	<b>128,500.00</b>	<b>8.01%</b>	<b>128,500.00</b>	<b>8.01%</b>	
<b>5700 · Professional fees</b>								
5701 · Audit	23,108.50	25,000.00	92.43%	25,000.00	92.43%	25,000.00	92.43%	Operational savings by having staff prepare reports previously done by Auditors.

	Q1			Full Year		Forecast		Notes for Council
	Apr - Jun 18	Budget	% of Budget	Budget	% of Budget	Budget	% of Budget	
5702 · Hearing Expenses	369.51	500.00	73.9%	10,463.00	3.53%	10,463.00	3.53%	Hearings anticipated for this quarter have been deferred, resulting in reduction in need for court reporting
5704 · Investigations	13,737.23	14,000.00	98.12%	55,400.00	24.8%	55,400.00	24.8%	
5710 · Temporary staff	22,864.34	0.00	100.0%	0.00	100.0%	60,000.00	38.11%	
5750 · Legal								
5752 · Legal - Registration	220.35	0.00	100.0%	0.00	100.0%	0.00	100.0%	
5753 · Legal - Professional Conduct								
5760 · General Counsel	653.00	2,500.00	26.12%	32,000.00	2.04%	32,000.00	2.04%	
5761 · Independent Legal Advice	12,577.51	15,000.00	83.85%	68,817.00	18.28%	68,817.00	18.28%	
5762 · Hearing Counsel	20,354.44	25,000.00	81.42%	93,654.40	21.73%	93,654.40	21.73%	
5763 · Court Proceedings & Appeals	19,275.00	20,000.00	96.38%	30,000.00	64.25%	30,000.00	64.25%	
<b>Total 5753 · Legal - Professional Conduct</b>	<b>52,859.95</b>	<b>62,500.00</b>	<b>84.58%</b>	<b>224,471.40</b>	<b>23.55%</b>	<b>224,471.40</b>	<b>23.55%</b>	Timing of requirements for legal advice is not predictable as advice is obtained on an as-needed basis. Legal opinions have been sought in Q2 and it is anticipated that we will be at or over budget by end of Q2. Legal advice requirements reduced due to deferrals of hearings - offset somewhat by increase in number of pre-hearing conferences Legal advice requirements reduced due to deferrals of hearings - offset somewhat by increase in number of pre-hearing conferences
5755 · General Legal	9,479.59	9,500.00	99.79%	20,000.00	47.4%	20,000.00	47.4%	
5756 · Professional Conduct Expense	0.00	0.00	0.0%	0.00	0.0%	50,000.00	0.0%	
<b>Total 5750 · Legal</b>	<b>62,559.89</b>	<b>72,000.00</b>	<b>86.89%</b>	<b>244,471.40</b>	<b>25.59%</b>	<b>294,471.40</b>	<b>21.25%</b>	
<b>Total 5700 · Professional fees</b>	<b>122,639.47</b>	<b>111,500.00</b>	<b>109.99%</b>	<b>335,334.40</b>	<b>36.57%</b>	<b>445,334.40</b>	<b>27.54%</b>	
5800 · Programs								
5810 · Quality Program								
5811 · QA Program Development & Eval.	9,155.15	10,000.00	91.55%	106,095.00	8.63%	106,095.00	8.63%	Webinars were used instead of in-person meetings which resulted in lower costs.
5821 · Assessor Travel	6,652.26	6,104.00	108.98%	6,322.00	105.22%	6,322.00	105.22%	When the new assessors were hired in summer of 2017 we did not have council's decision that QA program would stop during new program development. 5 new assessors were hired in late summer/early fall 2017. They completed all remote training about program. The last step in training was to observe 1 assessment and then to be observed. All new hires completed their observation report. We were in the process of matching the new assessors with observers (observations are budgeted as training) Because fewer assessments were available it was more difficult to match the new assessors with assessments, we went forward with the matches for the new hires to complete their practice/experience conducting interviews, and some of these which were budgeted in Q4, took place in Q1.
5823 · Assessor Training	1,717.27	0.00	100.0%	79,916.00	2.15%	79,916.00	2.15%	When the new assessors were hired in summer of 2017 we did not have council's decision that QA program would stop during new program development. 5 new assessors were hired in late summer/early fall 2017. They completed all remote training about program. The last step in training was to observe 1 assessment and then to be observed. All new hires completed their observation report. We were in the process of matching the new assessors with observers (observations are budgeted as training) Because fewer assessments were available it was more difficult to match the new assessors with assessments, we went forward with the matches for the new hires to complete their practice/experience conducting interviews, and some of these which were budgeted in Q4, took place in Q1.

	Q1			Full Year		Forecast		Notes for Council
	Apr - Jun 18	Budget	% of Budget	Budget	% of Budget	Budget	% of Budget	
5824 · Assessor Onsite Assessment Fee	6,435.00	10,024.00	64.2%	10,740.00	59.92%	10,740.00	59.92%	Fewer assessments took place in Q1 than originally predicted for the completion of the QA program. This is because the program stopped randomly selecting practice assessments in January once the previous year's target was met and there were fewer carry over assessments into Q1
<b>Total 5810 · Quality Program</b>	<b>23,959.68</b>	<b>26,128.00</b>	<b>91.7%</b>	<b>203,073.00</b>	<b>11.8%</b>	<b>203,073.00</b>	<b>11.8%</b>	
5802 · Jurisprudence	12,337.50	11,000.00	112.16%	11,891.00	103.76%	11,891.00	103.76%	The budgeted amount did not include the HST.
5870 · Practice Enhancement - QA								
5871 · QA Practice Enhancement fees	701.22	1,750.00	40.07%	2,800.00	25.04%	2,800.00	25.04%	QAC ordered fewer practice enhancements than budgeted. The number of practice enhancements will always vary according to the particular matters considered by the Committee in any quarter.
<b>Total 5870 · Practice Enhancement - QA</b>	<b>701.22</b>	<b>1,750.00</b>	<b>40.07%</b>	<b>2,800.00</b>	<b>25.04%</b>	<b>2,800.00</b>	<b>25.04%</b>	
5880 · Remediation - PC	800.46	2,690.00	29.76%	10,760.00	7.44%	10,760.00	7.44%	ICRC made fewer remediation orders than budgeted. The number of orders is unpredictable as it depends on the nature of the particular cases and the caseload considered by ICRC.
5890 · Sexual Abuse Therapy	3,005.00	3,500.00	85.86%	53,430.00	5.62%	53,430.00	5.62%	We budgeted conservatively in order to be prepared for an increase in claims due to increased reports of concerns and general environmental awareness of this issue. To date we have not seen an increase in claims for therapy.
<b>Total 5800 · Programs</b>	<b>40,803.86</b>	<b>45,068.00</b>	<b>90.54%</b>	<b>281,954.00</b>	<b>14.47%</b>	<b>281,954.00</b>	<b>14.47%</b>	
5900 · Staffing								
5914 · Vacation Pay Adjustment	0.00	0.00	0.0%	5,000.00	0.0%	5,000.00	0.0%	
5901 · Salaries	681,857.88	694,656.24	98.16%	2,977,391.32	22.9%	2,977,391.32	22.9%	Budgeted higher than actual increase from carrier.
5902 · Employer Benefits	20,423.09	21,665.45	94.27%	109,559.95	18.64%	103,140.58	19.8%	Mixture of new hires / contracts has lowered our RRSP obligations
5903 · Employer RRSP Contribution	27,526.75	31,388.36	87.7%	133,656.62	20.6%	133,656.62	20.6%	
5904 · Consultant fees	6,441.00	6,500.00	99.09%	105,398.00	6.11%	105,398.00	6.11%	
5905 · Staff Development	18,523.06	18,820.85	98.42%	127,604.90	14.52%	127,604.90	14.52%	
5906 · Recruitment	1,549.33	1,550.00	99.96%	1,950.00	79.45%	1,950.00	79.45%	
5907 · Staff Recognition	1,449.96	2,015.00	71.96%	13,360.00	10.85%	13,360.00	10.85%	Pressures on all staff due to problems with the quality of the database project as demonstrated at annual renewal meant that Q1 was too busy for staff recognition. We anticipate catching up on this budget line.
5911 · CPP - Canadian Pension Plan	24,326.06	25,613.66	94.97%	76,991.53	31.6%	76,991.53	31.6%	Government rates used in budget, actuals lower because gross salaries are lower than budgeted.
5912 · EI - Employment Insurance	10,933.17	11,556.59	94.61%	34,538.93	31.66%	34,538.93	31.66%	Government rates used in budget, actuals lower because gross salaries are lower than budgeted.
5913 · EHT - Employer Health Tax	13,750.74	13,659.95	100.67%	47,769.17	28.79%	47,769.17	28.79%	
<b>Total 5900 · Staffing</b>	<b>806,781.04</b>	<b>827,426.10</b>	<b>97.51%</b>	<b>3,633,220.42</b>	<b>22.21%</b>	<b>3,626,801.05</b>	<b>22.25%</b>	
<b>Total Expense</b>	<b>1,339,376.44</b>	<b>1,363,166.86</b>	<b>98.26%</b>	<b>6,169,724.07</b>	<b>21.71%</b>	<b>6,296,179.70</b>	<b>21.27%</b>	
<b>Net Ordinary Income</b>	<b>163,772.04</b>	<b>156,962.60</b>	<b>104.34%</b>	<b>-230,676.41</b>	<b>-71.0%</b>	<b>-357,132.04</b>	<b>-45.86%</b>	
<b>Other Income/Expense</b>								
<b>Other Income</b>								
6001 · Amortization	-28,875.00	-28,875.00	100.0%	-115,500.00	25.0%	-150,894.85	19.14%	
<b>Total Other Income</b>	<b>-28,875.00</b>	<b>-28,875.00</b>	<b>100.0%</b>	<b>-115,500.00</b>	<b>25.0%</b>	<b>-150,894.85</b>	<b>19.14%</b>	
<b>Net Other Income</b>	<b>-28,875.00</b>	<b>-28,875.00</b>	<b>100.0%</b>	<b>-115,500.00</b>	<b>25.0%</b>	<b>-150,894.85</b>	<b>19.14%</b>	
<b>Net Income</b>	<b>134,897.04</b>	<b>128,087.60</b>	<b>105.32%</b>	<b>-346,176.41</b>	<b>-38.97%</b>	<b>-508,026.89</b>	<b>-26.55%</b>	

	<u>30 Jun 18</u>	<u>31 Mar 18</u>	<u>30 Jun 17</u>
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Chequing/Savings</b>			
<b>1000 · Cash on Hand</b>			
1001 · Petty Cash	250.00	250.00	250.00
1002 · Petty Cash (USD)	0.00	0.00	200.00
1003 · CC Clearing - RBC - 100-999-2	16,110.92	473,239.79	70,274.64
1005 · Operating - RBC - 102-953-7	107,326.82	107,687.06	130,628.32
1000 · Cash on Hand - Other	0.00	0.00	195.16
<b>Total 1000 · Cash on Hand</b>	<u>123,687.74</u>	<u>581,176.85</u>	<u>201,548.12</u>
<b>1100 · Investments</b>			
1104 · Investments - Long Term	3,637,498.58	3,637,498.58	3,547,068.40
1102 · Investments - Short Term	1,195,653.45	1,185,153.45	1,175,930.52
1103 · Savings - RBC - 100-663-4	5,335,304.88	5,537,882.68	5,391,714.97
<b>Total 1100 · Investments</b>	<u>10,168,456.91</u>	<u>10,360,534.71</u>	<u>10,114,713.89</u>
<b>Total Chequing/Savings</b>	10,292,144.65	10,941,711.56	10,316,262.01
<b>Accounts Receivable</b>			
1200 · Accounts Receivable	263,535.29	258,119.57	266,570.16
<b>Total Accounts Receivable</b>	<u>263,535.29</u>	<u>258,119.57</u>	<u>266,570.16</u>
<b>Other Current Assets</b>			
1201 · Allowance for Doubtful Accounts	-242,732.74	-241,232.74	-236,674.59
<b>1400 · Prepaid Expenses</b>			
1411 · Prepaid Rent	40,712.37	40,712.37	27,030.38
1401 · Prepaid Software	3,436.82	2,290.47	8,621.44
1403 · Prepaid IT services	26,442.47	27,654.90	5,040.08
1405 · Prepaid Insurance	6,817.23	2,156.76	6,579.09
1406 · Prepaid Membership	104,637.12	154,485.14	89,064.85
1408 · Prepaid staff development	2,467.00	2,565.10	2,656.43
1410 · Prepaid meetings	15,409.75	14,027.50	19,387.18
<b>Total 1400 · Prepaid Expenses</b>	<u>199,922.76</u>	<u>243,892.24</u>	<u>158,379.45</u>
<b>Total Other Current Assets</b>	<u>-42,809.98</u>	<u>2,659.50</u>	<u>-78,295.14</u>
<b>Total Current Assets</b>	<u>10,512,869.96</u>	<u>11,202,490.63</u>	<u>10,504,537.03</u>
<b>Fixed Assets</b>			
1301 · Computer equipment	83,402.04	83,402.04	295,527.04
1302 · Computer Software	7,940.84	7,940.84	7,940.84
1305 · Computer equipment - Acc dep	-67,425.07	-67,425.07	-273,422.80
1306 · Computer Software - Acc Dep	-7,940.84	-7,940.84	-7,118.97
1310 · Furniture and Equipment	343,774.00	343,109.00	464,531.23
1312 · Furniture & Equipment -Acc Dep	-112,140.09	-82,600.09	-461,569.94
1320 · Leasehold Improvements	758,628.70	758,628.70	402,013.85
1322 · Leasehold Improvments -Acc dep	-69,540.96	-69,540.96	-402,013.85
1325 · Construction Work In Progress	0.00	0.00	774,847.72
<b>Total Fixed Assets</b>	<u>936,698.62</u>	<u>965,573.62</u>	<u>800,735.12</u>
<b>TOTAL ASSETS</b>	<u><u>11,449,568.58</u></u>	<u><u>12,168,064.25</u></u>	<u><u>11,305,272.15</u></u>

	<u>30 Jun 18</u>	<u>31 Mar 18</u>	<u>30 Jun 17</u>
<b>LIABILITIES &amp; EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>			
2000 · Accounts Payable	123,489.38	160,790.04	91,120.97
<b>Total Accounts Payable</b>	<u>123,489.38</u>	<u>160,790.04</u>	<u>91,120.97</u>
<b>Other Current Liabilities</b>			
2011 · Vacation Accrual	113,523.91	113,523.91	87,729.01
2010 · Accrued Liabilities	377,317.21	325,072.72	338,831.30
2100 · Deferred Revenue			
2101 · Deferred Registration Fees	0.00	0.00	3,857,385.01
2103 · Pro-Rated Fee Revenue	20,731.99	0.00	0.00
2102 · Deferred Full Fee Revenue	3,969,813.75	4,833,780.00	0.00
<b>Total 2101 · Deferred Registration Fees</b>	3,990,545.74	4,833,780.00	3,857,385.01
2110 · Banked refunds	31,140.47	28,971.20	35,297.69
<b>Total 2100 · Deferred Revenue</b>	<u>4,021,686.21</u>	<u>4,862,751.20</u>	<u>3,892,682.70</u>
2150 · Other Payables			
2154 · Citizen's Advisory Group	267.38	11,556.19	16,000.00
2152 · Due to London Life (RRSP)	0.00	15,982.74	14,941.49
<b>Total 2150 · Other Payables</b>	<u>267.38</u>	<u>27,538.93</u>	<u>30,941.49</u>
<b>Total Other Current Liabilities</b>	<u>4,512,794.71</u>	<u>5,328,886.76</u>	<u>4,350,184.50</u>
<b>Total Current Liabilities</b>	<u>4,636,284.09</u>	<u>5,489,676.80</u>	<u>4,441,305.47</u>
<b>Long Term Liabilities</b>			
2125 · Deferred Rent - Tenant Incentiv	246,225.04	246,225.04	0.00
<b>Total Long Term Liabilities</b>	<u>246,225.04</u>	<u>246,225.04</u>	<u>0.00</u>
<b>Total Liabilities</b>	4,882,509.13	5,735,901.84	4,441,305.47
<b>Equity</b>			
3000 · Unrestricted Net Assets	3,862,812.95	3,862,812.95	303,936.00
3001 · Invested in Capital Assets	719,348.58	719,348.58	180,073.00
3010 · Restricted Reserves			
3011 · Professional Conduct Expense / Contingency	1,000,000.00	1,000,000.00	6,078,725.00
3012 · Sexual Abuse Therapy / Fee Stabilization	100,000.00	100,000.00	327,865.00
3013 - Strategic Initiatives	500,000.00	500,000.00	0.00
3014 - IT Improvements	250,000.00	250,000.00	0.00
<b>Total 3010 · Restricted Reserves</b>	<u>1,850,000.00</u>	<u>1,850,000.00</u>	<u>6,406,590.00</u>
3900 · Retained Earnings	0.88	0.88	0.88
Net Income	134,897.04	0.00	-26,633.20
<b>Total Equity</b>	<u>6,567,059.45</u>	<u>6,432,162.41</u>	<u>6,863,966.68</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>11,449,568.58</u></u>	<u><u>12,168,064.25</u></u>	<u><u>11,305,272.15</u></u>



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 8.0**

**Council Meeting  
October 12, 2018**

**Agenda #8.0: Motion to go in camera pursuant to sub section 7(2)(c) and (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 sub section 7(2)(c) and (d) of the Health Professions Procedural Code.

**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY  
(Q1) April, May and June 2018**

	# of Meetings		# of Cases Considered	# of Appeal Decisions Received (HPARB or Divisional Court)	Type of Outcomes		Q1 2018/19
	F2F	Tel					
Registration	0	1	1	0	Certificate Granted (with or without terms, conditions and limitations)		0
					Certificate Denied		1
ICRC	2	1	23	3 HPARB decisions (all upheld)	Direction provided to staff (case ongoing)		4
					Investigator appointed		3
					Referral to Discipline		0
					Incapacity Inquiry or Referral to Fitness to Practice		0
					Other decision		15
Quality Management	1	0	9	0	Practice Assessment	Successfully Completed (with or without recommendations)	4
						Practice Enhancement Required	3
					Practice Enhancement	Successfully Completed	0
						Second Practice Enhancement or Reassessment Required	0
						Practice Enhancement Rescinded after Submission	1
					Other Decision		1
					Requests for Deferral or Exemption	Granted	0
Denied	0						
Discipline ** deliberation days not included**	2 hearings  3 pre hearings	0	2	1	Hearings Pending		3
					Hearing Outcomes	Revoked	0
						Suspended (with or without terms, conditions and limitations)	2
						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.

**REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY  
(Q1) April, May and June 2018**

**ICRC** – Nothing to report.

**Quality Assurance** - Nothing to report.

**Discipline and Fitness to Practice** – There were three pre-hearing conferences this quarter which is unusual. These were held at the request of defence counsel.

**Patient Relations** – The PRC approved its first application for funding for an individual whose complaint was in the investigation phase. Due to recent amendments to the RHPA an applicant can access funding for therapy and counseling at the time that the complaint is confirmed



## EXECUTIVE COMMITTEE MEETINGS

### REPORT TO COUNCIL

**Date:** October 12, 2018

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

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

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

#### **Meetings:**

Meetings held since last report:

- June 20, 2018 (teleconference)
- June 21, 2018 (teleconference)
- September 6, 2018 (teleconference)

Planned upcoming meetings:

- November 29, 2018
- February 27, 2019
- June 4, 2019

#### **JUNE 20, 2018 EXECUTIVE COMMITTEE EMERGENCY TELECONFERENCE MEETING**

##### **1. Legal Opinion**

The Executive Committee received a legal opinion.

#### **JUNE 21, 2018 EXECUTIVE COMMITTEE EMERGENCY TELECONFERENCE MEETING**

##### **1. Legal Opinion**

The Executive Committee recommended that they will provide Council with the information from the legal opinion at the upcoming June Council meeting.



**SEPTEMBER 6, 2018 EXECUTIVE COMMITTEE TELECONFERENCE MEETING**

**1. Motion from Executive Committee to Seek Legal Opinion re: Whether Staff are Council employees**

The Executive Committee made a motion to seek a legal opinion on whether staff are Council employees based on the Regulated Health Professions Act, Health Professions Procedural Code, Schedule 2, section 9, sub section 1 and 2.

**2. Motion from Executive Committee to Authorize Discretionary Spending**

The Executive Committee made a motion to recommend to Council that Executive Committee should have access to funds set to a limit of \$5,000 to seek legal advice when and if they see fit without having approval from the Registrar and in the absence of Council.

## Agenda #10

### Member's Motions