



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

AGENDA

December 17-18, 2018

At

The College Board Room

375 University Avenue, Suite 800, Toronto

Council Member Networking Breakfast 8:30am – 9:00am

9:00 AM

Welcome

1 Approval of the Agenda

Motion For Decision

2 Approval of the Council Meeting Minutes of September 24 and 25, 2018 and October 14, 2018

Motion For Decision

3 Quality Assurance Program Review – Project Update

Motion For Decision

Council will be provided with an overview of the Quality Assurance Program Review. Council will also be asked to consider several recommendations from the Quality Assurance Working Group.

4 Interim Registrar's Report

For Information

5 Reprioritization of Strategic Tactics

Motion For Decision

Council is being asked to consider the timelines and prioritization of strategic projects associated with the current strategic plan.

6 By-Laws and Governance Policies Plan

Motion For Decision

Council is being asked to affirm the Executive Committee to act as the working group over the next 12 months to work through the College's annual review of its By-laws and governance policies.

7 Review of the Advertising Standard

Motion For Decision

At its meeting in October 2018 Council asked staff to gather additional information to assist with their review of the Advertising Standard. Council is being asked to consider recommended changes to the Advertising Standard.



8 Case Studies and Decision Making

Council members will participate in an exercise which will highlight the types of issues that come before College committees and the different decisions that can be made.

9:00 AM

December 18, 2018

9 Pre- Registration Jurisprudence Exam

Motion For Decision

Council is asked to reconsider their direction initially provided in June 2016 to make completion of the Jurisprudence examination a pre-registration requirement.

10 Conference Attendance: Reporting Key Learnings to Council

Motion For Decision

Council is asked to review the current approach to how councillors report their key learnings from conferences to Council.

11 Review of Expense Rule for Accommodations

Motion For Decision

Council is being asked to consider the eligibility for council / committee member accommodation as per Policy 5.1 – Honoraria and Expenses. Council is asked to determine if they would like to change the rules for accommodation eligibility.

12 Q2 Financial Report

For Information

Year to date spending, including notes about variance between budget and actual spending, are provided for review and discussion.

13 Vestibular Therapy: Notice of Motion

Motion For Decision

Councillor Lisa Tichband is bringing a motion to Council to consider the performance of vestibular therapy becoming a rostered activity.

14 President's Report

For Information

- Q2 Committee Activity Summary
- Q2 Executive Committee Report to Council
- Other updates



**15 Motion to go *in camera* pursuant to section 7(2)(d) of the Health Professions
Motion Procedural Code
For Decision**

16 Member's Motion/s

Adjournment

Future Council Meeting Dates:

- March 21 and 22, 2019
- June 24 and 25, 2019



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 1.0

**Council Meeting
December 17-18, 2018**

Agenda #1: Approval of the agenda

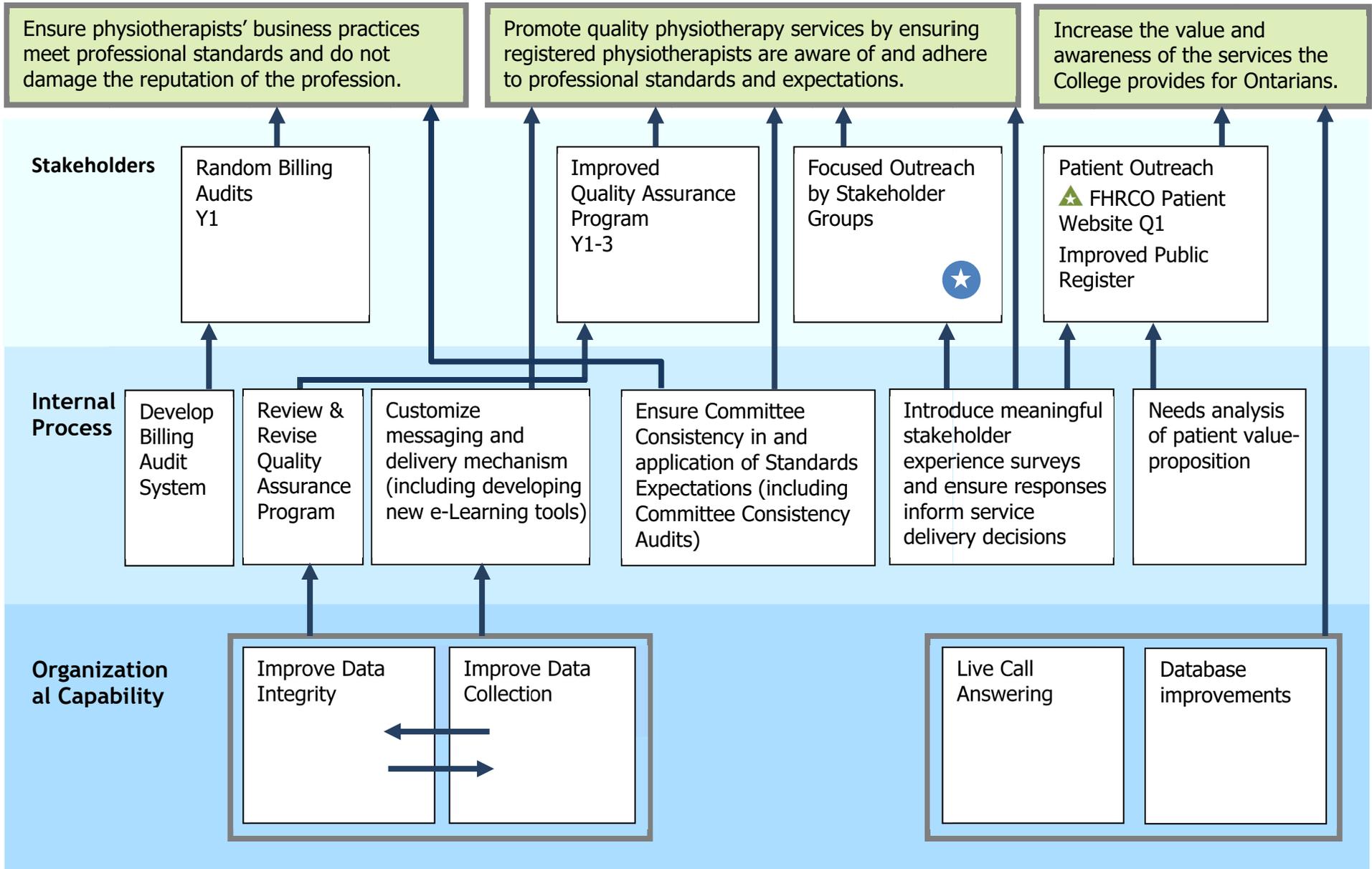
It is moved by

and seconded by

that:

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

Strategy Map 2017–2020



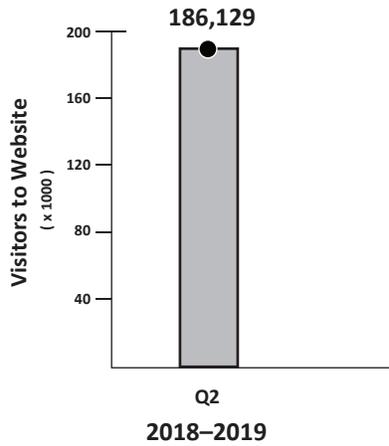
- ▲ Ongoing/External
- ★ Y1: Supervisors, Students, Educators
- ★ Y2-3: Internationally Educated PTs, Employers, Insurers and Registration Ceremony for new graduates

College Dashboard

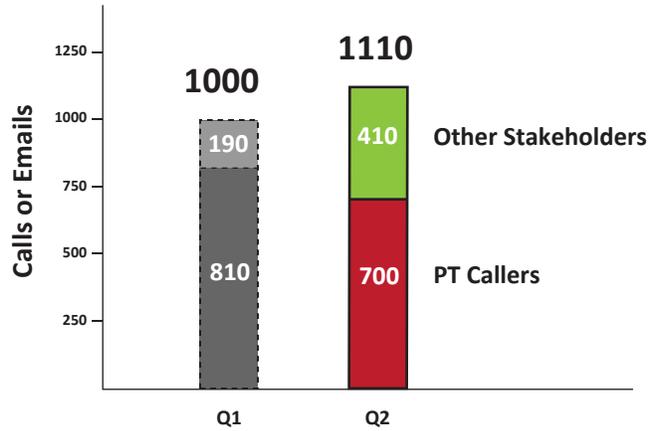
(Q2) JULY—SEPTEMBER 2018

Strategic

Stakeholder Awareness



Practice Advice

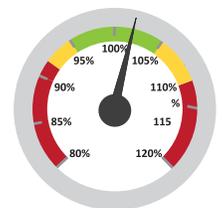
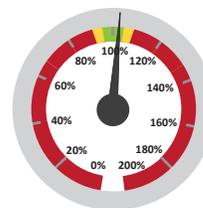
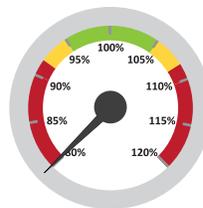
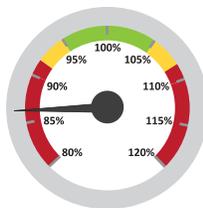
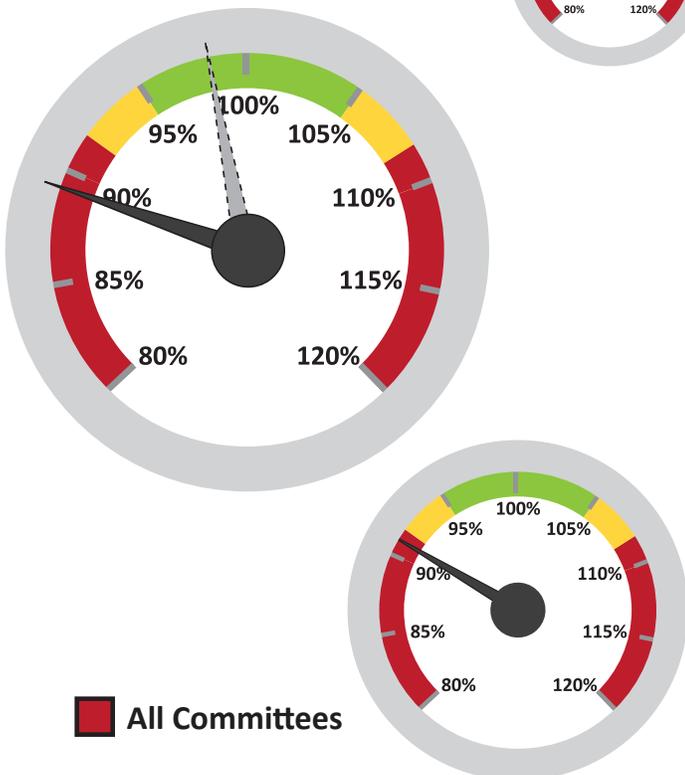


Operational

Financial Accountability

Overall 89% Q2

Quality Assurance Investigations and Reports Discipline Corporate Services



	Target	Q1
Human Resource Excellence		
Absenteeism	< 1.7 days per employee	●
Turnover	Green ≤ 3 Amber > 3 ≤ 5	▲
Stat Program Performance		
ICRC	Met all Statutory timelines	●
Quality Management	Met all Statutory timelines	●
Registration	Met all Statutory timelines	●

Dashboard Explanatory Notes, Q2 2018-2019

OPERATIONAL INDICATORS

What We Measure	What this Demonstrates and How	Quarterly Results
<p>Financial Accountability Ratio of actual spending to budgeted spending</p>	<p>To demonstrate sound financial management by monitoring what was spent compared to what was budgeted.</p> <p>Target = Within 95% each quarter</p>	<p>Detailed explanation in the statement of operations.</p>
<p>Human Resource Excellence Composite measure of absenteeism and turnover rates</p>	<p>To provide an indication of overall organizational health.</p> <p>Absenteeism and turnover rates serve as proxies for good recruiting and performance management policies.</p> <p>Target = Absenteeism and turnover rates that are within industry standard based on the Conference Board of Canada</p>	<p><u>Absenteeism</u>: on target.</p> <p><u>Turnover</u>: In the past 12 month's five employees left. Two to pursue other opportunities and three were involuntary.</p>
<p>Meeting Statutory Obligations: Composite measure of the statutory obligations of all three committees</p>	<p>To monitor performance of core statutory duties. Specifically, whether each committee meets the specific timeline and notice requirements of the RHPA.</p> <p>Target:</p> <p>QA % PTs provided an opportunity to make a submission</p> <p>Reg % applicants provided 30 days to make a submission % individuals requiring notice of right to appeal were notified</p> <p>ICRC % complaints closed within 150 days <u>or with notice of delay</u> % complaints and reports given 14-day notice</p>	<p><u>Quality Assurance</u>: on target.</p> <p><u>Registration</u>: on target.</p> <p><u>Inquiries, Complaints and Reports Committee</u>: on target.</p>

Dashboard Explanatory Notes, Q2 2018-2019

STRATEGIC INDICATORS

What We Measure	What this Demonstrates and How	Quarterly Results
<p>Stakeholder Awareness Hits to College Resources</p>	<p>To monitor whether our communications efforts effectively bring people to our resources.</p> <p>We assume that if there are more visits to our resources, we can improve awareness of standards and other requirements.</p> <p>Target = Increase in the number of times College resources are accessed year over year</p>	<p>This measure is not currently in operation. The figure provided is a baseline measure. The dashboard will begin showing results in this measure in Q3.</p> <p>The College recently changed websites and introduced new metrics to assess the number of hits it receives. The new metrics do not align with the ones previously in place.</p>
<p>Practice Advice Increased number of calls over time to demonstrate improved stakeholder value</p>	<p>We assume that calls to practice advice reflect access to a valued service. Accordingly, increased call volume should indicate increase value to stakeholders.</p> <p>Target = increase from previous quarter</p>	<p>PT Callers: 14% decline in calls</p> <p>Other Callers: 54% increase in calls; likely related to the following three activities:</p> <ul style="list-style-type: none"> • Targeted outreach to students, patients and employers, resulting in more calls from targeted demographics. • Ontario health regulators collaborative marketing campaign to drive awareness of regulatory colleges and their roles, increased traffic to the College website and ultimately practice advice. • Targeted face to face outreach with academics and insurers. <p>Q2 practice advice call trends: privacy, boundaries and billing.</p>



Motion No.: 2.0

**Council Meeting
December 17-18, 2018**

Agenda #2: Approval of the Council Meeting Minutes of September 24 and 25, 2018 and October 12, 2018

It is moved by

and seconded by

that:

the Council meeting minutes of September 24-25, 2018 and October 12, 2018, including the *in camera* minutes of October 12, be approved.



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

MINUTES

September 24 and 25, 2018

At

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

Attendees:

Mr. Gary Rehan (President)
Mr. Darryn Mandel
Mr. Ron Bourret
Ms. Jane Darville
Ms. Zita Devan
Ms. Theresa Stevens
Mr. Mark Ruggiero
Mr. Martin Bilodeau

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

Staff:

Ms. Shenda Tanchak
Mr. Rod Hamilton
Ms. Anita Ashton
Ms. Lisa Pretty
Ms. Fiona Campbell
Ms. Robyn MacArthur
Ms. Joyce Huang
Ms. Olivia Kisil

Recorder: Ms. Elicia Persaud

Regrets: Mr. Ken Moreau (September 24 and 25, 2018)

9:03 AM

Welcome

Mr. Gary Rehan, President, welcomed guests and reminded Councillors to declare any conflict of interest. Mr. Rehan proceeded with the Annual Fire training outlining the protocol and emergency exits.

**1.0 Motion Approval of the Agenda
1.0**

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

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

CARRIED.

Following the approval of the agenda, two motions to amend the agenda were made.

Mr. Tyrone Skanes declared a breach of code of conduct and requested that the agenda be amended to include an *in camera* session to discuss the personnel related matter following the approval of the agenda.



Motion 1.1

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

Council add an *in-camera* session following the approval of the agenda.

CARRIED.

Motion 1.2

It was moved by Ms. Jane Darville and seconded by Ms. Sharee Mandel that:

The pre-circulated Code of Conduct item be added to the agenda following the *in camera* session.

The agenda was amended with the above motions.

CARRIED.

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

Motion 2.0

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

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

Council entered *in camera* at 9:30 a.m. returned to open session at 11:40 a.m.

CARRIED.

3.0 Approval of the Council Meeting Minutes of June 25 and 26, 2018

Motion 3.0

It was moved by Ms. Zita Devan and seconded by Ms. Theresa Stevens that:

the Council meeting minutes of June 25-26, 2018, including the *in camera* minutes, be approved.

CARRIED.

4.0 Consideration of Code of Conduct Breach by Ms. Kathleen Norman

Motion 4.0

It was moved by Mr. James Lee and seconded by Ms. Jennifer Dolling:

that Council acknowledged the concerns, but no further action is required in the matter of Ms. Kathleen Norman's code of conduct breach.

CARRIED.

5.0 Consideration of Code of Conduct Breach by Mr. Darryn Mandel



Ms. Cathi Mietkiewicz, legal counsel, facilitated this discussion.

Motion 5.0

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

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

CARRIED.

Ms. Mietkiewicz was permitted to stay for the *in camera* session.

Council entered *in camera* at 11:52a.m. returned to open session at 1:19p.m.

Motion 5.1

It was moved by Mr. Tyrone Skanes and seconded by Mr. Ron Bourret that:

Council, after reviewing the report provided by Cathi Mietkiewicz, setting out code of conduct concerns related to Mr. Darryn Mandel, reviewing materials provided by Mr. Mandel, having heard a presentation from Mr. Mandel, and after engaging in an extensive discussion has :

1. accepted Mr. Mandel's apology for concerns identified in the report as items 2, 3 and 4
2. found that Mr. Mandel provided an adequate explanation for all other concerns.

Accordingly, Council has decided to close this matter and take no further action.

CARRIED.

6.0 Consideration of Executive Committee's Authority

Ms. Mietkiewicz facilitated this discussion.

Motion 6.0

It was moved by Mr. James Lee and seconded by Mr. Ron Bourret that:

Council , after reviewing the independent report provided by legal counsel, setting out the concerns raised that the Executive Committee may exceeded or acted outside its authority, and after engaging in an extensive discussion that included input from the Executive Committee, College staff and legal counsel, has determined that the Executive Committee has not exceeded or acted outside its authority.

Accordingly, Council has decided to close this matter and take no further action with respect to the Executive Committee.

DEFEATED.



After further discussion Council decided additional learning and clarity in the Governance Policy would assist with the resolution of the concerns.

Motion 6.1

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

Council, after reviewing the independent report provided by legal counsel, setting out the concerns raised that the Executive Committee may exceeded or acted outside its authority, and after engaging in an extensive discussion that included input from the Executive Committee, College staff and legal counsel, has determined that the Executive Committee has not exceeded or acted outside its authority.

Accordingly, Council has decided to authorize additional training for Council and Executive members about the role of Executive and develop and approve clearer expectations or duties within the Governance Policies.

CARRIED.

7.0 Registrar's Report

Received with one question about the complaints and investigations process at the College.

Day one of Council was adjourned at 4:01 p.m.

September 25, 2018

Council received notice via email that the meeting will be starting at 11:00 a.m.

11:08 AM 8.0 Motion to go *in camera* pursuant to 7(2) of the Health Professions Procedural Code

Motion 8.0

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

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

CARRIED.

Staff were excluded from the *in camera* session.

Council moved into the public portion of the meeting at 1:11 p.m.

Mr. Rehan noted all remaining decision items on the agenda will be deferred to a Special Council meeting in October.



Mr. Rod Hamilton, Interim Registrar, asked to address Council about the recent personnel changes.

Motion 8.1

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

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

CARRIED.

Council moved back to the public portion of the meeting at 1:22 p.m.

Adjournment

Motion It was moved by Ms. Zita Devan that the Council meeting be adjourned.

CARRIED.

The meeting was adjourned at 1:24 p.m.

Gary Rehan, President



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

MINUTES

October 12, 2018

At

The College Board Room

375 University Avenue, Suite 800, Toronto

Attendees:

Mr. Gary Rehan (President)
Mr. Darryn Mandel
Mr. Ron Bourret
Ms. Jane Darville
Mr. Martin Bilodeau
Ms. Theresa Stevens
Mr. Mark Ruggiero
Mr. Ken Moreau

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

Staff:

Mr. Rod Hamilton
Ms. Anita Ashton
Ms. Lisa Pretty
Ms. Fiona Campbell
Ms. Joyce Huang
Ms. Tejia Bain
Ms. Olivia Kisil
Ms. Taylor Turner
Ms. Shari Hughes
Ms. Shelley Martin

Recorder: Ms. Elicia Persaud

9:00 AM

Welcome

Mr. Gary Rehan, President, welcomed guests and noted Ms. Janet Law and Ms. Jane Darville will be late.

1.0 Motion Approval of the Agenda

It was moved by Ms. Theresa Stevens and seconded by Ms. Sharee Mandel that:

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

CARRIED.

2.0 Interim Registrar's Report

Mr. Rod Hamilton, Interim Registrar, provided an updated on the following:

- staffing transitions at the college
- public appointment update
- FHRCO Board of Directors meeting.



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

Motion 3.0

It was moved by Mr. Martin Bilodeau and seconded by Mr. James Lee that:

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

CARRIED.

4.0 Q1 Financial Report

Received with no comments.

5.0 President's Report

Received with no comments.

Motion 5.0

It was moved by Mr. Ron Bourret and seconded by Mr. Tyrone Skanes that:

The Ad Hoc Committee convened in June 2018 be dissolved.

CARRIED.

6.0 Quality Assurance Program Review

Ms. Joyce Huang, Strategic Projects Manager, provided an update on the work of the Quality Assurance Working Group.

Motion 6.0

It was moved by Ms. Sharee Mandel and seconded by Ms. Lisa Tichband 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.

CARRIED.

This item was put on hold at 9:45 a.m. and resumed at 11:30 a.m.

Motion 6.1

It was moved by Mr. James Lee and seconded by Ms. Kathleen Norman 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.



After further discussion Mr. Lee withdrew his motion and Council deferred this item to the next Council meeting with a request for additional information from the Working Group be brought forward.

Council discussed the remaining items and provided the following direction:

- As part of the pre-questionnaire a declaration statement should be the approach for confirming that physiotherapists have the requested written policies in place.
- Feedback should be provided by the assessor as part of the onsite assessment.

10:00 AM 7.0 Denise Cole, Assistant Deputy Minister

Ms. Denise Cole, Assistant Deputy Minister, provided Council with an update on Ministry initiatives including guidance and in respect to the Ministry's position on College oversight.

Mr. Thomas Custers, Manager, Quality Performance and Evaluation, presented an overview of the College Performance Measurement Framework that is currently under development.

Ms. Cole, Mr. Custers and Ms. Allison Henry left the boardroom at 11:15 a.m.

8.0 Conversation with Brian Gover

Mr. Brian Gover, Legal Counsel, provided a legal analysis of the presentation of Ms. Cole and Mr. Custers.

Mr. Gover left the boardroom at 11:30 a.m.

9.0 Advertising Standard: Emerging Issues
Motion 9.0

It was moved by Mr. Ken Moreau and seconded by Mr. Martin Bilodeau that:

Council reaffirms the current Advertising Standard as fit for purpose.

After further discussion Mr. Moreau withdrew his motion.

Motion 9.1

It was moved by Ms. Theresa Stevens and seconded by Mr. Ken Moreau that:

Council directs staff to revisit the Advertising Standard and bring it back for consideration at the December 2018 Council meeting.

CARRIED.



During the interim, all audit cases currently at the Inquiries, Complaints and Reports Committee will be enforced using the Professional Misconduct Regulation provisions.

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

Motion 10.0

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

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

CARRIED.

Council went *in camera* at 3:40 p.m. and returned to the public portion of the meeting at 3:48 p.m.

11.0 Member's Motions

No motions made.

Adjournment

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

CARRIED.

The meeting was adjourned at 3:50 p.m.

Gary Rehan, President



Motion No.: 3.0

**Council Meeting
December 17-18, 2018**

Agenda #3: Quality Assurance Program Review – Project Update

It is moved by

and seconded by

that:

Council approves the QAWG's recommendation to include a chart review component in the remote assessment process. The inclusion of this component will be re-evaluated based on the results of the pilot test assessments.



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Motion No.: 3.1

**Council Meeting
December 17-18, 2018**

Agenda #3: Quality Assurance Program Review – Project Update

It is moved by

and seconded by

that:

Council approve the QAWG's recommendation to defer the consideration of a non-clinical QA assessment for two years.



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Motion No.: 3.2

**Council Meeting
December 17-18, 2018**

Agenda #3: Quality Assurance Program Review – Project Update

It is moved by

and seconded by

that:

Council approve the QAWG's recommendation that the QA program selects 9.3% of eligible members for assessment in the year 2019-20.



Motion No.: 3.3

**Council Meeting
December 17-18, 2018**

Agenda #3: Quality Assurance Program Review – Project Update

It is moved by

and seconded by

that:

Council approve the following recommendations related to QA program policies:

1. Updated timelines for the remote and on-site assessment processes.
2. Members involved in an active professional conduct matter should not be exempted from selection automatically; they can ask for a deferral, which will be assessed on a case-by-case basis based on the QA Program's deferral policy.
3. Members can get a deferral if they are planning to retire within 6 months. They will be required to sign an Acknowledgement & Undertaking (A&U) that if they change their mind and continue to practice, then they understand that they will be selected for assessment right away.
4. The current policy on deferrals and exemptions can stay largely the same, with two minor changes: educational programs should be specifically defined as full-time programs; and the member being involved in an active PC matter should be added as a criterion in the policy.
5. The QA program should continue to accept volunteers; however, there should be criteria defined for who can volunteer: only if the member has never been assessed before and meets the inclusion criteria for selection.



Meeting Date:	December 17-18, 2018
Agenda Item #:	3
Issue:	Quality Assurance Program Review – Project Update
Submitted by:	Joyce Huang, Strategic Projects Manager

Issue:

This is an update on the Quality Assurance Program Review project. Council is also being asked to approve several recommendations from 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.

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:

Below is an update on the status of the QA program review project since the last Council meeting.

Draft assessment tools:

- In September 2018, the QAWG conducted a detailed review of and provided feedback on draft behaviour-based interview (BBI) questions for the remote and on-site assessments. A copy of those draft questions was provided to Council for information in October 2018.
- Staff have conducted an additional review of the draft BBI questions to ensure clarity and suitability of the language for our members. This review identified a few additional changes.
- The draft BBI questions with these changes will be used for pre-testing with a small group of PT volunteers in February 2019.



- A draft pre-assessment questionnaire has also been drafted based on the approved assessment blueprint. The QAWG reviewed the draft pre-questionnaire and provided feedback in November 2018.

Database functionality and Mobile Assessment Tool

- Initial development of database functionality and a technology tool to facilitate the assessments has been completed.
- Staff are currently conducting User Acceptance Testing to identify defects and other required changes to those tools.
- The target is to complete testing and debugging of these tools by February 2019.

Defer Implementation of ePortfolio Tool

- The QAWG recommended that the Professional Portfolio should no longer be mandatory, and that the College should make available to members an optional ePortfolio tool through the member portal.
- Additional database development work is required to implement this ePortfolio tool. Given that there are a number of high priority database development items to be completed this year, the implementation of the ePortfolio tool will be deferred.
- The QAWG considered and agreed with the deferral of this component of the program.
- There is no change to members' obligation to participate in and keep a record of continuing professional development activities.

The project plan and timeline with current statuses of the work components is attached as Appendix 1. The draft assessment blueprint is attached as Appendix 2.

Upcoming Work:

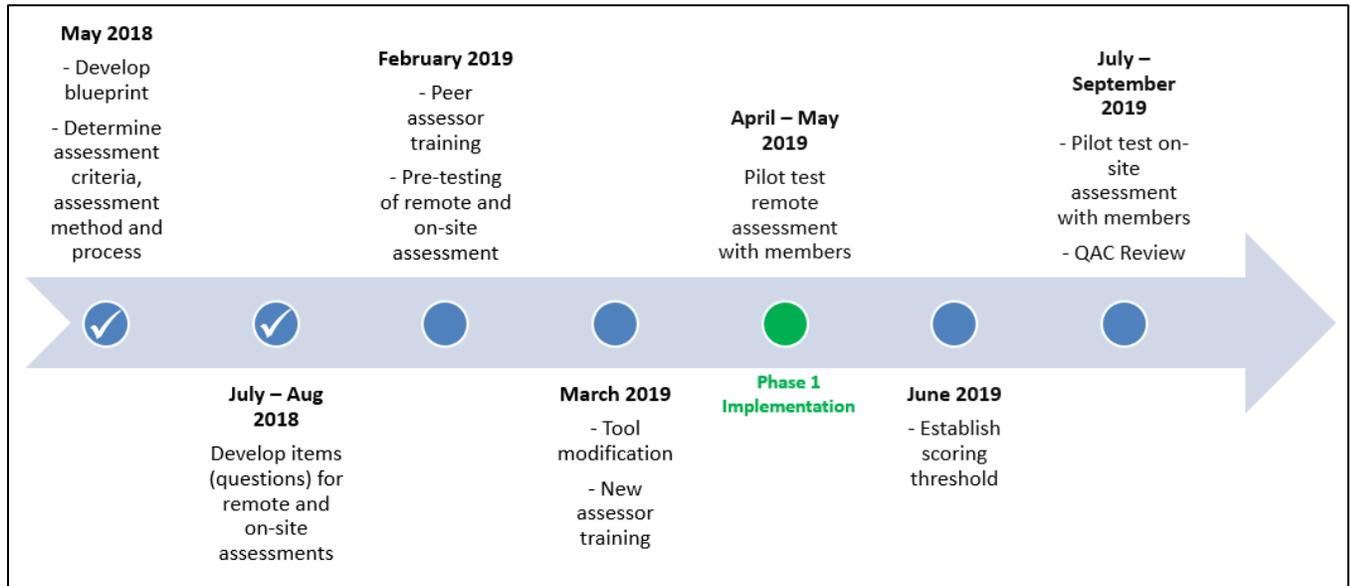
This section highlights work that is planned for the upcoming quarter.

Pre-testing the remote and on-site assessment tools

- The assessment 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).
- In February 2019, the draft remote and on-site assessment tools will be pre-tested with a small group of PT volunteers.
- The purpose of the pre-test is to confirm the reliability of the questions, test inter-rater reliability, and identify required changes to the language in the questions to improve clarity.
- Seven to eight PT volunteers will be invited to participate in the pre-test, each PT will be grouped with three assessors to conduct mock assessments.



Figure 1: Assessment Tool Development Process and Timeline



QA Program Policies Review

- Staff have completed a review of the QA program policies, and identified policies that need to be created, amended, updated, or rescinded.
- The QAWG will be considering the policies over several meetings, to correspond to the timing of the QAWG’s consideration and direction on certain aspects of the program.
- At the November 2018 meeting, the QAWG considered and provided direction on five of those reviewed policies. It is expected that the QAWG will continue to review and provide feedback on program policies in February and June 2019.

Items for Council Consideration:

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 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 is presented below, starting with items requiring Council decision, followed by items for information.

1. For Decision Items

Item/Topic	Including a Document Review Component in the Remote Assessment
Details	<p>In May 2018, the assessment consultant conducted a series of focus groups with practising PTs to consider and identify potential assessment criteria for the remote and on-site assessments. The focus group participants suggested the inclusion of a document review component in the remote assessment process to review information related to the member’s advertising, fees and billing, and charting.</p> <p>In June 2018, the QAWG considered this suggestion, and identified the need for further consideration of the additional time that would be required for the assessors to review these materials, and what information would be gained from this review from an assessment perspective.</p> <p>This issue returned to the QAWG for further consideration and direction in November 2018. Staff provided additional information about how information about those three topics would be collected and reviewed, and other relevant considerations.</p> <p>After the discussion, the QAWG recommended that a document review should be included as part of the remote assessment, and that it should include the review of one patient chart.</p> <p>The QAWG also recommended that the inclusion of the chart review should be re-evaluated after the pilot test assessments, based on an analysis of the results data to determine whether the chart review is an effective tool for identifying members who may need further assessment.</p> <p>More detailed background about this item is included in Appendix 3.</p>
Council Decision Sought	<p>That Council approves the QAWG’s recommendation to include a chart review component in the remote assessment process. The inclusion of this component will be re-evaluated based on the results of the pilot test assessments.</p>

Item/Topic	Assessment for Non-clinical Members
<p>Details</p>	<p>In October 2018, Council was asked to consider and approve the QAWG’s recommendation to engage non-clinical PTs in practice assessments. Council deferred the decision and requested additional information to assist with their consideration of this issue.</p> <p>Staff gathered the additional information requested by Council. The QAWG was asked to review the additional information, and either re-affirm their earlier recommendation, or to revise their recommendation.</p> <p>The additional information considered by the QAWG included:</p> <ul style="list-style-type: none"> • Which other regulators have a non-clinical assessment • What would the assessment process look like for non-clinical PTs • What are the additional costs to develop the assessment tool and the technology tools • Consideration about the availability of coaching for non-clinical PTs, and the associated costs <p>The QAWG considered this information and recommended that the College defer the consideration of a non-clinical QA assessment for two years. The QAWG recognizes that while a non-clinical assessment has public protection value, there are limited resources available to do the development work at this time.</p> <p>More detailed background about this item is included in Appendix 4.</p>
<p>Council Decision Sought</p>	<p>That Council approve the QAWG’s recommendation to defer the consideration of a non-clinical QA assessment for two years.</p>
Item/Topic	Target Annual Assessment Volume
<p>Details</p>	<p>When the QAWG considered what changes should be made to the QA Program, the QAWG proposed a program design that is intended to assess all members over a number of years. At the time of that discussion, based on rough estimates of costs, the QAWG proposed that the program should assess all members over a 5-year or 6-year cycle. It was intended that the QAWG would revisit this issue and revise their recommendation if needed once the program was more developed and more specific costs are determined.</p>

	<p>This issue returned to the QAWG for consideration and direction in November 2018. The consideration of this issue is informed by what the appropriate length of time is between assessments, and Council's direction that the new QA Program should not cost more than the current QA Program.</p> <p>The QAWG considered the relevant research and stakeholder feedback, as well as several cost analysis scenarios that considered program costs and assessment volumes. The cost and volume scenarios were based on several variables: with and without staffing costs included; with and without a document review component in the remote assessment, with and without non-clinical members included in the assessment process, and targeting a 7-year assessment cycle.</p> <p>After considering the above factors and discussing the cost scenarios, the QAWG's recommendation is to set the target annual assessment volume such that the new QA program costs the same as the previous QA program. Based on that criteria, the recommended target annual assessment volume is to select 9.3% of eligible members for assessment in 2019-20.</p> <p>As the cost analysis is based on certain assumptions about the future program (such as the length of time it takes to conduct the remote and on-site assessments, and the percentage of PTs who will require an on-site assessment after the remote assessment), it is anticipated that the target annual assessment volume will need to be re-evaluated and re-established on an ongoing basis based on actual program data once the new program is implemented.</p> <p>More detailed background about this item is included in Appendix 5.</p>
Council Decision Sought	That Council approve the QAWG's recommendation that the QA program selects 9.3% of eligible members for assessment in the year 2019-20.
Item/Topic	Quality Assurance Program Policies Review
Details	Staff have completed a review of the QA program policies, and identified policies that need to be created, amended, updated, or rescinded. At the November 2018 meeting, the QAWG considered and provided direction on five of those reviewed policies. Below are the policy topics that the QAWG considered, and their recommendations for each issue.



Topic 1: Remote and On-site Assessment Timelines

- The current QA Program has a defined timeline for the completion of the peer assessment and the overall process.
- For the development of the quality assurance functionality in the database, College staff was asked to provide the database development team with approximate estimates of the timelines for each step of the remote assessment and on-site assessment process. The dates were required to enable the developers to build in automated steps and reminders. The timeline could be amended based on the WG's direction and feedback.
- The QAWG reviewed and approved the proposed timelines provided by staff.

Topic 2: Members who are involved in an investigation, complaint or specified continuing education and remediation program (SCERP)

- In 2007, the College received legal advice that indicated it was possible to defer members selected for an on-site assessment if the member was also involved in a professional conduct matter. In 2009, the database selection algorithm was updated, and any members involved in a professional conduct related remediation, a complaint or a discipline process were excluded from the random selection process. This decision was made by the Registrar but was not formally defined in a QA program policy.
- The QAWG was asked to consider if members currently involved in a professional conduct matter should be excluded from the selection pool until the matter is concluded.
- The QAWG recommended that these members should not be exempted from selection automatically; they can ask for a deferral, which will be assessed on a case-by-case basis based on the QA Program's deferral policy (see Topic 4).

Topic 3: Members who indicate they plan to retire

- In the current QA program, members who were planning to retire within the next year were given exemptions. Once a member was given an exemption, the database algorithm removed the member from the selection list for one year, and then the member was returned to the random selection pool.
- The QAWG was asked to provide direction regarding whether members can be deferred when they are selected for an assessment if they plan to retire within a year.



- The QAWG recommended that members can get a deferral if they are planning to retire within 6 months. They will be required to sign an Acknowledgement & Undertaking (A&U) that if they change their mind and continue to practice, then they understand that they will be selected for assessment right away.

Topic 4: Decisions about deferrals or extensions made by College staff

- Previous legal advice obtained by the College suggested that that College staff could make decisions about granting extensions, deferrals, and exemptions for peer assessments if the criteria were set forth by the Quality Assurance Committee. The advice also suggested that staff could grant deferrals when there are precedent decisions made by the Committee. Any requests that fall outside the criteria or that does not have a precedent, would be brought to the Committee for approval.
- The QAWG was asked to confirm: the list of criteria used to grant extensions and deferrals; that College staff can continue to grant extensions and deferrals according to accepted criteria; and that a request for written evidence for an extension or deferral can be decided on an as needed basis.
- The QAWG recommended that the current policy can stay largely the same, with two minor changes: educational programs should be specifically defined as full-time programs; and the member being involved in an active PC matter should be added as a criterion in the policy (as per Topic 2).

Topic 5: Members who volunteer (self-refer) for a remote or an on-site assessment

- In the current QA Program, the selection policy and procedure permitted volunteers to participate in an on-site assessment.
- Given that the nature of the assessment process has changed significantly in the new QA program, the QAWG was asked to consider whether the program should accept volunteers (self-referrals) for assessments going forward.
- The QAWG recommended that the QA program should continue to accept volunteers; however, they recommended that criteria be defined for who can volunteer: only if the member has never been assessed before and meets the inclusion criteria for selection.

More detailed background about this item is included in Appendix 6.

<p>Council Decision Sought</p>	<p>That Council approve the following recommendations related to QA program policies:</p> <ol style="list-style-type: none"> 1. Updated timelines for the remote and on-site assessment processes. 2. Members involved in an active professional conduct matter should not be exempted from selection automatically; they can ask for a deferral, which will be assessed on a case-by-case basis based on the QA Program's deferral policy. 3. Members can get a deferral if they are planning to retire within 6 months. They will be required to sign an Acknowledgement & Undertaking (A&U) that if they change their mind and continue to practice, then they understand that they will be selected for assessment right away. 4. The current policy on deferrals and exemptions can stay largely the same, with two minor changes: educational programs should be specifically defined as full-time programs; and the member being involved in an active PC matter should be added as a criterion in the policy. 5. The QA program should continue to accept volunteers; however, there should be criteria defined for who can volunteer: only if the member has never been assessed before and meets the inclusion criteria for selection.
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2. For Information Items

Item/Topic	Continuing Professional Development Requirements
<p>Details</p>	<p>The College's regulations require that all members participate in continuing professional development activities and keep a record of those activities. Currently the College does not define specific requirements for continuing professional development activities or require minimum continuing education hours.</p> <p>As part of the QA program review, the QAWG recommended that the professional portfolio should not be a mandatory requirement in the QA program going forward.</p> <p>In subsequent discussions, the QAWG identified the need to further consider whether the College should define specific requirements for continuing professional development, and how the College will confirm that members are meeting their professional development requirements in the absence of the mandatory portfolio.</p>



In November 2018, the QAWG was asked to consider and provide direction about whether the College should define specific requirements for continuing professional development (CPD), and how the College will confirm that members are meeting CPD requirements in the new QA Program. The QAWG considered information that included legislative requirements related to continuing professional development, findings from an environmental scan, and findings from relevant research.

Based on the information and their discussions, the QAWG did not recommend defining specific requirements for continuing professional development activities. The QAWG recommended that the College will monitor members' compliance with CPD requirements through a declaration at annual renewal; and a question in the on-site assessment about a continuing professional development activity. This is consistent with the College's current practice.

More detailed background about this item is included in Appendix 7.

Decision Sought:

Council is asked to:

1. Approve the QAWG's recommendation to include a chart review component in the remote assessment process. The inclusion of this component will be re-evaluated based on the results of the pilot test assessments.
2. Approve the QAWG's recommendation to defer the consideration of a non-clinical QA assessment for two years.
3. Approve the QAWG's recommendation that the QA program selects 9.3% of eligible members for assessment in the year 2019-20.
4. Approve the WG's recommendations regarding five QA Program Policies:
 - 1) Updated timelines for the remote and on-site assessment processes.
 - 2) Members involved in an active professional conduct matter should not be exempted from selection automatically; they can ask for a deferral, which will be assessed on a case-by-case basis based on the QA Program's deferral policy.
 - 3) Members can get a deferral if they are planning to retire within 6 months. They will be required to sign an Acknowledgement & Undertaking (A&U) that if they change their mind and continue to practice, then they understand that they will be selected for assessment right away.
 - 4) The current policy on deferrals and exemptions can stay largely the same, with two minor changes: educational programs should be specifically defined as full-time programs; and the member being involved in an active PC matter should be added as a criterion in the policy.
 - 5) The QA program should continue to accept volunteers; however, there should be criteria defined for who can volunteer: only if the member has never been assessed before and meets the inclusion criteria for selection.

Attachments:

- Appendix 1: Quality Assurance Program Review Project Plan and Timeline
- Appendix 2: Draft Assessment Blueprint (as of September 2018)
- Appendix 3: Detailed Background on Including a Document Review Component in the Remote Assessment
- Appendix 4: Detailed Background on the Consideration of a Non-Clinical Assessment
- Appendix 5: Detailed Background on the Target Annual Assessment Volume
- Appendix 6: Detailed Background on QA Program Policies Review
- Appendix 7: Detailed Background on Continuing Professional Development Requirements

Appendix 1: 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"> • the selection process for assessments • size and composition of assessor pool • appropriate remuneration for assessors • any questions or issues raised by the consultant 	<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"> • Determine compensation model • Update recruiting tool based on the required key competencies and work experience
June – September 2018	<i>Completed</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	<i>Completed</i> - 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>Completed</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	<i>Pending</i> – Identify the topic of the mandatory education activity (i.e. PISA) for upcoming year (2019-20).	
December 2018	<i>Completed</i> - Seek direction from WG on any outstanding policy considerations (if necessary).	
December 2018 – January 2019		<i>In Progress</i> - 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	Develop 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 seven to eight 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).	
April 2019	Phase 1 Implementation	
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 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.	
September 2019	<i>Completion of program review and development.</i>	

Appendix 2 – Draft 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.

Remote Assessment

All members selected for a Practice Assessment will participate in the remote assessment which includes the following three components:

1. Pre-questionnaire
2. *Pre-interview document submission (pending Council decision)*
3. Behaviour-based 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 (HIC)
- Patient record retention period
- Fee schedule and how patients are informed of the fee for service (if applicable)
- Infection control practices
- Confirmation that required written policies are in place:
 - 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

Behaviour-based Interview

The behaviour-based 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

On-site Assessment

A scoring threshold will be established for the remote assessment, members whose score is below the threshold will be required to participate in an On-site Assessment. The On-site Assessment will be conducted in-person, at the member's place of practice. 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 discussion

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, patient collaboration
6. Monitor, reassess and modify plan, self-management
7. Discharge planning or transitioning care

8. Performing rostered activities 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:

9. Patient safety
10. Addressing discrepancies between employer expectations and professional standards
11. Continuing professional development
12. Conflict resolution
13. Confidentiality and privacy
14. Infection control and prevention

Feedback and discussion

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

Appendix 3 – Detailed Background on Including a Document Review Component in the Remote Assessment

Background

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

During their discussions in June 2018, the QAWG wondered whether it would be worthwhile to include the document review component prior to the remote assessment. The QAWG considered the additional time that would be required for the peer assessors to review these materials, and what information would be gained from this review from an assessment perspective. The QAWG felt that this issue required further consideration by and direction from Council.

This issue is returning to the QAWG for further consideration and direction. In the discussions about the assessment tool since June, some of the topics to be covered in this document review have been addressed in other ways (for example, a question about fees will be added to the pre-questionnaire). It would appear that upon further consideration, the WG may be able to make recommendations for how these topics could be addressed.

Each topic proposed for the document review will be explored further below. As the QAWG considers whether to include this component in the assessment, they may wish to consider the following factors:

- Is the review of this information a good “red flag” that a physiotherapist requires further assessment?
- Is it practical for physiotherapists to retrieve and transmit the information to the College?
- Could the issue be addressed in other components of the assessment process?

Topic 1: Advertising

What kind of information could we collect from members?

- Ask members to provide links to any advertising material that is available online (for example, clinic website, social media page, etc.).

How would the information be assessed?

- A checklist could be developed based on the requirements in the College's Advertising Standard
- The assessor would review materials and website against the checklist and note whether criteria were met or not. For any criteria not met, the assessor could also offer comments as formative feedback. There would not be a total score for this component.
- A review of advertising information for each PT would require approximately 10 minutes to complete.

Is this issue addressed elsewhere in the assessment process?

- Advertising is not currently included in any other component of the new practice assessment blueprint.

Other relevant information:

- At the October 2018 meeting, Council decided to review the Advertising Standard. The review may lead to changes to the Standard, or possibly a decision to rescind the Standard.
- In 2017, the College conducted a broad Advertising Audit, where the College reviewed the websites for workplaces that employ physiotherapists. In total, 4,364 websites were reviewed, where 8,463 PTs work.
 - After the initial scan, about 32.6% of the PTs (about 2,750 PTs) were in breach of the Advertising Standard. The most common breaches were (in order of frequency): Facebook reviews; claims of superiority; and testimonials.
 - All PTs who were found to be in breach of the standard after the initial check received communication from the College asking them to change the content that is in breach. At the second round of checks, 451 PTs were still in breach, about 5.3% of the total.
 - After three rounds of checks, and notices from the College after each check, 52 PTs still had not resolved the advertising breaches that were identified.
- The College conducted patient survey research in 2014, over 500 physiotherapy patients in Ontario participated. One of the topics that patients were asked about on the survey was advertising about physiotherapists or physiotherapy services. The responses suggest that in general, patients tend to be skeptical about advertising of any kind (only 19% of respondents believe that information in ads are true), and that most patients do not rely on advertising to find a physiotherapist.
- In June 2018, the Citizens Advisory Group, a patient focus group, discussed the risks that health regulatory Colleges should focus on. Advertising was raised as one of those risks, however the participants were specifically concerned about advertising by a few health professions, and physiotherapy was not among them.

Topic 2: Fees and billing

What kind of information could we collect from members?

- Ask members to provide a sample of a patient invoice and their fee schedule.

How would the information be assessed?

- A checklist could be developed based on the requirements in the College's Fees, Billing and Account Standard, and in the Record Keeping Standard. The checklist would include required components for invoices and fee schedules as stated in the standards.
- The assessor would review the sample invoice and fee schedule against the checklist and note whether criteria were met or not. For any criteria not met, the assessor could also offer comments as formative feedback.
- A review of a sample invoice and fee schedule for each PT will require approximately 10 minutes to complete.
- In order to assess the accuracy and reasonableness of the fees, the assessor would also need to review the invoice against the established fee schedule and the corresponding clinical notes for that patient. If the WG determines that the remote assessment should also include a chart review (see Topic 3 below), then this type of the review would be feasible.

Is this issue addressed elsewhere in the assessment process?

- A question has been added to the pre-questionnaire to confirm that PTs have various required written policies in place, including a written policy for periodic review of their fees, billing and accounts. Any PT who falls below the score threshold after the remote assessment will be required to submit the relevant policies to the College for review.
- A knowledge-based question has been added to the pre-questionnaire regarding how the physiotherapist ensures that patients understand information about fees.
- For physiotherapist who are undergoing an on-site assessment, the detailed record audit component would include a review of any financial records.

Other relevant information:

- The College reviewed and revised the Fees, Billing and Accounts Standard in 2016. At the time of that review, an analysis of the College's program data identified the following issues related to fees and billing:
 - The most common problems related to billing are that physiotherapists fail to conduct periodic audits of their billing, and fail to take reasonable steps to protect their name and registration number from being misused for billing purposes.
 - In the preceding three fiscal years, there were 223 professional misconduct cases involving fees and billing issues, 46 of those resulted in some kind of action towards the physiotherapist. Out of the 46 cases, eight cases (17%) involved a physiotherapist's failure to ensure that they have transparent and accurate billing practices, or failure to protect their billing number from being misused.
- As part of the standard review in 2016, we also asked the Citizens Advisory Group, a patient focus group, about issues around fees and billing. The participants noted that the average patient does not necessarily pay close attention to the fees they are being charged or ask questions. The group suggested that it is important for physiotherapists to have better communication with patients. They believed that the requirements in the Standard were adequate to protect patients, but that the key is ensure that physiotherapists implement them in practice.
- The College conducted patient survey research in 2014, over 500 physiotherapy patients in Ontario participated. The responses suggest that many patients have concerns about the cost of physiotherapy. Specifically, they are concerned that they might be overcharged (36%), that the therapist will be more concerned about money than their patients (32%) or that unnecessary products will be recommended as a way to make money (36%). Additionally, 20% listed other concerns they had regarding the cost of therapy, particularly that it is too expensive, and they are getting charged too much for fees that they were not told about.

Topic 3: Charting

What kind of information could we collect from members?

- Ask members to provide three patient charts. This review would only look at basic documentation requirements as noted in the Record Keeping Standards.

How would the information be assessed?

- A checklist has already been developed based on the requirements in the College's Record Keeping Standard. Some modifications would be made to adapt it for use as an assessment tool.

- The assessor would review the sample charts against the checklist and note whether criteria were met or not. For any criteria not met, the assessor could also offer comments as formative feedback.
- The chart review for each PT would require approximately 30 minutes to complete.
- The purpose of the review would be to assess the quality of the member's charting, rather than the quality of the care itself. For instance, the charts will be reviewed to assess whether certain required information is recorded, and whether that information is sufficiently detailed, without assessing the specific patient case and the treatment provided.
- During the focus group discussions, the participants believed that deficiencies in charting should be a trigger to require the PT to do an on-site assessment.

Is this issue addressed elsewhere in the assessment process?

- The on-site assessment includes a detailed audit of three to five of the member's patient records.

Other relevant information:

- The Record Keeping Standard was reviewed and revised in 2017. As part of the that review, it was found that:
 - Record keeping is rarely the main issue in Professional Conduct cases, however in many of the cases, record keeping issues are discovered in the course of the investigation. By far the most common issue in those recent cases is the inadequate documentation of relevant clinical information to allow the physiotherapist to monitor the patient's progress and determine the need for future care. Inadequate records about discharge planning and consent are also common.
 - A review of the relevant literature research found some evidence that the quality of health records may be related to the quality of the care. In one study, analysis of empirical evidence showed that the timely documentation of discharge summaries was positively correlated with patients' perception about the quality of care, suggesting that the information transfer at discharge can affect continuity and safety. Another study found that inadequate patient information in the medical record was positively correlated with the occurrence of adverse events, leading the authors to suggest that the quality of the recorded information in patient records may be a predictor of the quality of care.
 - We asked the Citizens Advisory Panel, a patient focus group, about their concerns about health records. Most of the respondents reported that they do not have any concerns about their health records. A few respondents did express concerns about the confidentiality of their health information, their ability to access their records, and ensuring that the information in the record is accurate and current.
- An academic study was published in 2017 based on analysis of the College's practice assessment data. The study found that record keeping and clinical reasoning, assessed through chart-stimulated recall, were the most common areas determined to need at least minor improvement. In practice assessments with sub-optimal outcomes, there were a variety of record-keeping deficiencies, some related to administrative matters and others related to clinical aspects of the patient records evaluated; and the frequency of suboptimal outcomes was higher for physiotherapists in private practice contexts than for those in public sector contexts. The authors posit the reason is that physiotherapists in smaller organizations with only a few employees are likely to lack administrative support and are less likely to benefit from supports in larger organizations such as charting forms and routine chart audits.

Appendix 4 – Detailed Background on the Consideration of a Non-Clinical Assessment

Background

The WG previously considered 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. Members also pointed out that because non-clinical members could return to clinical care at any time, there should be some assurance that they are maintaining their knowledge and skills.

The QAWG considered this issue in June 2018. They 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.

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.

In September 2018, 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. The proposed list of assessment criteria approved by the WG is attached in Appendix 1.

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.

At their October 2018 meeting, Council was asked to approve the recommendation from the WG that non-clinical members should be assessed in the new QA program. Council deferred the decision and requested additional information to assist with their decision-making.

Specifically, Council asked for information about:

- Which other regulators have a non-clinical assessment
- What would the assessment process look like for non-clinical PTs
- What are the additional costs to develop the assessment tool and the technology tools
- Consideration about the availability of coaching for non-clinical PTs, and the associated costs

Detailed information about each of the above items are provided below.

Environmental Scan of Other Regulators

An environmental scan was conducted to identify which of the other health regulators in Ontario and physiotherapy regulators in other Canadian provinces currently have a practice assessment for non-clinical or non-practising members. A summary is included in the chart below.¹

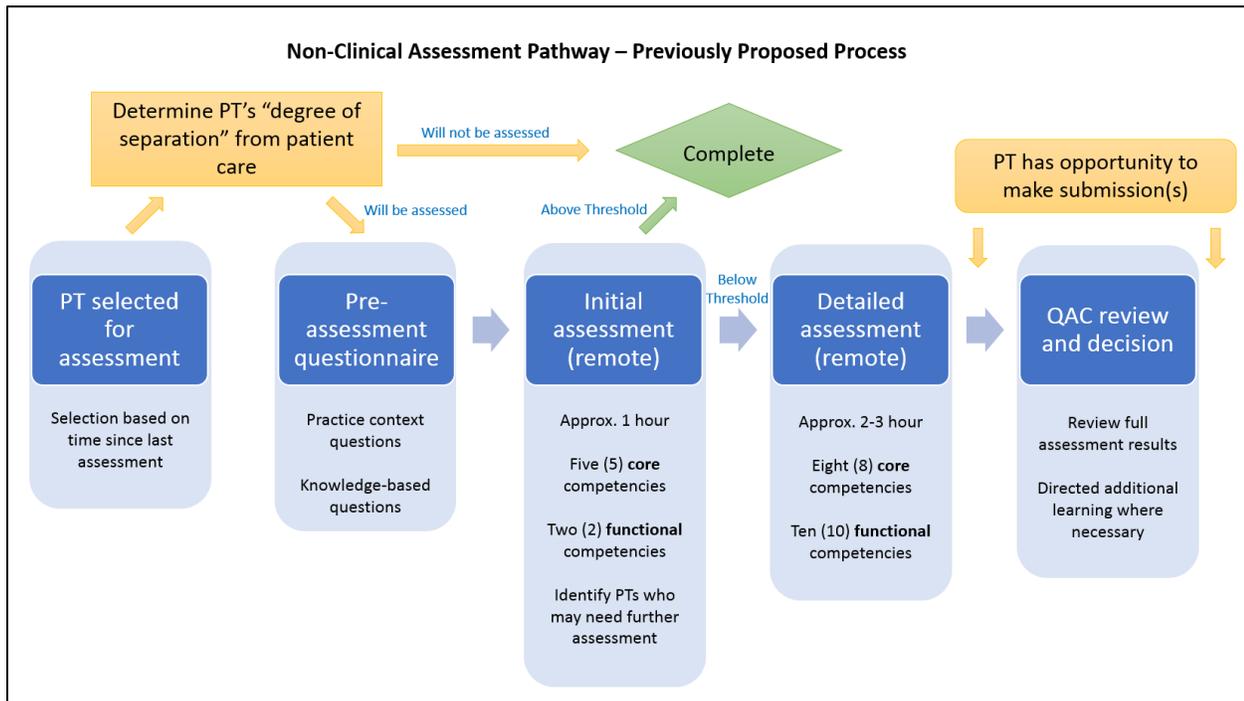
Regulators that assess non-clinical or non-practicing members	Regulators that do not assess non-clinical or non-practicing members
<i>Other Ontario health regulators</i>	
<ul style="list-style-type: none"> • Audiologists and Speech-Language Pathologists (currently in pilot phase) • Chiropractors • Dental hygienists • Dental technologists • Denturists • Kinesiologists • Medical radiation technologists • Naturopaths • Nurses • Occupational therapists • Opticians • Psychologists • Psychotherapists • Traditional Chinese Medicine and Acupuncturists 	<ul style="list-style-type: none"> • Chiroprodists and podiatrists • Dentists • Dietitians (but practice assessment required if member returns to clinical practice) • Massage therapists • Medical laboratory technologists • Midwives • Optometrists • Pharmacists • Physicians
<i>Physiotherapy regulators in other Canadian provinces</i>	
<ul style="list-style-type: none"> • British Columbia • Quebec 	

The assessment process for non-clinical PTs

Based on the previous recommendation of the QAWG, the assessment process for non-clinical PTs would mirror the process for non-clinical PTs, which includes an initial assessment to identify PTs who require further assessment, a detailed assessment for those who are below the score threshold after the remote assessment, and QAC review and decision-making.

The graphic below summarizes the assessment process for non-clinical PTs based on the previous QAWG recommendations.

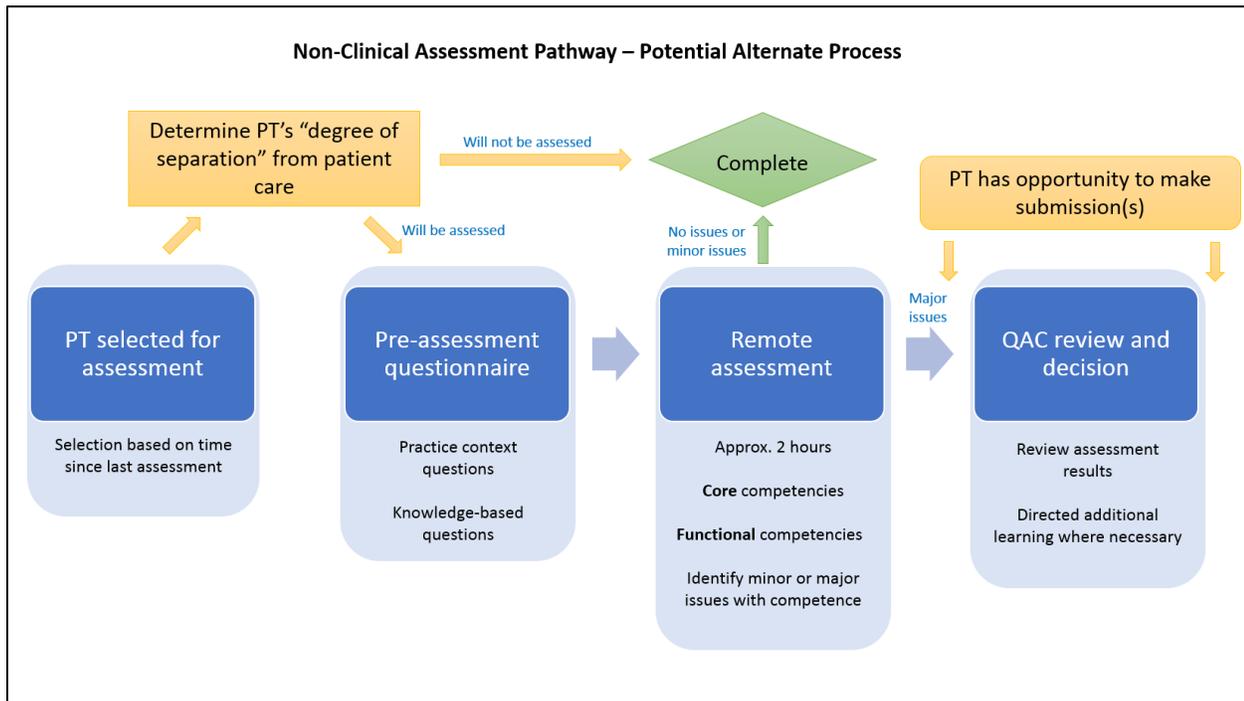
¹ Based on a website review, staff were not able to find specific information for the following regulators: College of Homeopaths of Ontario; College of Respiratory Therapists of Ontario; Physiotherapy Alberta; Saskatchewan College of Physical Therapists; College of Physiotherapists of Manitoba; College of Physiotherapists of New Brunswick; Nova Scotia College of Physiotherapists; Prince Edward Island College of Physiotherapists; and Newfoundland and Labrador College of Physiotherapists.



During previous QAWG discussions about a potential non-clinical assessment, the WG had not specifically considered whether non-clinical PTs should have a one-step or two-step assessment process. The exploration of potential assessment criteria was based on the assumption that the non-clinical assessment will also be a two-step process.

Unlike the in the clinical assessment process, it has been proposed that the second, more detailed non-clinical assessment would also be conducted remotely rather than on-site as the peer assessor would not need to review patient charts. The QAWG is asked to consider whether it could be feasible to have only a one-step assessment process for non-clinical PTs, where the non-clinical PT would participate in one remote interview based on a list of assessment criteria, and the results would be used to determine whether the PT requires follow-up or remediation, either by staff or by the QAC.

The graphic below summarizes a potential alternate one-step assessment process for non-clinical PTs.



If the QAWG recommends a one-step assessment process instead of the previously recommended two-step process, then a set of assessment criteria could be identified based on the assessment criteria previously identified through the focus group discussions, with consideration of the length of the assessment.

Additional costs to develop the assessment tool and the technology tools

If the College proceeds with the development of an assessment for non-clinical PTs, the estimated one-time development costs would be \$128,475, would include²:

- Assessment consultant to assist the development of a non-clinical assessment tool: \$30,710
- Costs related to subject-matter expert meetings, assessor training, and pilot testing: \$55,445
- Additional programming in the College's database to implement a non-clinical assessment stream: \$42,320

The ongoing operational costs to conduct non-clinical assessments would be absorbed into the overall QA program budget. Based on the previous direction that the revised QA program should cost no more than the

² These cost estimates are based on a two-step assessment process for non-clinical PTs. If the WG recommends a one-step assessment process instead, the development costs may be different.

previous QA program, the practical implication of including non-clinical PTs in the assessment process would be to increase the length of time it will require to assess all PTs.

Remediation and coaching for non-clinical PTs

Historically, most coaches have been assessors who received additional training to provide coaching, and additional coaches who are not assessors were hired and trained as needed. The additional training for coaches is provided by the Senior Physiotherapy Advisor. If the College were to assess non-clinical PTs, it is expected that the same approach would be used to hire and train non-clinical coaches.

It is expected that the remediation costs for non-clinical PTs will be absorbed into the overall QA program remediation cost, since the total number of PTs undergoing assessment each year, and therefore number of PTs who may end up requiring remediation, will be the same regardless of whether non-clinical PTs are included or not.

Appendix 5 – Detailed Background on the Target Annual Assessment Volume

Background

When the QAWG considered what changes should be made to the QA Program, the WG proposed a program design that is intended to assess all members over a number of years. At the time of that discussion, based on rough estimates of costs, the WG proposed that the program should assess all members over a 5-year or 6-year cycle. It was intended that the WG would revisit this issue and revise their recommendation if needed once the program was more developed and more specific costs are determined.

This issue is now returning to the WG for consideration and direction. The consideration of this issue is informed by what the appropriate length of time is between assessments, and Council's direction that the new QA Program should not cost more than the current QA Program.

Relevant Research Evidence

Dr. Kathleen Norman and colleagues conducted a research study involving longitudinal evaluation of outcomes upon repeat Practice Assessments using data from the College's QA program.³ The results of their analysis imply that physiotherapists' competence at meeting the standards assessed in the Practice Assessment is typically maintained for 5-7⁴ years after completing a previous Practice Assessment. It should be noted that the 5-7-year period is an artefact of the data that was available for analysis. It is possible that the physiotherapists' competence is maintained for longer than 7 years after a previous Practice Assessment, even though the data that was available for analysis did not allow the researchers to confirm this hypothesis.

Stakeholder Feedback

As part of the broad member consultation about the new QA program, we heard from some members who were generally in agreement with the new approach to doing practice assessments, but felt that assessing physiotherapists once every 5 years was more frequent than is necessary. They suggested that assessing physiotherapists once every 10 or 15 years may be enough.

³ Norman, Kathleen E., Mary Jane O'Donovan, and Fiona Campbell. "Impact of college-administered quality practice assessments: a longitudinal evaluation of repeat peer assessments of continuing competence in physiotherapists." *Physiotherapy Canada* 67, no. 2 (2015): 174-183.

⁴ From the article: "Between 2004 and 2012, 117 Ontario physiotherapists underwent two unrelated Practice Assessments (PAs), typically 5-7 years apart. [...] At the first PA (PA1), this cohort's outcomes were similar to those of other physiotherapists; at the second PA (PA2), they were better than others undergoing PA1 in the same period ($p = 0.02$). [...] Physiotherapists are likely to meet professional standards in a repeat PA 5-7 years after an initial one."

The consultation response from the Ontario Physiotherapy Association (OPA) raised a similar point, where they wondered why a 5-year assessment cycle was chosen when the research evidence seems to suggest that a longer cycle (e.g. 7 years) could be effective.

Analysis of Assessment Volume and Program Cost

As part of the QA Program Review project, Council's direction to staff was to ensure that the revised QA Program should not be more expensive than the current QA Program. However, what staff is not clear about is whether staffing cost is considered to be part of the QA Program cost. From a budget planning perspective, the College's current practice is to budget for staffing costs separately from program costs. Without clarity on this particular issue, the cost analysis below will present both scenarios.

At the time of this writing, there are also two outstanding decisions that will impact the cost analysis – whether the remote assessment will include a document review, and whether non-clinical members will be assessed. The cost analysis below includes figures that represent all potential assessment scenarios.

The analysis to determine the potential volume of assessments in the new QA Program is done by identifying known costs in the new QA Program, determining how much funds is available to spend on assessments based on the total program cost, and how many assessments could be done with that amount of funds.

Scenario 1 – Staffing Costs Included in Program Cost

Parameters of the cost analysis

1. The annual target assessment number changes every year based on membership number. To calculate what the assessment costs would have been for fiscal year 2019-2020 under the current program, we used the projected target assessment number 2019-2020 which would have been 398 assessments for the year.
2. The projected number of members in independent practice category for 2019-2020 is 9,323. We estimated that about 6% of members work in a non-clinical role based on current member data.
3. For the purpose of this analysis, program development and consultant costs are excluded as the costs for this year and next year are not representative. The costs are much higher than what is typical due to the fact that the College is undergoing a thorough review and update of the program. These costs do not recur.
4. For the purpose of this analysis, costs for legal advice, staff development and staff recognition are excluded as those are determined based on organization needs rather than QA program-specific needs.
5. The College's Human Resource Specialist conducted an analysis to help determine appropriate rates to pay assessors for the remote and on-site assessments.⁵ Based on that analysis, the new rates are \$150 for each remote assessment without a document review component, \$190 for each remote assessment with a

⁵ The analysis took into consideration how much assessors are paid in the current program, how much other regulators pay their assessors, and the length of time that the remote and on-site assessments will take to complete.

document review component, and \$450 for each on-site assessment. These rates will be reviewed after the first year of implementation.

6. We estimated that 10% of members will go on to an on-site assessment after the remote assessment.
7. In the previous year the QA program had 2.5 staff (1 manager and 1.5 associates). For the coming year, staff are planning to have 2 full-time associates to account for the potential for higher volume of administrative work and correspondence in the first year of the new program. QA program staffing needs will be re-evaluated after the first year of implementation.

Based on the above parameters, these are the estimated annual assessment volumes for the different assessment scenarios.

	Exclude non-clinical PTs		Include non-clinical PTs		Current QA Program
	Remote assessment without document review	Remote assessment with document review	Remote assessment without document review	Remote assessment with document review	On-site Peer Assessment
Target selection number per year	929	785	929	785	398
% of eligible members assessed per year	10.6%	9.0%	10.0%	8.4%	5%
# of years it would take to assess all eligible members	9.4	11.2	10.0	11.9	20

The corresponding detailed calculations are as follows:

	<u>"Old" Program budget in 2019-2020</u>	<u>"New" Program budget in 2019-2020</u>
5300 Networking & Conferences	\$550.00	\$240.00
5011 QA Committee Per Diem	\$18,401.00	\$11,717.00
5062 QA Committee Expenses	Included in above	\$10,167.00
5405 Memberships & Publications	\$1,392.00	\$1,045.00
5710 Temporary Staff	\$0.00	\$0.00

	"Old" Program budget in 2019-2020	"New" Program budget in 2019-2020
5751 Legal Advice		
5811 Program Development & Eval		
5823 Assessor Training	\$32,148.50	\$33,500.00
5904 Consultant Fees		
5905 Staff Development		
5906 Recruitment		
5907 Staff Recognition		
QA Staff cost	\$242,327.00	\$270,236.00
5821 Assessor Travel	\$143,065.00	
5824 Assessment Fees	\$91,540.00	
Available budget for assessments		\$202,518.50
Program Total	\$529,423.50	\$529,423.50

Without doc review			
	Per ax	# of axs	Total
Remote assessment cost	150	928.9817	139347.2
On-site assessment cost	450	92.89817	41804.17
Avg travel cost	230	92.89817	21366.58
Total assessment cost			202518
# of years to ax all PTs (w/ NC)		10.03572	
# of years to ax all PTs (w/o NC)		9.433577	

With doc review (all topics)			
	Per ax	# of axs	Total
Remote assessment cost	190	784.9535	149141.2
On-site assessment cost	450	78.49535	35322.91
Avg travel cost	230	78.49535	18053.93
Total assessment cost			202518
# of years to ax all PTs (w/ NC)		11.87714	
# of years to ax all PTs (w/o NC)		11.16451	

Scenario 2 – Staffing Costs Excluded from Program Cost

Based on the same parameters as in Scenario 1, but with staffing costs excluded (Parameter 7 above), these are the estimated annual assessment volumes for the different assessment scenarios.

	Exclude non-clinical PTs		Include non-clinical PTs		Current QA Program
	Remote assessment without document review	Remote assessment with document review	Remote assessment without document review	Remote assessment with document review	On-site Peer Assessment
Target selection number per year	1057	893	1057	893	398
% of eligible members assessed per year	12.1%	10.2%	11.3%	9.6%	5%
# of years it would take to assess all eligible members	8.3	9.8	8.8	10.4	20

The corresponding detailed calculations are as follows:

	<u>"Old" Program budget in 2019-2020</u>	<u>"New" Program budget in 2019-2020</u>
5300 Networking & Conferences	\$550.00	\$240.00
5011 QA Committee Per Diem	\$18,401.00	\$11,717.00
5062 QA Committee Expenses	Included in above	\$10,167.00
5405 Memberships & Publications	\$1,392.00	\$1,045.00
5710 Temporary Staff	\$0.00	\$0.00
5751 Legal Advice		
5811 Program Development & Eval		
5823 Assessor Training	\$32,148.50	\$33,500.00
5904 Consultant Fees		
5905 Staff Development		
5906 Recruitment		
5907 Staff Recognition		

	"Old" Program budget in 2019-2020	"New" Program budget in 2019-2020
QA Staff cost		
5821 Assessor Travel	\$143,065.00	
5824 Assessment Fees	\$91,540.00	
Available budget for assessments		\$230,427.50
Program Total	\$287,096.50	\$287,096.50

<u>Without doc review</u>			
	Per ax	# of axs	Total
Remote assessment cost	150	1057.005	158550.7
On-site assessment cost	450	105.7005	47565.21
Avg travel cost	230	105.7005	24311.11
Total assessment cost			230427
# of years to ax all PTs (w/ NC)		8.820208	
# of years to ax all PTs (w/o NC)		8.290995	

<u>With doc review (all topics)</u>			
	Per ax	# of axs	Total
Remote assessment cost	190	893.1279	169694.3
On-site assessment cost	450	89.31279	40190.76
Avg travel cost	230	89.31279	20541.94
Total assessment cost			230427
# of years to ax all PTs (w/ NC)		10.43859	
# of years to ax all PTs (w/o NC)		9.812279	

Alternate Scenarios Presented at the Meeting

The QAWG discussions at the November 2018 QAWG meeting about other items as well as this item yielded the following decisions and directions that impact the program cost analysis:

- The remote assessment will include the review of one patient chart, and the assessment fee will be set at \$170 on account of the inclusion of the chart review
- Non-clinical members will not be included in the assessment selection
- Staffing costs should be included in the program cost analysis
- The cost associated with the new Mobile Assessment Tool (an annual fee for hosting services and technical support) should be included in the program cost analysis

In addition, the QAWG were interested in seeing a comparison between the scenario where keeping the program cost neutral is the goal, versus the scenario where the goal is to be able to assess all eligible members over 7 years.

	Cost neutral scenario	7-year assessment cycle scenario	Current QA Program
Target selection number per year	811	1252	466
% of eligible members assessed per year	9.3%	14.3%	5%
# of years it would take to assess all eligible members	10.8	7.0	20
Impact on program cost	Cost neutral	\$104,936.58	n/a

The corresponding detailed calculations are as follows:

	<u>"Old" Program budget in 2019-2020</u>	<u>"New" Program budget in 2019-2020</u>
5300 Networking & Conferences	\$550.00	\$240.00
5011 QA Committee Per Diem	\$18,401.00	\$11,717.00
5062 QA Committee Expenses	Included in above	\$10,167.00
5405 Memberships & Publications	\$1,392.00	\$1,045.00
5710 Temporary Staff	\$0.00	\$0.00
5751 Legal Advice		
5811 Program Development & Eval		
5823 Assessor Training	\$32,148.50	\$33,500.00
5904 Consultant Fees		
5905 Staff Development		
5906 Recruitment		
5907 Staff Recognition		
QA Staff cost	\$242,327.00	\$270,236.00
Mobile assessment tool annual fee		\$9,492.00
5821 Assessor Travel	\$143,065.00	
5824 Assessment Fees	\$91,540.00	
Available budget for assessments		\$193,026.50
Program Total - Cost Neutral Scenario	\$529,423.50	\$529,423.50

	<u>"Old" Program budget in 2019-2020</u>	<u>"New" Program budget in 2019-2020</u>
Program Total - 7-year Assessment Cycle Scenario		\$634,360.08
Cost Difference		\$104,936.58

<u>Cost Neutral Scenario</u>			
	Per ax	# of axs	Total
Remote assessment cost	170	811.0336	137875.7
On-site assessment cost	450	81.10336	36496.51
Avg travel cost	230	81.10336	18653.77
Total assessment cost			193026
# of years to ax all PTs (w/ NC)		11.49521	
# of years to ax all PTs (w/o NC)		10.8055	

<u>7-year assessment Cycle Scenario</u>			
	Per ax	# of axs	Total
Remote assessment cost	170	1251.946	212830.8
On-site assessment cost	450	125.1946	56337.56
Avg travel cost	230	125.1946	28794.75
Total assessment cost			297963.1
# of years to ax all PTs (w/ NC)		7.446809	
# of years to ax all PTs (w/o NC)		7	

Future Re-Consideration of Target Annual Assessment Volume

The above analysis is based on certain assumptions about the future program, such as the length of time it takes to conduct the remote and on-site assessments, and the percentage of PTs who will require an on-site assessment after the remote assessment. It is anticipated that the target annual assessment volume will need to be re-evaluated and re-established on an ongoing basis based on actual program data once the new program is implemented.

Appendix 6 – Detailed Background on QA Program Policies Review

Background

College staff has completed a comprehensive review of applicable legislation, regulations, by-laws, governance policies, Quality Assurance Program policies, past Quality Assurance (QA) Committee policy decisions, past Council minutes, and operational documents that intersect with the Quality Assurance Program and the assessors. The in-depth review by staff included consultation with in-house expertise in the areas of policy, human resources and communications. The consultant, as well as other regulators, also provided input into this process. Literature was consulted as needed.

Over the course of the previous five meetings, the Quality Assurance Working Group (the WG) has made decisions about the future Quality Assurance Program at the College. These decisions will be captured in the Quality Assurance Program policies.

The purpose of the policy review was:

- to identify new policies to be considered by the WG based on the design of the new program and the WG's earlier decisions;
- to seek the WG's approval on new program policies that are not operational;
- to identify current policies that require the WG's input before making revisions;
- to identify policies that are no longer required; and
- to give the WG a summary of new or existing operational policies that do not require their decision but are relevant to the operation of the Quality Assurance Program.

The following activities were undertaken as part of the review process:

- A review of minutes and meeting materials of past working group discussions and decisions.
- Meetings with appropriate internal staff (policy team, human resource generalist, the project consultant, communications team, previous QA team members and the project team);
- Consultation with other colleges about quality assurance process and policies;
- Comparison of policies with relevant legislation and regulations to ensure policies align with the law; and
- Review of previously obtained legal advice about the components of the College's Quality Assurance Program

Note that some policies will be reviewed at future WG meetings because some decisions about the program are required. Additionally, College staff will fine-tune the language and format of the policies after the WG provides feedback on the content.

POLICIES THAT REQUIRE QAWG DECISION/ INPUT

Issue #1 – Remote assessment and on-site assessment timelines

The Quality Assurance Program requires a defined timeline for the remote assessment process and on-site assessment process and the associated steps involved in the program.

Background:

The previous on-site assessment process had a timeline of three months from the date of selection to the date of completion of the on-site assessment. Built into this timeline were deadlines for tasks attached to completion of the on-site assessment.

Note, O. Reg. 532/98: General, Part I Quality Assurance, provides required timelines on two elements associated with the practice assessment. The first is a requirement to have selection criteria published on the College's website at least three months before a member is selected. The second requirement is to allow the member not less than 14 days to make a submission to the QA Committee's decision about their assessment results. Besides these two established timelines, other QA timelines are at the discretion of the QA Committee.

For the development of the quality assurance portal of the database, College staff was asked to provide the database development team with approximate estimates of the timelines for each step of the remote assessment and on-site assessment process. The dates were required to enable the developers to build in automated steps and reminders. However, they can be amended based on the WG's direction and feedback. The timelines provided to the developers are summarized in the table below.

REMOTE ASSESSMENT		
Step in the Assessment Process	Duration	Due Date
Pre-assessment questionnaire	2 weeks	Date of Selection for Assessment = Day 0 Day 0 + 2 weeks
COI declaration	1 weeks	Day 0 + 3 weeks
Scheduling of the remote assessment	2 weeks	Day 0 + 5 weeks
Remote assessment	4 weeks	Day 0 + 9 weeks
Complete survey to provide feedback	3 weeks	Date of remote assessment + 3 weeks
Submit a remote assessment report (Assessor)	2 days	Date of remote assessment + 2 days
Review the remote assessment report & release to member (QA Manager)	2 weeks	Date of remote assessment report submission + 2 weeks
Total time to complete remote assessment, submit report and QA Manager review	11 weeks, 2 days	

ON-SITE ASSESSMENT		
Step in the Assessment Process	Duration	Due Date
Review and update information submitted in the pre-assessment questionnaire	1 week	Confirmation of Participation in On-site Assessment = Day 0 Day 0 + 1 week
Matching of PT and assessor assessment	2 weeks	Day 0 + 3 weeks
COI declaration	1 week	Day 0 + 4 weeks
Scheduling of the assessment	2 weeks	Day 0 + 6 weeks
On-site assessment	4 weeks	Day 0 + 10 weeks
Complete survey to provide feedback	3 weeks	Date of assessment + 3 weeks
Submit the on-site assessment report (Assessor)	1 week	Date of the assessment + 1 week
Review the on-site assessment report & release to member (QA Manager)	2 weeks	Date of on-site assessment report submission + 2 weeks
Total time to complete on-site assessment, submit report and QA Manager review	13 weeks	
QAC REVIEW		
Quality Assurance Committee review required	4 – 12 weeks	
Maximum total time – remote assessment, on-site assessment + QAC review	28 weeks – 36 weeks	

When we gave timelines to the developers, we did not have decisions about the information members would submit before the remote assessment and before the on-site assessment. For this reason, we will need to add submission deadlines into the created timeline. We do not anticipate that this would require adding any additional length to the assessment process. If the working group decides to have the members submit sample records to the assessor, we recommend that the member is required to submit this information to the assessor at least one week before the remote assessment. Members asked to submit written policies before their on-site assessment would be asked to submit their policies one week before the on-site assessment.

When considering the timelines for each step of the process, College staff considered:

- The timelines attached to the previous Quality Assurance Program process;
- What would be considered a reasonable length of time to complete each step involved in the remote assessment and on-site assessment for the member, assessor and QA staff;
- The remote assessment is one hour; therefore, assessors and members should have fewer barriers in scheduling the remote assessment when compared to scheduling an on-site assessment;
- The new online assessment tools and the built-in automation for the quality assurance sections of the database will eliminate some manual interventions by staff and therefore staff interventions will only be required on a case by case basis for the remote assessment; and
- Recommendations were provided by our IT Lead (Maria Lopez-Garcia), IT Consultant (Blackline Consulting) and our project consultant, iComp Consulting.

Decision Sought:

The WG is asked to review and to approve the timelines proposed by staff to the database developer or suggest alternative timelines for the completion of the remote assessment and on-site assessment process.

Note: The pilot of the remote assessment and on-site assessment will not follow this proposed timeline because the consultant will be interviewing paired assessors following each assessment to calibrate the results. Following this activity, a second group will be convened to work on determining the cut score. The proposed timelines are for the assessment tools, once the pilot testing period has finished.

Issue #2 – Members who are involved in an investigation, complaint or specified continuing education and remediation program (SCERP)

The Quality Assurance Program needs to define whether members who are currently involved in an investigation, complaint or SCERP should be eligible to be selected for a practice assessment.

Background

In 2007, College staff received legal advice that indicated it was possible to defer members selected for an on-site assessment if the member was also involved in a professional conduct matter. In 2009, the database algorithm was updated, and any members involved in a professional conduct related remediation, a complaint or a discipline process were excluded from the random selection process. In the last few years, College staff is aware that the database algorithm did not consistently pick out members who met this criterion. As a result, when the algorithm failed, the member was removed from the assessment process by College staff.

Section 2, subsection (3) of O. Reg. 532/98: General, Part I Quality Assurance indicates that every member shall comply with the requirements of the quality assurance program. Legislation, regulations, and by-laws are silent on matters associated with requests for extensions, exemptions or deferrals from quality assurance requirements.

Recently, members of the Federation of Health Regulatory Colleges of Ontario (FHRCO) Quality Assurance Working Group were asked how they managed members' quality assurance requirements when the member was involved in a complaint, investigation or other conduct matter. Just over half of the responses indicated that members involved in a complaints process would not be removed from the selection pool and they would not receive a deferral from quality assurance requirements. Other responses indicated that a request for a deferral from a member in a conduct process would be considered on a case by case basis. Two Colleges have not defined an approach for this situation because they are in the process of developing their program.

From the report on risk by Susan Glover Takahashi and Marla Nayer, we know that being the subject of an investigation is a risk for further investigations. An individual who has had one complaint is likely to receive a second complaint. If we are aware of this information, the WG should consider if it would be in the public interest to remove these individuals from the selection process. If members who are involved in a complaint,

investigation or disciplinary matter are deferred from the Quality Assurance Program, this could remove the member from participation for several months until possibly a few years.

Decision Sought:

The WG is asked to consider if members currently involved in a professional conduct matter should be excluded from the selection pool until the matter is concluded.

Issue #3 – Members who indicate they plan to retire

The Quality Assurance Program needs to determine if a member can be deferred from quality assurance requirements if they plan to retire within a year.

Background:

In the earlier program, members who were planning to retire within the next year were given exemptions. Once a member was given an exemption, the database algorithm removed the member from the selection list for one year, and then the member was returned to the random selection pool.

Between January 2010 and July 2016, approximately 19 exemptions per year were given to members, for various reasons. Previously, exemptions were given to members when a member was selected due to incorrect information in their College profile, to members in non-clinical practice, or if the member was planning to retire within the next year. When reviewing this data, it appears that some exempted members did not ultimately leave practice.

The risk research conducted on behalf of the College also demonstrated a relationship between the results of the College's practice assessment and age. Glover-Takahashi & Nayer noted that physiotherapists would more likely have a lower rating on the practice assessment with age. Practice assessment literature from other professions reports similar findings. Physician-related studies show that complaints, disciplinary actions, and malpractice claims also increase with age.

Feedback from other regulators in Ontario was sought. Responses indicated that just over half of the Colleges who provided a response, do not defer or exempt members who indicate plans to retire. Several colleges commented that experience indicated that members who said they would retire would ultimately continue to practice after being exempted from quality assurance requirements. Two Colleges indicated they would consider requests on a case by case basis. Two Colleges defer members if they are retiring within three months. One of the two Colleges requires the member to sign an undertaking to retire within three months.

Decision Sought:

The WG is asked to consider if members who indicate they plan to retire should be excluded from a remote or an on-site assessment.

If the WG agrees that it is reasonable to defer a member who indicates they plan to retire, the WG is asked to recommend a reasonable time period when the member must be resigned from the College.

Issue #4 – Decisions about deferrals or extensions made by College staff

The Quality Assurance Program needs to confirm a list of criteria to be considered when issuing extensions or deferrals. Additionally, the process of College staff issuing extensions and deferrals based on this criteria should be reviewed by the WG.

Background

Many of the original Quality Assurance Program policies received legal advice when they were originally drafted and approved by the QA Committee. In 2003, Richard Steinecke, the College's Counsel, reviewed and provided feedback to the Committee on the matter of College staff granting extensions, deferrals, and exemptions. His advice was that College staff could make these decisions if the criteria were set forth by the Quality Assurance Committee. He also recommended that staff could grant deferrals when there are precedent decisions made by the Committee. Any requests that fall outside the criteria or that does not have a precedent, would be brought to the Committee for approval.

The core reasons for extensions, deferrals, and exemptions found in the current policies include:

- Personal injury or illness of the member
- Personal injury or illness of the member's family member
- Not currently in practice due to parental leave
- Not currently in practice due to enrollment in a continuing education program
- Not currently in practice for extenuating personal or professional circumstances
- Retirement within 12 months from the date of selection (see Issue #3)

According to the current policy, College staff is permitted to grant up to two deferrals for up to one year. Third requests, requests that extend outside of one-year deferral period, or requests that are not captured in the defined criteria are brought to the Committee for review.

When receiving feedback from other regulatory Colleges in Ontario, the criteria listed above were consistent with other regulators' conditions. At the College of Physicians and Surgeons of Ontario, deferrals are also given up to one year when a physician is in the process of transitioning their practice into an electronic medical record.

Several Colleges noted that they request written documentation to support the request for the extension, deferral or exemption. Examples of written evidence could include a written letter from an appropriate health care provider or an employer.

The College staff have made determinations on deferrals based on a written description of the request, usually within an email. Requests for formal written support (e.g., evidence) have come from the Committee when a member's submission for a deferral has fallen outside the defined conditions for deferrals, or the member's

deferral process has extended beyond one year. The current Quality Assurance Program policies do not explicitly state that written support is necessary when requesting a deferral.

Decision Sought:

The WG is asked to:

- Confirm the list of criteria used to issue extensions and deferrals
- Confirm that College staff can continue to issue extensions and deferrals according to accepted criteria
- Confirm that a request for written evidence for an extension or deferral can be decided on an as needed basis.

Note: Policy 3.3 Exemptions will be rescinded because the features of the new database and the inclusion and exclusion criteria determined earlier by the WG do not require an exemption policy. Any member who meets the inclusion criteria will not be exempted from participating. If members require a delay of their assessment date, they can request an extension or a deferral. If members request an exemption because they were incorrectly selected, the members' portal information can be updated, and the file can be closed administratively. The old database did not have a mechanism to close files in this manner. Therefore, the files would be labeled as an exemption and the person was removed from the random selection pool for one year. More information about rescinded policies is found in Section 2 of this briefing note.

Issue #5 – Members who volunteer (self-refer) for a remote or an on-site assessment**Background**

In the earlier Quality Assurance Program, the selection policy and procedure permitted volunteers to participate in an on-site assessment. Richard Steinecke, the College's Counsel, offered his view that the College should not discourage volunteer participation because doing so would "defeat one of the primary goals of quality management: instilling a sense of CQI [continuous quality improvement] within registrants." There were voiced concerns from College staff and the Committee that members who were likely to self-refer could be consciously competent and over selecting from this group may cause fewer selections of members not as dedicated to CQI. Mr. Steinecke suggested capping the number of volunteers at a point that would not impact the integrity of the random selection data. He also noted that limiting volunteers would also ensure that participants in the program reflect the spectrum of members who range in their commitment to continuous quality improvement.

The WG is already aware that the earlier program was a random selection process that resulted in some members being assessed multiple times while other members were never assessed. Because the new program will place members in a queue, we know that each member will come up for selection at a set interval of time, that is yet to be determined. The WG may wish to consider any perceived risks involved in not accepting self-referrals knowing that all members will come up in the queue within the next 10 years.

Since July 2016, one member volunteered for a practice assessment however this person ultimately changed her mind before the assessment took place. Historically, volunteers for the practice assessment were seen more frequently in the early days of the on-site assessment process. Members would normally volunteer to be

assessed when a co-worker was randomly selected to participate. Requests to accommodate groups of members for assessments have decreased over time.

In the new program, the nature of the assessment has changed, and the one-hour conversation will take place in a private location at home or at work. The on-site assessment will only occur if a PT does not meet the cut score for the remote assessment.

Decision Sought:

The WG is asked to consider if members can continue to volunteer (self-refer) for a remote assessment or an on-site assessment.

If volunteer participants are permitted, staff are requesting the Committee's direction to develop criteria for permitting volunteers in the new program to ensure efficient use of College resources.

Appendix 7 – Detailed Background on Continuing Professional Development Requirements

Background

Our regulations require that all members participate in continuing professional development activities and keep a record of those activities. Currently the College does not define specific requirements for continuing professional development activities or require minimum continuing education hours.

In the current QA Program, one of the mandatory activities of the program is to maintain a professional portfolio, which is a specific format for maintaining a record of CPD activities. The portfolio must contain evidence that the member reflected on their practice to identify learning goals, document learning activities and describe learning outcomes.

The College does not review members' portfolios unless they are selected for a peer assessment. The College has evidence that suggest members typically do not keep their portfolios up to date unless they have been selected for a peer assessment. There is also research that suggests the professional portfolio is not necessarily a reliable indicator of competence. With that in mind, the QAWG recommended that the professional portfolio should not be a mandatory requirement in the QA program going forward.

In subsequent discussions, the QAWG identified for further consideration the questions of whether the College should define specific requirements for continuing professional development, and how the College will confirm that members are meeting their professional development requirements in the absence of the mandatory portfolio.

This briefing provides information about the legislative requirements related to continuing professional development, findings from an environmental scan, and findings from relevant research.

Legislative Requirements

The *Health Professions Procedural Code* and the College's Quality Assurance Regulations require that the quality assurance program must include continuing education or professional development designed to:

- Promote continuing competence and continuing quality improvement among members,
- Promote interprofessional collaboration,
- Address changes in practice environments, and
- Incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues.

The Quality Assurance Regulations also describe members' obligations regarding continuing education and professional development:

- Every member must participate in continuing education or professional development annually to the extent necessary to maintain the knowledge, skill and judgment required to practice the profession,
- Every member must keep a record of their continuing education or professional development for at least five years, in the form approved by the Quality Assurance Committee,
- A member must provide information and records about their continuing education or professional development at the request of the QAC, the assessor or College staff.

The Quality Assurance Regulations also require that there be a mechanism for the College to monitor members' participation in, and compliance with, the Quality Assurance Program.

How the College monitors compliance with CPD requirements

In the past, the College monitored members' compliance with continuing professional development requirements in three ways:

1. **Mandatory portfolio:** members were required to keep a portfolio of their CPD activities which must be updated each year.
2. **Declaration on renewal form:** Each year, on the renewal form, members make a declaration that they are meeting the requirement to maintain a portfolio.
3. **Portfolio review during a peer assessment:** If a member is selected for a peer assessment, the assessor will review the member's portfolio as part of the assessment. The assessment also includes an optional question where the member is asked to reflect on a particular continuing education or professional development activity and its impact on their practice.

The QAWG recommended that the portfolio should no longer be mandatory in the new QA program. It should be noted that members will still be required to participate in CPD activities and maintain a record of those activities. The change is that the College will no longer require members to keep those records in a particular format.

It is expected that a declaration will be included in the renewal form going forward stating that members are meeting the requirement to participate in CPD activities and maintain a record of the CPD activities. Making false declarations on the renewal form is considered professional misconduct.

Similar to the previous peer assessment, the revised on-site assessment in the new QA program includes a question that asks the member to reflect on a particular continuing education or professional development activity and its impact on their practice.

Current Practices of Other Regulators

An environmental scan was conducted to identify whether other regulators define specific requirements for CPD activities, and what measures other regulators currently use to monitor their members' compliance with CPD requirements. The findings are summarized in the chart below.

With regards to specific requirements for CPD activities, there appear to be two general approaches:

- Allow members to self-direct CPD activities, without specific requirements for the amount or type of CPD activities. This is the approach used by 11 of the regulators we scanned, and it is also the current approach of this College.
- Prescribe the specific amount and/or type of CPD activities that members have to do. This is the approach used by 17 of the regulators we scanned.

With regards to monitoring compliance with CPD requirements, it is common for regulators to use a combination of different measures to monitor members' compliance with CPD requirements. The different measures currently in use, from most to least common, are:

- Maintain a portfolio (15)
- Mandatory submission of record of CPD activities (11)
- Record CPD activities using regulator-provided tool (10)
- Audit of CPD records of a portion of members (9)
- Annual declaration on renewal (2)
- Provide CPD record to regulator upon request (1)



Summary of CPD Requirements of Other Regulators^{6,7}

	Specific CPD requirements		Mechanisms for monitoring compliance with CPD requirements					
	Minimum amount of CPD hours	Specific types of courses/ activities	Maintain a portfolio	Record CPD activities using regulator-provided tool	Mandatory submission of record of CPD activities	Audit of CPD records of a portion of members	Provide CPD record to regulator upon request	Annual declaration on renewal
Other Ontario health regulators								
Audiologists and speech-language pathologists	X			X	X			
Chiropodists and podiatrists	X			X		X		
Chiropractors	X	X	X		X			
Dental hygienists				X	X (one of three options)			
Dental technologists	X		X			X		
Dentists	X	X	X			X		
Denturists	X	X	X				X	

⁶ Based on a website review, staff were not able to find specific information for the following regulators: College of Homeopaths of Ontario; l'Ordre professionnel de la physiothérapie du Québec; and The College of Physiotherapists of New Brunswick.

⁷ The following regulators do not appear to have any continuing education or professional development requirements: The College of Physical Therapists of British Columbia; The Saskatchewan College of Physical Therapists; Prince Edward Island College of Physiotherapists; and The Newfoundland and Labrador College of Physiotherapists.



	Specific CPD requirements		Mechanisms for monitoring compliance with CPD requirements					
	Minimum amount of CPD hours	Specific types of courses/ activities	Maintain a portfolio	Record CPD activities using regulator-provided tool	Mandatory submission of record of CPD activities	Audit of CPD records of a portion of members	Provide CPD record to regulator upon request	Annual declaration on renewal
Dietitians				X	X			
Kinesiologists			X		X			
Massage Therapists				X				
Medical laboratory technologists	X	X		X		X		X
Medical radiation technologists	X			X				X
Midwives		X			X			
Naturopaths	X	X	X		X			
Nurses			X					
Occupational therapists			X					
Opticians	X	X	X					
Optometrists	X	X			X			
Pharmacists			X					
Physicians	Rely on requirements of external professional bodies				X (but not to the College)			
Psychologists	X	X	X			X		
Psychotherapists			X	X				
Respiratory therapists			X		X			



	Specific CPD requirements		Mechanisms for monitoring compliance with CPD requirements					
	Minimum amount of CPD hours	Specific types of courses/ activities	Maintain a portfolio	Record CPD activities using regulator-provided tool	Mandatory submission of record of CPD activities	Audit of CPD records of a portion of members	Provide CPD record to regulator upon request	Annual declaration on renewal
Traditional Chinese medicine	X	X		X		X		
<i>Physiotherapy regulators in other Canadian provinces</i>								
Alberta				X		X		
Manitoba			X			X		
Nova Scotia	X		X			X		
Yukon	X	X			X			

Relevant Research

In preparation for the QA program review project, the College commissioned a research project that includes a global scan of quality assurance systems and review the evidence regarding the efficacy of the various tools in use.⁸ The report included findings about continuing education and professional portfolio tools.

Self-declared Continuing Education

Self-declared participation in continuing education is not a formal assessment of competency, but it works by the inference that compliance with mandatory continuing education is an indicator of competence.

The evidence about whether continuing education results in change in knowledge, behaviour or performance is mixed. Despite the frequent practice of mandating a set minimum number of hours or credits of continuing education, no evidence was found to support a set amount of continuing education hours correlated to positive outcomes.

Based on this research study as well as discussions among regulators, the common use of mandatory continuing education is likely due to its ease of use.

Continuing Professional Development Portfolio-based assessment

Continuing professional development has theoretical basis in the principles of adult learning and experiential, practice-based learning. The most common outcome of participation in a CPD portfolio activity is self-reported change in knowledge and behaviour.

The evidence is mixed on whether CPD portfolio can be used as reliable indicator of competency due to the large variance in portfolio designs and methods of assessment.

⁸ Austin, Zubin et al. March 2016. "Professional Quality Assurance and Competency Assessment: A Scoping Review".



Meeting Date:	December 17-18, 2018
Agenda Item #:	4
Issue:	Interim Registrar's Report
Submitted by:	Rod Hamilton, Interim Registrar

Orientation for New Councillors

- We have reintroduced the more involved in-person, in-College orientation for new Councillors because we have found that without this more involved process, new Councillors may not be not fully aware of their duties and obligations as Councillors.
- The first iteration of this reactivated orientation was held on Tuesday, December 4 with Ken, Martin and Mark.
- Preliminary reports are good with some excellent suggestions for enhancements already having been received.

Fairness Commission plaudits for College work

- We recently received a copy of the Fairness Commission's annual report for 2017-2018 and we are pleased to see that the Commission identified two practices of the College in its 'Success Stories':
- The first was the College's flexibility in permitting applicants to use a statutory declaration to provide their letter of good standing from another jurisdiction rather than requiring the actual documentation – this helps applicants by providing an alternative method for demonstrating good standing to applicants whose original documents are difficult or impossible to obtain.
- The second is the College's commitment to streamlining its intake process and publishing its timeline for processing applications – five days for reviewing applications and 10 days for processing applications

Public Appointments

- We are growing concerned about being un-constituted when James' and Jen's appointments expire on December 31.
- However, there is a bit of good news on the public appointments front.
- Appointments to health regulatory colleges' council began again in early December with the government prioritizing the appointments to the colleges that have been un-constituted the longest.
- They also appear to be making appointments for short terms – generally not more than a year.
- In terms of who they are appointing, it appears to be a mix of reappointments and new appointees although new appointees seem to predominant.



- So, it is still possible that public members whose terms have expired may be reappointed, or that those whose terms are about to expire may be reappointed.
- Senior staff and Executive committee have discussed a plan that will ensure that the College continues to meet its statutory obligation of public protection in the event that our Council does become un-constituted for a short while as we wait for these appointments.
- This plan would be for the Executive Committee to make any required committee appointments to ensure that the College's statutory committees that need to meet while the College is un-constituted can do so.
- While the Executive Committee does not plan to act on this plan unless the schedule of committee meetings requires it do so, there is a possibility that these reappointments may have some fiscal implications for the College because it may be necessary to appoint former publicly appointed members to committees as non-council committee members and pay them for this kind of service.

Registrar's external commitments

- You may be (or not be) aware that over the last few years, the Registrar has taken on many external commitments.
- Some of these commitments do not appear to be critical to helping the College achieve its mandate and in fact may have hindered this duty by restricting the availability of the Registrar to staff.
- On the basis of this concern, I have for the moment withdrawn from such commitments that I believed were peripheral to the College's mandate. These include:
 - FHRCO – Federation of Health Regulatory Colleges of Ontario - Presidency/Executive Committee
 - FHRCO – Federation of Health Regulatory Colleges of Ontario – Strategic Planning Committee
 - PEAC - Physiotherapy Education Accreditation Canada - Accreditation Committee
 - PEAC - Physiotherapy Education Accreditation Canada - Governance Committee
 - CAPR - Canadian Alliance of Physiotherapy Regulators - Governance and Nominations Committee
 - WCPT - World Confederation for Physical Therapy
 - INPTRA - International Network of Physiotherapy Regulatory Authorities - Risk Group
 - INPTRA - International Network of Physiotherapy Regulatory Authorities - Conference Committee
 - OIEPB - Ontario Internationally Educated Physical Therapy Bridging program
 - OCUPRS - Ontario Council of University Programs in Rehabilitation Sciences

Changes at MOHLTC

- In mid-October, the Minister of Health and Long-Term Care, Helen Angus, announced a series of organizational changes within the Ministry
- Denise Cole is no longer ADM at Health Workforce Planning and Regulatory Affairs – She has been asked to lead the Ministry in setting up an expedited review of legislation and regulation to identify



impediments to more effective and efficient operations of the health system and the ministry in its oversight role.

- The Health Workforce Planning and Regulatory Affairs division disappears (Denise's old division)
- The branch we are most involved with, Health Workforce Regulatory Oversight Branch (Allison Henry, Director) has been realigned to the Strategic Policy and Planning Division (SPPD) to allow for centralized expertise of policy and planning. Allison remains the Director of the branch and now reports to ADM Patrick Dicerni.

Budget

- Staff completed first drafts of their budget numbers by the end of November
- Since the beginning of December, we have been having internal budget meetings to assess these preliminary budgets
- We have also started thinking about other ways to budget for hearings and discipline since our estimates in this area are very difficult to come up with and generally inaccurate anyway

Corporate Services/Finances

- We have no corporate services director
- We have issued an RFP to solicit the services of an individual or firm to provide a higher level of financial accountability as a Comptroller. We envisage this person having an accountability to Council and providing input on Financial matters
- We believe that the triangulation that will be achieved through the oversight provided by the Finance Committee, the Comptroller and the Auditors will improve Council's ability to provide financial oversight

Governance

- Big G governance – that is the structure of regulatory organizations' boards, committees and membership is a growing trend
- Started with changes in the UK
- College of Nurses got on board with Vision 2020 – desire for smaller board, competency-based board appointment, separation of board and committee membership etc.
- AGRE is also interested in this model
- Ministry of Health is also talking about Governance changes
- Some FHRCO colleges also indicate an interest
- FHRCO held an information session on this kind of governance information in early December which was attended by the President and the Vice President
- Newest regulator to jump on board is the College of teachers with a new report out earlier this week that also recommends governance changes like a much smaller Council, equal membership of public and professions, competency-based councillor selection, separate members for the College's committees.

College Blog

- You may have noticed in the last few weeks an increasing number of critical or unpleasant comments on the College Blog
- Some of these comments were being made on blog posts that were months or years old
- We did some research on who was posting and discovered that, even though the posting were made under multiple identities, it appeared that the poster was the same individual each time.
- We believe that these posts were abusive and inconsistent with the purpose of the Blog so we removed the offending posts and are now requiring all posts to be approved at the staff level before appearing on the Blog.
- We are also investigating alternatives to the Blog as an engagement tool.

Annual Renewal

- We are getting ready for it!
- Testing on system upgrades have been ongoing over the last few weeks.
- Planning to do a soft launch so we can iron out kinks as we come across them

College Outreach Activities

- We participated in Toronto Zoomer Show in Toronto as part of Ontario Health Regulators. Two of our College Practice Advisors were there. We shared costs and resources between 26 colleges, through the Federation.
- The Federation's outreach initiative branch, "Ontario Health Regulation" is also doing a number of other online and print initiatives to reach patients and make them aware of regulatory colleges and their roles. (see Ontarioheathregulators.ca)
- The Citizen Advisory Group Partnership now has 15 Colleges involved. You will remember that the CAG started with our College and ran for 1.5 years solo. We opened it up to other colleges and now we are working collaboratively with 15 other health colleges. Government and other regulators are contacting us to set up their own version. This has been a huge cost savings for us as we now share costs between the Partnership.
- Perspectives. Our open rates continue to grow slowly and we generally get 2000+ people reading Case of the Month and several thousand clicking on practice questions, myth vs fact and other items.
- We partnered with Public Health Ontario to run an Infection Control Webinar. We had approximately 600 PTs on the line and almost 100 questions were submitted. More than 200 people have watched the archived webinar.
- We are producing a series of new videos and a social media campaign in the new year. Topics include promoting the role and mandate of the College, Public Register, Physiotherapist Information



Advisor, ability to express a concern or make a complaint. This project ties into engagement with our many stakeholder groups (patients, employers, PT students, both Canadian and IEPT educated).

- Our Outreach events have focused on boundaries and sexual abuse, providing and refusing care standards and general promotion of practice advice service available to all. We held a Toronto event at U of T and more than 225 students & PTs showed up for 2 hour event discussion's on boundaries. We have also been to Kingston, London, Thunder Bay and other locations coming up in the new year. So far, we have connected with more than 400 people face to face. This has contributed to increased calls to practice advice and visits to College standards on website.
- PISA was completed October 31. Google Analytics shows that more than 7,200 people spent more than 3 minutes on the Supervision Standard page (this suggests they actually read the page) in October 2018. As well, 2,600 people spent 3 minutes or more on the Working with PTA Standard page. This PISA seems to be an excellent example of us ensuring our members are familiar with the rules. We also received the usual positive feedback from members who got in touch to tell us they really enjoyed the exercise as it encouraged them to collaborate and talk with colleagues.

Database Update – Slide show



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PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 5.0

**Council Meeting
December 17-18, 2018**

Agenda #5: Strategic Plan Update

It is moved by

and seconded by

that:

the Council approves the extension of the current strategic plan cycle until March 2021, and reset the timing of the tactics work as recommended by staff.



Meeting Date:	December 17 - 18, 2018
Agenda Item #:	5
Issue:	Reprioritization of Strategic Tactics
Submitted by:	Rod Hamilton, Interim Registrar, Associate Registrar, Policy & Quality Assurance

Issue:

Staff is seeking guidance from Council as to whether staff should continue to pursue the strategic projects as originally planned or if the timing for the plan should be reconsidered.

Background:

In September 2016 Council approved the following strategic goals for a three – year period starting April 1, 2017 with a planned completion date of March 2020:

1. Ensure that physiotherapists’ business practices meet professional standards and do not bring the profession into disrepute.
2. Promote best possible physiotherapy services by ensuring registered physiotherapists are aware of and adhere to professional standards and expectations.
3. Improve the value and awareness of the services that the College directly offers to all Ontarians.

Once the strategic goals have been identified, specific projects, called tactics, are also identified to help the College accomplish those goals. At that same meeting, Council underwent a strategic tactics workshop where they brainstormed and identified a list of ideas for potential tactics. Senior management reviewed the list and identified the ideas that met the criteria of being specific, measurable, attainable and time-based.

This information was brought back to Council for further revision in December 2016. Senior management developed a project plan for each tactic. Council approved the final tactics in March 2017.

Although staff have since undertaken a variety of work to meet the project milestones, there are several tactics that may no longer meet the priorities of the College and/or are encountering delays due to transitions in staffing and resources.

Staff have reviewed the list of tactics and have identified the tactics that are on track to be completed within their current project plan and those that require additional time for completion. At this time, the cost to complete some tactics may outweigh the priority for completion and others will require staff to re-prioritize their workload resulting in other projects or work to be put on hold.



Staff are also of the view that Council should give serious consideration to extending the time for completion of the strategic plan by one year in order to complete it fully. A one-year extension was granted during the College's last strategic planning cycle so there is precedent for this suggestion.

These are the tactics that are either complete or on track to be completed on time:

- T2. QA Program Review
- T5. Patient Outreach/Improved Public Register – further improvements will be made.
- T6.1 Educator Outreach
- T6.2 Supervisor Education
- T6.3 Student Outreach
- T6.5 Insurer Outreach
- T6.7 IEPT and New PT Outreach

There are some tactics that delayed:

- T8. Data Integrity and T9. Data Collection. Work has started on these tactics, however they are delayed. We think that further work on these tactics should be deferred until we have more information about the Ministry's new performance measurement framework for Colleges, which may have impact on what and how the College collects and reports data.
- T10. Live Call Answering. This tactic is proceeding however we do not anticipate being able to finalize it before April 1, 2019
- T11. Database Improvements. This tactic is a much larger, more expensive and slower activity than originally anticipated. Indeed, it is so large and important that it is arguably not a tactic at all but a necessary program activity underpinning practically all the College's other activities. A separate report on the status of this project will be provided to Council during the Registrar's Report. However, it might be summarized to say that this project is so far behind and so labour intensive that it is causing significant delays on nearly every other College activity including many other tactics. Staff do not anticipate the completion of this project until at least early 2020.

There are some tactics that we have not been able to start and which we think should be deferred:

- T12. Committee Training – We believe the start of this tactic should be deferred until after September 2019
- T7. Committee Consistency – We believe the start of this tactic should be deferred until after September 2019



There are also a number of tactics that we think that should be deferred until 2020 and then reassessed at that point in time:

- T4. Customer Service Surveys
- T6.6 Employer Outreach
- T13. Induction Ceremony

Executive Committee Recommendation

The Executive Committee considered this issue and is recommending that:

- Council extend the College's strategic plan completion date to March 2021
- That timing of the tactics work be reset based on staff recommendations

Decision Sought:

That Council approves the extension of the current strategic plan cycle until March 2021, and reset the timing of the tactics work as recommended by staff.



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Motion No.: 6.0

**Council Meeting
December 17-18, 2018**

Agenda #6: By-Laws and Governance Policies Plan

It is moved by

and seconded by

that:

Council approve the proposal that the College's Executive Committee act as a working group to review concerns and issues about the College's By-laws and governance policies and bring proposed changes forward to Council for consideration.



Meeting Date:	December 17-18, 2018
Agenda Item #:	6
Issue:	By-laws and Governance Policies Plan
Submitted by:	Rod Hamilton, Interim Registrar, Associate Registrar, Policy & Quality Assurance

Issue:

In this year’s iteration of the College’s annual review of its By-laws and Governance policies, staff believe it would be helpful to engage Councillors more actively in the review. With this goal in mind, staff would like to propose to Council that the Executive Committee act as a working group over the next 12 months to identify needed changes to the rules. This would include issues already identified, as well as any emerging concerns.

Council is asked to consider this proposal for approval.

Why the Executive Committee?

Staff is proposing that the Executive Committee act as the working group to identify needed changes to the College’s By-laws and governance policies and bring forward any recommended changes to Council for consideration.

Staff believe that the Executive Committee is well suited to this purpose of a number of reasons:

The first and primary reason is that this activity is one of the duties of the Executive Committee that is laid out in the committee’s terms of reference. Specifically, the committee is supposed to regularly review by-laws, governance policies and the College’s official documents to ensure currency and the need for Council review.

However, there are other reasons as well:

- The Executive Committee is a subset of Council and therefore is generally aware of Council’s issues and concerns
- The members of Executive Committee have some specific obligations defined in the rules which may give them additional insight into additional changes
- The Executive Committee is made up of both professional members and public appointees, giving balanced perspectives from the membership and the public
- Executive Committee members usually have years of experience working with the College which gives them a good understanding of its governance responsibilities
- The Executive Committee reports directly to Council so recommendations for consideration by Council can be made at the Committee meetings



- Specific attention to areas of concern can be given at the Executive Committee meetings without taking time from Council meetings; only issues that warrant full Council attention would be recommended for Council to consider
- No additional work will be required to schedule and budget for meetings of the Executive Committee

Should Council agree that the Executive Committee undertake this role, some possible discussion themes would include reviews of:

- Policies that are inconsistent with Council and operational practices
- Trends in By-law management
- Efficiencies in processes for Council and staff that are defined in the By-laws
- Policies that have an impact on Council-staff relationships

The Executive Committee reviewed this proposal at its last meeting and it decided to recommend to Council that it approve the proposal.

Decision Sought:

That Council approve the proposal that the College's Executive Committee act as a working group to review concerns and issues about the College's By-laws and governance policies and bring proposed changes forward to Council for consideration.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 7.0

**Council Meeting
December 17-18, 2018**

Agenda #7: Review of the Advertising Standard

It is moved by

and seconded by

that:

Council approves the recommended changes to the Advertising Standard with an effective date of February 1, 2019.



Meeting Date:	December 17-18, 2018
Agenda Item #:	7
Issue:	Review of the Advertising Standard
Submitted by:	Téjia Bain, Policy Analyst Rod Hamilton, Interim Registrar, Associate Registrar, Policy & Quality Assurance

Issue:

In October 2018, Council decided to revisit the Advertising Standard in light of concerns brought forward by the Inquiries, Complaints and Reports Committee (ICRC) and changes in trends in advertising by health care providers. Staff was directed to conduct an analysis of the current Advertising Standard, advertising trends, and the rules that govern advertising in the province and then provide a list of recommendations to Council for changes to the Advertising Standard.

Council also asked staff to consider the option of rescinding the Advertising Standard and the implications of that decision.

This briefing note will first discuss the considerations for keeping the Advertising Standard and rescinding the Advertising Standard (Part 1). It will then describe the recommendations for changes to the Advertising Standard based on the analysis conducted by staff (Part 2). Consideration of these changes will be dependent on the decision made in part 1.

The Executive Committee considered these policy options and recommends that Council decide to keep the Advertising Standard and approve the recommended changes to the Standard in Part 2.

Part 1: Keep the Advertising Standard or Rescind the Advertising Standard

A key question that arose out of Council’s discussion in October was about whether or not the College needs an Advertising Standard at all. Consequently, Councillors asked staff to explore the possibility of rescinding the Advertising Standard. The following outlines the considerations for keeping the Advertising Standard versus rescinding the Advertising Standard.

OPTION 1: Keep the Advertising Standard

What value does an Advertising Standard have to the College?

In 2014, staff conducted a review of internal programs, regulatory expectations, and stakeholder opinions about the College’s advertising rules at the time. The conclusions of this review were that:

- College standards define expectations and ensure public protection.
- There are good public protection reasons to regulate advertising.



- The public and members expect the regulation of advertising.
- The Advertising Standard is in line with other colleges provincially and nationally¹.

Most of the observations from that review still exist today:

1. Value of the Advertising Standard to the public

- Feedback from participants in a patient focus group last August revealed that patients find comfort in knowing that the practice of health professionals is being regulated².
- In June of this year, the Citizen's Advisory Group indicated that while patients are not that concerned about physiotherapy advertising, they do support having rules and standards for health professionals³.
- The Supreme Court of Canada considered advertising restrictions in health care professions when a dentistry firm challenged the ability of a professional organization to regulate some forms of advertising⁴. The court struck down a wide-scale prohibition on advertising but also noted that consumers would be highly vulnerable if there was no regulation of advertising.
- Even the Competition Bureau, whose purpose is to promote competition, acknowledges that restrictions are necessary to protect consumers from false or misleading advertising⁵.

2. Value of the Advertising Standard to members

- The Advertising Standard makes it clear to members what they can and cannot do when advertising their services. Our members have told us in the past that they want more specific, plain-language rules from the College and having an Advertising Standard allows the College to provide that.
- Being able to comply with the Advertising Standard gives members the assurance that they are meeting generally-accepted practice expectations as a member of the physiotherapy profession.

3. Value of having an Advertising Standard as a regulator:

- Formally documented standards of practice can perform many functions for the College and the profession, including articulating a moral framework, providing guidance to members, promoting public accountability, protecting patient well-being, and reflecting and enforcing societal expectations of health professionals⁶.

¹ See materials from December 2014 Council meeting. Available from <https://www.collegept.org/about/council-members/council-decisions-minutes-and-meeting-materials>

² For a copy of the full report from this patient focus group please contact College staff.

³ Citizen Advisory Group summary report – June 2018. Available from <https://www.collegept.org/patients/get-involved-citizens-advisory-group>

⁴ Rocket v. Royal College of Dental Surgeons of Ontario. (1990) 2 S.C.R.232

⁵ Competition Bureau Canada. Advertising Restrictions Report. 2016 Oct 4. Available from <http://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/04142.html>

⁶ Laliberté, M. Expert Opinion: Standards of Practice in Advertising. 2018 Mar. Cited 2018 Nov 5 from hearing materials of the Discipline Committee; CPO case no. 2015-0302 & 2015-0310 CPO vs. S. Brown. [For a copy of this material please contact College staff]



- The Ministry of Health and Long-Term Care (MOHLTC) provided guidelines for drafting advertising regulations in 2004 and updated them in 2012; our current Advertising Standard is grounded in these guidelines⁷. The guidelines acknowledge that the issue of what is “professional advertising” should be left to Colleges to interpret and build into their regulations and rules.
- Most health Colleges in Ontario have some kind of standard or advice on advertising, but the amount of detail varies significantly. Colleges that have existed since the MOHLTC guidelines were created have regulations about advertising, an advertising standard, or both. Other Colleges that were established more recently have regulations that are not yet in effect, but they advise their members to uphold their proposed regulations⁸. The existence of advertising regulations and guidelines amongst most regulators indicates that there is value in having some rules or advice about advertising for health professionals.
- The Ontario Physiotherapy Association supports making the Advertising Standard more accessible and more relevant to both the profession and the public. It is their opinion that the Advertising Standard should be reflective of both the values and realities of the current consumer environment⁹.

OPTION 2: Rescind the Advertising Standard

What value is there in rescinding the Advertising Standard?

- The Advertising Standard has been the subject of recurring issues over the last decade. As practice evolved, the same issues have multiplied with the increase in members and competition in the private sector:
 - Advertising is constantly changing and the volume and speed of changes in social media and technological advancements makes it very challenging for any individual or organization to monitor advertising. Practice Advisers have reported throughout the time of the advertising audit that some members do not have control of their advertisements. In addition to this, the College has limited resources operationally and therefore cannot continuously monitor physiotherapy advertisements to ensure compliance.
 - Members have continued to complain through various feedback sources that some of the prohibitions that have existed in the Advertising Standard since it originated make it difficult for them to compete with other health professionals who have less strict advertising rules today.
 - Throughout the history of the Advertising Standard there has only been 1 case specifically about advertising that has been considered by the Discipline Committee.

⁷ See Appendix 2 for MOHLTC guidelines.

⁸ A comparison table of advertising rules amongst health regulators in Ontario and physiotherapy regulators in Canada can be made available upon request.

⁹ Ontario Physiotherapy Association’s response to revised Advertising Standard. August 2016. [For a copy of this response please contact College staff]



Otherwise, the most serious action taken by the ICRC for an advertising-related complaint has been a caution. Considering these outcomes, it is reasonable to suggest that breaches of the Advertising Standard are not typically harmful enough to the public to warrant serious disciplinary action.

- Right-touch regulation calls for the amount of regulation to be weighed against the risk of harm to the public¹⁰. Research has shown that in general the public is not very concerned about physiotherapy advertising¹¹ and that there is a low risk of harm to the public caused by breaches of the Advertising Standard.
- If the Advertising Standard was rescinded, there will still be legislation and enforcement mechanisms in effect that restrict physiotherapy advertising:
 - The **Professional Misconduct Regulation** – prohibits advertising that is not accurate and verifiable.
 - Enforced by the College
 - The **Competition Act** – contains criminal and civil provisions to address false or misleading representations and deceptive marketing practices.
 - Enforced by the Competition Bureau
- The Professional Misconduct Regulation is already referred to in our current enforcement process. It provides the minimum standard for regulation of physiotherapy advertising (i.e. advertisements must be accurate and verifiable). All expectations from the current Advertising Standard stem from this regulation.

In all past ICRC cases the Professional Misconduct Regulation was used as the benchmark for determining if there was an advertising breach.

How could having no Advertising Standard affect stakeholders?

- The public:

Since the Professional Misconduct Regulation exists, the College still has a mechanism of enforcement in place to protect the public. Research has shown that generally-speaking, the public is not very concerned about physiotherapy advertising. Removal of the Advertising Standard may not have an impact on how the public chooses a physiotherapist.

- Members:

Based on feedback from past standard reviews and practice advice, the College is aware that members are always asking for more specific guidance from the College on how to apply the standards. The Professional Misconduct Regulation does not offer members the specific guidance that the Advertising

¹⁰ Professional Standards Authority. Revised paper on Right-touch Regulation. October 2015. Available from <https://www.professionalstandards.org.uk/publications/detail/right-touch-regulation-2015>.

¹¹ Based on feedback from the Citizen's Advisory Group and Advertising Standards Canada *Consumer Perspectives on Advertising 2018*.



Standard does. Therefore, by removing the Advertising Standard, there may be a risk in giving members less specific direction and leaving them to determine how to apply the Professional Misconduct Regulation to their advertising practices.

Feedback from College program areas

Since the Advertising Standard was removed from the College's website after the October 2018 Council meeting, the professional conduct department has only received calls from members reporting on other PTs whose websites are in breach of the standard. These members have been informed that the current standard is under review and that the College will update members on any changes in the new year. There have been no complaints about the advertising practices of PTs from the public since the standard was removed.

Practice Advisors have referred callers seeking advice about advertising to the Professional Misconduct Regulation. There have been no reported issues or concerns from callers with this advice.

- The College as a regulator:

Some regulators across Canada have revised their advertising standards or guidelines in recent years but none have rescinded their standards all together. Our College would be the first to do so.

The MOHLTC's advertising guidelines contain prohibitions that are currently reflected in our Advertising Standard but not in the Professional Misconduct Regulation. As evidenced by commentary from the ministry's representatives in recent months, it is unlikely that the ministry will be changing regulations that can be addressed by the College's own existing rules. The MOHLTC is encouraging health regulatory Colleges to use the tools they have, such as creating and changing standards, to accomplish goals.

Recommendation from the Executive Committee: Keep the Advertising Standard

During their discussion about the options, the Executive Committee acknowledged that the continuous reviews of the Advertising Standard due to the issues with enforcement are evidence that change to the standard is needed. While they agreed that the benchmarks of accuracy and verifiability from the Professional Misconduct Regulation are reasonable for most of the expectations in the current standard, the Executive Committee felt as though there is still a need for some of the specific prohibitions that are in the Advertising Standard for the sake of clarity and transparency to members.

They concluded that making changes to the Advertising Standard to address its long-standing issues, such as removing the prohibition on testimonials, would be a better solution than rescinding the standard all together.



Decision 1

Does Council wish to keep the Advertising Standard or rescind the Advertising Standard?

IF OPTION 1 (Keep the Advertising Standard) IS CHOSEN: Move to Part 2

IF OPTION 2 (Rescind the Advertising Standard) IS CHOSEN: Council should move to rescind the Advertising Standard in principle and:

- Direct staff to obtain feedback from stakeholders;
- Review feedback and make final decision about rescinding the Advertising Standard at the next Council meeting.

PART 2: Consideration of recommended changes to the Advertising Standard

Considering the issues brought forward by the ICRC, there are several changes that can be made to the current Advertising Standard to address the concerns identified.

Staff conducted an analysis of each expectation in the Advertising Standard along with current trends in advertising and regulatory activities in Canada. Most of the expectations align with best practice in advertising regulations and therefore, no changes will be recommended for these expectations. However, there were a few expectations that staff recommends changing in light of issues identified with the expectations.

Note: Council is reminded that they can choose not to make any changes to the Advertising Standard.

There are no recommended changes for the following expectations in the current Advertising Standard:

- 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.
- 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 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.
- 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.

Staff conducted an environmental scan of current trends in advertising and regulatory activities and concluded that these expectations align with best practice in advertising regulations. They balance the



need for restrictions in healthcare advertising to ensure public protection and the flexibility needed to allow the public to benefit from having access to competitive options when choosing a health care provider.

For a full summary of the analysis for these expectations see Appendix 3.

Based on research and analysis of current trends in physiotherapy practice and health care advertising, staff is recommending changes to the following expectations in the current Advertising Standard:

Current expectation:

Physiotherapists are responsible for any advertisement on their behalf.

Recommended change: **REVISE expectation**

- Physiotherapists are responsible for any advertisement they create.
- Physiotherapists must take reasonable steps to ensure that any advertisement placed by others on their behalf meets the expectations of this standard.

Rationale for recommendation:

- Addresses the issue of members not being able to change some advertisements on their behalf
- Provides balance between regulatory oversight and allowing a competitive market for services
- Physiotherapists can reasonably meet these expectations

Current expectation:

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

Recommended change: **REMOVE expectation**

Rationale for recommendation:

- Patients have said that they are mostly concerned about when a health professional advertises a service that is completely false or unproven or unverifiable. They expect that some organization should exist to punish the health professionals who do this.
- The Professional Misconduct Regulation already restricts advertisements that are false or misleading. This can act as the threshold for determining if unprofessional behavior has occurred when a physiotherapist uses testimonials.

Current expectation:

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

Recommended change: **REMOVE expectation**



Rationale for recommendation:

- Responds to the ongoing issue that most of the times PTs cannot control what is posted on a third-party website.

A draft of the Advertising Standard with the recommended changes is in Appendix 1.

Recommendation from the Executive Committee: approve the recommended changes

The Executive Committee agreed that the changes recommended by staff will address the longstanding issues with the Advertising Standard, particularly with the prohibition on testimonials. They also agreed that limiting members to being responsible for the advertisements they create and requiring them to take reasonable steps to ensure advertisements created on their behalf are in compliance with the Advertising Standard, removes some of the challenges that members have faced with compliance while still offering some restriction.

Some members of the Executive Committee had concerns that there could be adverse consequences for not having a specific prohibition on claims of superiority. This is especially important for members of the public who may not be as aware of how to decipher if an advertising claim is misleading. There was doubt that the restrictions in the Professional Misconduct Regulation are descriptive enough to deter PTs from using claims that their services are better than others'.

Therefore, the Executive Committee concluded that it is worthwhile to keep the Advertising Standard and make the changes recommended by staff.

Is consultation with stakeholders necessary before making the recommended changes?

The changes recommended for the Advertising Standard are in response to feedback that the College has continued to receive over the years from stakeholders. For example, the College received feedback from stakeholders during the advertising audit that the prohibitions on testimonials as well as the expectation that PTs are responsible for all advertisements made on their behalf make it challenging for PTs to advertise competitively and to comply with the standard. The Ontario Physiotherapy Association has provided similar feedback in their response letter to the current Advertising Standard in 2016.

Should Council approve the recommended changes to the standard, the Communications team will relay to stakeholders that the Advertising Standard will be changing. Staff recommends February 1, 2019 as the effective date for the changes. This will allow all program areas enough time to communicate the changes after the holiday season.

Decision #2

Does Council wish to approve the Advertising Standard with the recommended changes effective February 1, 2019?

Appendices

- Appendix 1: Advertising Standard with recommended changes
- Appendix 2: Legislation and guidelines about advertising
- Appendix 3: Summary analysis of the Advertising Standard with recommendations

Appendix 1: Advertising Standard (with recommended changes)

Date Approved: September 21, 2016

In Effect: January 1, 2017

1. Authority and Responsibility

Physiotherapists are responsible for any advertisement they create.

Physiotherapists must take reasonable steps to ensure that any advertisement placed by others on their behalf meets the expectations in this standard.

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.

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 (*remove definition*)

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 (*remove definition*)

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: Legislation and guidelines on advertising

1. [The Competition Act](#) – federal law that contains criminal and civil provisions to address false or misleading representations and deceptive marketing practices in promoting the supply or use of a product or any business interest. *The Competition Bureau is the federal agency responsible for the administration and enforcement of the Competition Act.*

Section 74.01 (1) of the Competition Act

A person engages in reviewable conduct who, for the purpose of promoting, directly or indirectly, the supply or use of a product or for the purpose of promoting, directly or indirectly, any business interest, by any means whatever,

- (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.

2. [The Professional Misconduct Regulation](#) – provincial regulation that describes acts of professional misconduct for physiotherapists under the Physiotherapy Act.

Section 1 of the Physiotherapy Act, 1991

The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

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

3. [Ministry of Health and Long-term Care Revisions to Guidelines for drafting Advertising Regulations by Health Regulatory Colleges \(October 2012\)](#)
 - Any definition of advertising proposed by Colleges for inclusion in the regulation should be consistent with the following:



Any message (the content of which is controlled directly or indirectly by the advertiser) expressed in any language and communicated in any medium to anyone with the intent to influence their choice, opinion or behavior.

- An advertisement must be accurate, factual and contain information that is verifiable.
 - An advertisement must not contain any of the following:
 - o anything that will promote an image that will negatively impact on public confidence in the delivery of health care services and promote a demand for unnecessary health care services;
 - o superlative or comparative adjectives or descriptions regarding the quality of the services, products or person(s) referred to in the advertising;
 - o any testimonial by a patient/client or former patient/client or by a friend or relative of a patient/client or former patient/client;
 - o any expressed or implied endorsement or recommendation for the exclusive use of a drug, product or brand of equipment used to provide services; and
 - o anything that is undignified and in poor taste.
 - Endorsements are permissible in cases where the College is satisfied that the individual or organization proposing to endorse a member:
 - o Has sufficient expertise relevant to the subject matter of the endorsement; and
 - o Has appropriately assessed the member as providing quality care.The College should also determine in permitting endorsements that the information would assist the public in obtaining access to required health services.
 - Where a College does not recognize professional specialties (e.g. Classes of registration or certification), advertisements should not use a term, title or designation in an advertisement if it indicates or implies the member is a specialist.
 - An advertisement must be clear and readily comprehensible by the persons to whom it is directed.
 - Colleges will need provisions that ensure the member or professional health corporation does not contravene any advertising laws or cause any other person to do so.
4. [Canadian Code of Advertising Standards](#) – *Advertising Standards Canada's* Code for promoting the professional practice of advertising. *Advertising Standards Canada* (ASC) is the national not-for-profit advertising self-regulatory body. The Code of Advertising Standards is only enforceable for organizations that are registered with ASC.

1. Accuracy and Clarity

- (a) Advertisements must not contain, or directly or by implication make, inaccurate, deceptive or otherwise misleading claims, statements, illustrations or representations.
- (b) Advertisements must not omit relevant information if the omission results in an advertisement that is deceptive or misleading.



(c) All pertinent details of an advertisement must be clearly and understandably stated.

5. Guarantees

No advertisement shall offer a guarantee or warranty, unless the guarantee or warranty is fully explained as to conditions and limits and the name of the guarantor or warrantor is provided, or it is indicated where such information may be obtained.

6. Comparative Advertising

Advertisements must not unfairly discredit, disparage or attack one or more products, services, advertisements, companies or entities, or exaggerate the nature or importance of competitive differences.

7. Testimonials

Testimonials, endorsements or other representations of opinion or preference must reflect the genuine, reasonably current opinion of the individual(s), group or organization making such representations, must be based upon adequate information about or experience with the identified product or service and must not otherwise be deceptive.

Appendix 3: Summary analysis of the Advertising Standard and recommendations

Current Expectation	Summary of Research and Analysis	Recommendation based on analysis	Pros of changing expectation	Cons of changing expectation
AUTHORITY AND RESPONSIBILITY				
<p>Physiotherapists are responsible for any advertisement on their behalf.</p> <p>New Proposed language:</p> <ul style="list-style-type: none"> • <i>Physiotherapists are responsible for any advertisement they create.</i> • <i>Physiotherapists must take reasonable steps to ensure that any advertisement placed by others on their behalf meets the expectations in this standard.</i> 	<p><i>Rationale for the current expectation:</i> Physiotherapists should be held accountable for advertisements that describe their services.</p> <ul style="list-style-type: none"> • Bernstein case confirms this rationale. • In <i>Rocket v Royal College of Dental Surgeons of Ontario, [1990] 2 S.C.R. 232</i> the Supreme Court decision indicates that professional regulation of advertising is clearly justified in circumstances where a claim is not inherently susceptible of verification. <p>Issues and concerns in practice</p> <ul style="list-style-type: none"> • Some members who are employed by non-PT employers remain in breach of the standard because their employers do not want to change their advertising practices. • PTs are unable to control some forms of advertisements on third-party websites since they do not own the content. 	<p>Revise expectation</p> <p>Suggestion: use language from the expectation in the old version of the standard: <i>Members will also take reasonable steps to ensure that advertisements placed by others about their services meet the expectations in the standard.</i></p>	<ul style="list-style-type: none"> - Addresses the issue of members not being able to change some advertisements on their behalf - PTs can reasonably meet these expectations - Provides balance between regulatory oversight and competitive market for services 	<ul style="list-style-type: none"> - Members who went to great lengths to get their employers to change their ads (or left their jobs because their employers would not) in order to be compliant may be upset. - Due to the above those members may decide to take legal action against the College.

Current Expectation	Summary of Research and Analysis	Recommendation based on analysis	Pros of changing expectation	Cons of changing expectation
TRUTH IN ADVERTISING				
<p>Advertisements must be true, accurate and verifiable. This means that physiotherapists must be able to prove that the information in the advertisement is true.</p>	<p><i>Rationale for the current expectation:</i></p> <p>Protects the public from choosing physiotherapy services based on false information. Truth and accuracy in advertising helps patients make informed decisions about physiotherapy services.</p> <ul style="list-style-type: none"> aligns with the Professional Misconduct Regulation and the Competition Act, which both outlaw false advertising. Truth and accuracy are the pillars of Canadian Code of Advertising Standards Maintains the public's trust in the profession <p>Issues and concerns in practice</p> <ul style="list-style-type: none"> In their feedback submission on the Advertising Standard, the OPA pointed out that there was a need for clarity around what level or type of evidence will adequately verify a statement made in advertising. According to the Practice Advisor, members who call with questions about verifying information in their ads are taken through a series of questions about peer-review literature on the activities they are advertising, scope of physiotherapy practice, and their competency to perform the activity advertised. 	<p>Retain expectation</p> <p>Explanation: The concerns identified can be addressed by creating materials to help PTs understand what kind of evidence is required at minimum when advertising.</p>	<p>Not applicable</p>	<p>Not applicable</p>

Current Expectation	Summary of Research and Analysis	Recommendation based on analysis	Pros of changing expectation	Cons of changing expectation
Advertisements must not mislead.	<p><i>Rationale for the current expectation:</i> Protects the public from fraud and deception in advertising.</p> <ul style="list-style-type: none"> • The Professional Misconduct Regulation prohibits the representation of qualifications in a manner that is false or misleading. • The Competition Act outlaws misleading advertising. • The Canadian Code of Advertising Standards prohibits advertisements with misleading claims, statements, illustrations or representations. <p>No issues or concerns identified with this expectation.</p>	Retain expectation	Not applicable	Not applicable
Advertisements must be easy for consumers to understand.	<p><i>Rationale for the current expectation:</i> Ensures that the message in advertisements is conveyed in a way that the public can understand.</p> <ul style="list-style-type: none"> • The Competition Act prohibits using terms or phrases in an advertisement that are not meaningful and clear to the ordinary person. • There is a generally-accepted view that there is a knowledge gap between the health care provider and the patient, in favour of the provider. This means that when advertising services, health care providers have a responsibility to provide 	Retain expectation	Not applicable	Not applicable

Current Expectation	Summary of Research and Analysis	Recommendation based on analysis	Pros of changing expectation	Cons of changing expectation
	<p>clear and understandable information to their patients.</p> <p>No issues or concerns identified with this expectation.</p>			
ADVERTISING CONTENT				
<p>Advertisements must only contain information about services for conditions that the physiotherapist is competent to diagnose and treat.</p>	<p><i>Rationale for the current expectation:</i> Physiotherapists must offer and provide services within the scope of practice that they have the skills and expertise to treat.</p> <ul style="list-style-type: none"> The Restricted Titles, Credentials and Specialty Designations Standard states that members must not use the title of physiotherapist when they are practicing outside of the scope of physiotherapy. The Physiotherapy Act defines the scope of practice of physiotherapy. What is most important here is that physiotherapists are only advertising services that they have the skills to diagnose and treat. <p>Issues and concerns in practice</p> <ul style="list-style-type: none"> While the scope of physiotherapy is quite broad, concerns have been raised that some physiotherapists are practicing outside the scope of the profession and advertising these services. 	<p>Retain expectation</p> <p>Explanation: There is no easy test to determine whether or not a particular activity is within the scope of physiotherapy and any additional work on trying to clarify the scope of practice will quickly become obsolete due to the evolving nature of the profession. Each complaint related to this expectation will need to be considered on a case-by-case basis.</p>	<p>Not applicable</p>	<p>Not applicable</p>

Council

Current Expectation	Summary of Research and Analysis	Recommendation based on analysis	Pros of changing expectation	Cons of changing expectation
<p>Advertisements must not state or imply a guarantee of treatment results.</p>	<p><i>Rationale for the current expectation:</i> Protects the public from relying on unrealistic expectations when choosing an advertised physiotherapy service. Guaranteeing clinical outcomes are inherently deceptive because they are impossible to guarantee.</p> <ul style="list-style-type: none"> • Guarantees are banned in most Canadian jurisdictions • Advertising Standards Canada allows guarantees with conditions: <i>No advertisement shall offer a guarantee or warranty, unless the guarantee or warranty is fully explained as to conditions and limits and the name of the guarantor or warrantor is provided.</i> • The Competition Act prohibits guarantees of the performance or efficacy of a product that is not based on an adequate and proper test. <p>No issues or concerns with this expectation.</p>	<p>Retain expectation</p>	<p>Not applicable</p>	<p>Not applicable</p>
<p>Advertisements must not contain any direct, indirect, or implied testimonials or endorsements.</p>	<p><i>Rationale for the current expectation:</i> When testimonials and endorsements are used for advertising purposes, even if they are true, there is a perception that they are inherently misleading to the public. This is because the testimonials and endorsements are almost always chosen for their positive impressions of</p>	<p>Remove expectation</p>	<ul style="list-style-type: none"> - Addresses long-standing issues with this prohibition - The Professional Misconduct Regulation can be used as the standard for enforcement - Allows the public to benefit from reviews of others in order to make informed decisions 	<ul style="list-style-type: none"> - Against MOHLTC 2012 guidelines - Different from many other regulators - Patients can possibly be misled by only positive testimonials

Current Expectation	Summary of Research and Analysis	Recommendation based on analysis	Pros of changing expectation	Cons of changing expectation
	<p>the services provided, and equal space is often not given to negative comments.</p> <p>Issues and concerns in practice <u>TESTIMONIALS</u></p> <ul style="list-style-type: none"> • Past history of complaints and results from the advertising audit prove that the highest rate of non-compliance with the Advertising Standard relates to the prohibition on testimonials. • The College has had ongoing issues with enforcement of this specific expectation throughout the history of the Advertising Standard. • The core concern with testimonials is the credibility of the reviews provided about a physiotherapist or their services. Testimonials are misleading when: <ul style="list-style-type: none"> - the reviews are false or fabricated - only positive reviews are published - subjective patient experiences cannot be verified • PT-owned social media sites present a grey area because: <ul style="list-style-type: none"> a) it is difficult to determine whether or not the testimonials were unsolicited, and b) these types of platforms are harder to monitor and regulate 		<ul style="list-style-type: none"> - Indicates that the College is responsive to changes in practice trends 	

Current Expectation	Summary of Research and Analysis	Recommendation based on analysis	Pros of changing expectation	Cons of changing expectation
	<ul style="list-style-type: none"> There is also a concern that when used by health professionals, testimonials have the potential to undermine the fiduciary relationship by exerting undue influence on patients. <p><u>ENDORSEMENTS</u></p> <ul style="list-style-type: none"> Credibility is also the key concern with endorsements in physiotherapy advertising because they are inherently difficult to verify for truthfulness. This is because: <ul style="list-style-type: none"> there is no agreed-upon and approved measurement that supports going to one PT over another. treating high-profile clients is not a peer-reviewed method for assessing the quality of a PT. PC and practice advice receive questions and complaints about endorsements from (high-profile) athletes, Patient Choice Awards, etc. 			
<p>Advertisements must not contain references to third-party websites or publications that carry testimonials or endorsements of physiotherapists.</p>	<p><i>Rationale for the current expectation:</i> There is a possibility for a PT or business to incentivize patients to write a review on a third-party website about their services. There is a risk that if only</p>	<p>Remove expectation</p>	<ul style="list-style-type: none"> Responds to the ongoing issue that most of the times PTs cannot control what is posted on a third-party website. 	<ul style="list-style-type: none"> There is a risk that PTs will incentivize patients to write reviews on third-party websites.

Current Expectation	Summary of Research and Analysis	Recommendation based on analysis	Pros of changing expectation	Cons of changing expectation
	<p>positive views are solicited then the review can be misleading to the public.</p> <ul style="list-style-type: none"> • User reviews are a reality of today's online world and are impossible to avoid. • Third-party platforms usually contain mechanisms to ensure that the reviews are written by real and genuine users. • Third-party websites strive for transparency, authenticity and fairness, but there are limitations to their ability to control and monitor the reviews posted on their websites. <p>Issues and concerns in practice</p> <ul style="list-style-type: none"> • PTs claimed that they are sometimes unable to influence their employer's advertising practice. • PTs need clarification regarding their obligations in different circumstances, especially the difference between <i>unsolicited</i> testimonials (i.e. Yelp or RatemyMD) vs. <i>solicited</i> testimonials (i.e. clinic's website) 			
CLAIMS OF SUPERIORITY				
<p>Advertisements must not state or imply that a physiotherapist's services are better than those offered by other physiotherapists.</p>	<p><i>Rationale for the current expectation:</i> Superlative statements are deceptive and unverifiable because there are no agreed-</p>	<p>Retain expectation</p> <p>Explanation: This expectation protects the public from being</p>	<p>Not applicable</p>	<p>Not applicable</p>

Current Expectation	Summary of Research and Analysis	Recommendation based on analysis	Pros of changing expectation	Cons of changing expectation
	<p>upon and approved measurement to support one PT over another</p> <ul style="list-style-type: none"> PTs are able to use terms like “specializing in” and “provide outstanding care” but they cannot use terms such words such as “best” “better than” and “highest” in their advertisements. <p>Issues and concerns in practice</p> <ul style="list-style-type: none"> The College has received complaints in the past from PTs saying that their colleagues use statements in their ads imply that their services are better than others. 	<p>misled by superlative words which cannot be proven. It is not necessary to have superlative statements in order to advertise quality services.</p>		
<p>Advertisements must not state or imply that a certain brand or product is better than others.</p>	<p><i>Rationale for the current expectation:</i> Advertising one brand or product exaggerates the potential therapeutic effects of this product over another. Since the patient is usually uninformed about the product options available to them, advertising only one product can be misleading.</p> <p>No issues or concerns with this expectation.</p>	<p>Retain expectation</p>	<p>Not applicable</p>	<p>Not applicable</p>
ADVERTISING ABOUT PRICES				
<p>If an advertisement offers discounted prices for packaged or bundled services, it must clearly state that there is still the option to buy one</p>	<p><i>Rationale for the current expectation:</i> Packaged or bundled services can lead patients to request unnecessary care in order to get the full value of the package</p>	<p>Retain expectation</p>	<p>Not applicable</p>	<p>Not applicable</p>

Current Expectation	Summary of Research and Analysis	Recommendation based on analysis	Pros of changing expectation	Cons of changing expectation
<p>service at a time. It must also make it clear that there is an option to receive a refund for unused services.</p>	<p>deal if there is no alternative option. To prevent this the expectation requires PTs to advertise that there is also an option to buy one service at a time or to get a refund for unused services.</p> <ul style="list-style-type: none"> • Groupon advertisements were a major concern in the past, especially when persons who did not need physiotherapy wanted value for the money they spent on the deal. The expectation addressed this issue. • Professional Misconduct Regulation states that the option to opt out should be given <p>No issues or concerns with this expectation.</p>			

Agenda #8

Case Studies



Motion No.: 9.0

**Council Meeting
December 17-18, 2018**

Agenda #9: Pre-registration Jurisprudence Exam

It is moved by

and seconded by

that:

Council rescinds their decision to make completion of the Jurisprudence exam a requirement for registration.



Meeting Date:	December 17-18, 2018
Agenda Item #:	9
Issue:	Pre-registration Jurisprudence Exam
Submitted by:	Téjia Bain, Policy Analyst

Issue

In June of 2016, Council approved making the successful completion of the Jurisprudence exam a pre-requisite for registration. Given that there have been noteworthy changes in the College’s strategic focus since that time and that this project will have a significant impact on operational costs and activities, staff is seeking to re-confirm Council’s direction on this issue.

Background on the Jurisprudence Exam

The College’s Jurisprudence exam was first launched in 2006 to evaluate the ability of members to find and apply the rules of the College to practice. The Jurisprudence exam is an open-book exam consisting of 50 scenario-based multiple-choice questions. Members are encouraged to collaborate with others when completing the exam. This has enabled members to build professional networks that can be used when faced with challenging ethical decisions.

The exam is completed by newly-registered Independent Practice physiotherapists 12-18 months following registration and by all Independent Practice physiotherapists every 5 years. Provisional Practice members and Courtesy registrants are currently not required to take the Jurisprudence exam.

There are 11 content domains represented in the Jurisprudence exam blueprint, namely confidentiality/privacy, conflict of interest, consent, continuing competency, record keeping, practice management (includes billing), professional boundaries, registrants’ obligations, scope of practice, title use, and use of support personnel¹. These domains have not been updated since the Jurisprudence program first launched.

Exam Content

The scenario-based questions of the Jurisprudence exam are developed on a recurring 5-year cycle. The College works in tandem with a psychometrician, an exam management company (Yardstick), and several professionals in the field to develop the bank of questions for the exam. The same bank of questions is used for the post-registration Jurisprudence exam for new registrants and the Jurisprudence exam that all registrants are required to take every 5 years.

¹ College of Physiotherapists of Ontario. *Jurisprudence Content Domains* (2007). [Please contact College staff for a copy of this document]



Council-approved delivery method for the pre-registration Jurisprudence exam

At its June 2016 meeting, Council approved the following delivery method:

- Change the timing of the first administration of the Jurisprudence exam so that applicants must successfully complete the Jurisprudence exam BEFORE they can be registered.
- The Jurisprudence exam that is administered to all physiotherapists every five years will not change.
- Applicants should be permitted to write the Jurisprudence exam as soon as the Alliance has verified their eligibility to complete the Physiotherapy Competency Examination (PCE).
- No proctor is needed.
- Collaboration with other exam-takers should be permitted.
- Exam questions should be presented in random order.
- Applicants should be given unlimited time to complete the exam.
- The College should augment available Jurisprudence exam resources.
- A total of three attempts should be allowed.
- There should be no charge to exam-takers.

Change to the Registration Regulation no longer required

Previously, the College believed that the Registration Regulation would need to be changed in order to require successful completion of the Jurisprudence exam prior to registration. After Council decided to make the Jurisprudence exam a registration requirement in 2016, staff began to pursue making the necessary changes to the regulation with the government.

However, earlier this year staff sought legal advice to explore the alternative of requiring the exam based on our existing regulation. Legal advice indicated that the current regulation can be understood more broadly as not limiting the entry-to-practice exam requirement to one examination. Therefore, there is a strong argument that the existing registration regulation is broad enough to include the requirement for the Jurisprudence exam.

Considerations for moving to a pre-registration Jurisprudence exam

The Ontario Fairness Commissioner recommends that “whenever a regulator plans to introduce a new or amended registration requirement, it is a good idea to consider the extent to which the requirement is necessary and relevant (and the reasonableness of fees). Similarly, before introducing a new registration practice, it will be helpful to consider whether the practice is transparent, objective, impartial, and fair.”²

Before moving to a pre-registration Jurisprudence exam, Council should consider the following:

² Office of the Fairness Commissioner. *Conducting ETP Reviews: Guide to Ontario's Regulatory Bodies*. Available from http://www.fairnesscommissioner.ca/index_en.php?page=about/current_projects/entry_to_practice_reviews_guide&sid=6



1. Possible inconsistencies with the exam itself

The scenario-based questions of the Jurisprudence exam are developed from a blueprint of content domains that have not been updated since the exam first launched in 2006. Considering that physiotherapy as a profession has evolved over the last ten years, and that there have been significant changes in public protection and awareness, there is a high possibility that the blueprint for the Jurisprudence exam, and therefore the exam itself, may not be accurately measuring test-takers' knowledge of the College's recently-revised standards.

Additionally, the Jurisprudence exam was originally created with the intent to be an educational tool, not a requirement for entry to practice. This is why the exam is open-book and test-takers are encouraged to collaborate when taking it. Before changing the administration of the exam Council should consider if the intent of the exam is still educational, and if so, what value there is in requiring candidates to take it before they are registered as opposed to 12-18 months after registration.

2. Exam failures and remediation activities

When going through the process of registering with the College, successful completion of the Physiotherapy Competency Examination (PCE) is often the last step for most applicants. Candidates are often eager to register and begin working as soon as they have received confirmation that they have passed the PCE. Often times they have employment offers pending their registration.

A pre-registration requirement to complete the Jurisprudence exam adds another condition to getting registered, which would in turn make it a potential barrier to entry. This opens the College up to increased scrutiny of the Jurisprudence exam, especially when applicants fail and are unable to start practicing. The College would need to be able to say, with confidence, that the exam accurately tests the knowledge of the standards and is a reasonable and purposeful addition to our current registration requirements.

In addition to this, failure of the pre-registration Jurisprudence exam would mean that the applicant's registration file must be reviewed by the Registration Committee. In our current remediation process, members who have failed two attempts at the post-registration Jurisprudence exam are required to have one-on-one coaching with a Practice Advisor in collaboration with a university professor and then re-attempt the exam. During this time, members are still able to practice. The change in the administration of the exam could, however, impact the activities of the Registration Committee and registration staff as the Committee develops remediation plans for applicants who fail and are awaiting registration.

3. Minimal public protection value in moving to a pre-registration exam

When the Jurisprudence program was developed between 2002 and 2004, PTs new to practice were not often the subject of complaints or concerns. This influenced the decision to implement the program as a



post-registration requirement³. Review of the professional conduct trends since 2014 indicate that new registrants are still not often the subject of complaints. Since 2014, the average number of conduct matters involving new registrants has been consistently the same.

Considering that our program data shows no significant risk to the public caused by new registrants in recent years, Council should consider what risk(s) warrants the need for the College to change the Jurisprudence exam from post-registration to pre-registration.

4. Significant impact on the College's finances and operations

The College is currently managing a few high-priority projects that require a substantial amount of our financial and operational resources. This includes our new Quality Assurance Program and management of our new database, Atlas, as we enter a new registration renewal period. Implementation of a pre-registration Jurisprudence exam will impact the College's work both financially and operationally.

As part of the process for making the Jurisprudence exam a registration requirement, the College would need to ensure the integrity of the exam so that all members are examined fairly and that the content of the exam remains current. Some measures to ensure integrity of the pre-registration Jurisprudence exam include:

- making the exam fully accessible to applicants with disabilities (based on AODA requirements).
- increasing psychometric measures to ensure that the exam accurately measures the knowledge of exam-takers.
- regular reviews of the question bank to ensure that the exam content is up-to-date and aligned with current legislation and standards.

Financial impact

An approximate cost for these measures cannot be determined at this time since they are dependent on outcomes that staff is unable to predict (for example, some protocols for implementing AODA requirements have not been released yet, and a complete psychometric evaluation of the work required has not been completed yet). Regardless, these expenses will increase the College's current expenditure on the Jurisprudence program and therefore, Council should consider whether a pre-registration Jurisprudence exam adds enough value to warrant the additional expenditure.

Operational impact

Implementation of a pre-registration Jurisprudence exam will require additional staff time for project planning, management of the transition phase from post-registration to pre-registration, trouble shooting, and possibly increasing Committee activities.

Because of the demands of the College's existing projects on our current staff, there may be a need to invest in expertise to manage the implementation of a pre-registration Jurisprudence exam. The College can investigate outsourcing of this project to an organization that specializes in exam development and

³ See materials from June 2016 Council meeting. Retrieval from www.collegept.org.



management. However, some of the required activities can only be done by College staff and therefore, staff will still be impacted by the change in the administration of the exam.

Executive Committee recommendations

After considering the above, the Executive Committee recommended that Council rescind their decision to make the Jurisprudence exam a pre-registration requirement because:

- doing so would be costly, both financially and operationally
- they questioned if the Jurisprudence exam is actually doing what it was purposed to do

The Executive Committee also recommends that Council ask staff to conduct a complete evaluation of the Jurisprudence program as a whole to determine if it is fit for purpose. The Committee was concerned that the Jurisprudence exam is not accomplishing its original intent and now may be a good time to conduct a full review of the Jurisprudence program. This review will consist of a more in-depth look at the current Jurisprudence program and investigate if there are other new tools for evaluating knowledge of regulatory standards of practice. Staff anticipates that they will be able to conduct this review and report back to Council in September of 2019.

Does Council agree with the Executive Committee's recommendations?

Decision sought: Council re-affirms or rescinds their June 2016 decision to make the successful completion of the Jurisprudence exam a requirement for registration.

Appendix 1: Comparison of Jurisprudence programs across Ontario health regulators

Appendix 1: Comparison table of Jurisprudence and Ethics Exams amongst Ontario Health Regulators

Regulator	Physiotherapists	Dentists	Dietitians	Pharmacists	Nurses	Psychologists	Chiropractors	Optometrists
Timing	Post registration (initial + every 5 years)	Pre-registration; (+ post-entry for remedial or learning purposes)	Post registration (initial + every 5 years)	Pre-registration for independent practitioner	Pre-registration	Pre-registration for independent practitioner	Pre-registration	Pre-registration
Delivery Mode /Availability	Online module (6 month window of availability)	Online course + exam	Online module	Written exam 4x/year multiple sites ON + across Canada	Online exam available on-demand	Written exam 2x/year, multiple sites (considering moving online)	Written exam offered 3x/year + as needed	Written exam offered 6x/year + optional seminar 2x/year
Required for AIT applicants	Yes	Yes	N/A	Yes	Yes	No	Yes	Yes
# of questions	50	Unknown	Unknown	120	150	60	75	60
Cost to applicant	\$0	\$0 applicants \$250 members	\$0	\$100	\$40	\$270	\$180 (includes study materials)	\$184
Time to complete	No limit	Unknown	No limit	2.5 hours	3.25 or 3.75 hours	2 hours	2.5 hours	2 hours
# of attempts allowed	2 - then refer to Practice Advisor for coaching	Unlimited	3 – then remedial activity	3 per year – then remedial activity	Unlimited	4 total (Registration denial upheld by HPARB)	Unlimited	Unlimited
Independent or collaborative	Collaborative	Independent	Independent	Independent	Independent	Independent	Independent	Independent
Open-book	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes

- In most cases successful completion of the Jurisprudence exam is required before practice is permitted, including AIT applicants.
- There is variation in the availability of the exams, number of questions, and fees charged (free - \$270).
- All but one regulator permits access to resources (i.e., open-book rather than closed-book).
- Only the CPO allows collaboration among test-takers.
- Most allow unlimited attempts although some require remedial activity after a certain number of attempts.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 10.0

**Council Meeting
December 17-18, 2018**

Agenda #10: Conference Attendance: Reporting Key Learnings to Council

It is moved by

and seconded by

that:

Council approves the use of a template for councilors to report their key learnings from conferences to Council.



Meeting Date:	December 17-18, 2018
Agenda Item #:	10
Issue:	Conference Attendance: Reporting Key Learnings to Council
Submitted by:	Elicia Persaud, Executive Assistant

Issue:

Council is asked to evaluate the current approach used by councillors who attend conferences to report their key learnings back to Council.

Background:

As outlined in the terms of reference for the Executive Committee, the Committee is tasked with promoting governance excellence by:

- regularly monitoring, evaluating and recommending practices that will promote and enhance overall governance excellence at both the level of Council and Committee, and
- determining which councillors should be encouraged to participate in educational opportunities.

In keeping with this, the Committee was asked to review the list of prospective education needs at their November meeting and identify the priorities for Council for 2019-2020. Coming out of this discussion the Committee made three decisions:

1. They selected the educational priorities for Council and developed an education plan for 2019-2020.
2. They directed staff to forego the inclusion of two international conferences next year as part of the conference attendance list.
3. They recommended that Council revisit the approach that councillors who attend conferences use to provide Council with their key learnings.

What is the current process?

There have been different approaches to how councillors report back to Council, including:

- a verbal presentation to Council,
- a verbal presentation to Council with a PowerPoint,
- a written report of their key learnings distributed in the package
- a combination of all the above.

In 2016 Council decided an adequate method would be to require councillors who attended a conference to provide a written report in the Council package, with time allocated for questions by councillors as part of the President’s report.

Some concerns were raised about whether this method continues to meet the needs of Council or whether there is an alternative approach for ensuring councillors who attend conferences are accountable and have the necessary tools for reporting the relevant information back to Council.

An alternative approach may be to provide councillors with a one-page template that asks them to outline their top three key learnings from the conference and explain how they are relevant to Council as a whole, their role as a councillor or their role as a committee member. This would be included in the Council package and time would be allocated on the agenda for any questions. An example of a template that could be used is in appendix A.

Decision Sought:

Council is asked to decide which approach they would like to use for councillors to report their key learnings from their conference attendance.

- Appendix A – Example Template

Attachment:



Appendix A – Example Template

Submitted by: _____

Name of Conference: _____

Top 3 take aways from the Conference:

- 1.

- 2.

- 3.

How these learnings will help me in my role as a councillor and/or committee member:

Additional Comments:



Motion No.: 11.0

**Council Meeting
December 17-18, 2018**

Agenda #11: Review of Expense Rule for Accommodations

It is moved by

and seconded by

that:

Council approves removing the kilometer radius requirement for accommodation eligibility and the corresponding changes to expense rules section 10 (b)(c) and 11 (c)(d) of Policy 5.1 – Honoraria and Expenses, effective April 1, 2018.



Meeting Date:	December 17-18, 2018
Agenda Item #:	11
Issue:	Review of Expense Rule for Accommodations
Submitted by:	Elicia Persaud, Executive Assistant

Issue:

The Executive Committee directed staff to forecast the budget implications for amending the rules for expenses as they relate to the accommodation eligibility in Governance Policy 5.1 Honoria and Expenses.

Background:

In March 2015 Council approved Policy 5.1 Honoraria and Expenses in response to Executive Committee’s direction to formalize a policy that would include a complete and clear version of the rules and rates for honoraria and expenses. Before the approval of this policy this information was maintained in various places, which led to confusion and inconsistent practices.

In November 2017 this policy was reviewed by the Executive Committee and it was recommended that the policy change the range in distance from which you can be expected to travel for a 1-day meeting *from 50 km’s to 40 km’s* for both meals and accommodation requirements. This change was approved by Council in December 2017 (Appendix 1).

Despite the change in 2017 there are still concerns regarding the length of time it takes to travel to the College during peak rush hour timings. As the city continues to become congested travel time has increased regardless of the kilometre radius from the College. The Executive Committee discussed different solutions and directed staff to forecast the impact on the budget if the rules for accommodation were to be changed to allow professional councillors, committee members, members of task forces and working groups to be eligible for an accommodation regardless of how far they live from the college.

In keeping with this direction, below is the estimated cost difference for next fiscal 2019-2020, if the expense rule remained the same versus if the expense rule was changed to eliminate the kilometer radius requirement for accommodations¹.

¹ The Patient Relations Committee is not included in the estimated cost as they do not meet in-person. The Finance Committee is not included as they have one half-day in-person meeting scheduled, where no accommodation would be required.



Current Estimated Cost	Proposed Estimated Cost	Difference in Estimated Costs
\$59,638	\$68,634	\$8,996
<i>11 eligible people based on current rules</i>	<i>20 eligible people based on proposed rules</i>	<i>Based on the budget for 2019-2020</i>

If it is Council’s direction to amend the eligibility for accommodations, section 10 (b)(c) and 11 (c)(d) of Policy 5.1 – Expenses and Honoraria would need to be amended to reflect this change, including setting the date this policy would take effect. A proposed change has been included in Appendix 2.

Decision Sought:

Does Council choose to remove the kilometre radius requirement for eligibility for accommodations based on section 10 (b)(c) and 11(c)(d) of Policy 5.1 – Expenses and Honoraria?

Attachment:

- Appendix 1 – Policy 5.1 Honoraria and Expenses
- Appendix 2 – Revised Policy 5.1 Honoraria and Expenses, section 10 (b)(c) and 11 (c)(d)



Section:	Finance	Policy #5.1
Title:	Honoraria and Expenses	
Applicable to:	Councillors who are members of the profession⁶, committee members, members of task forces and working groups, where applicable, staff	
Date approved:	March, 2015	
Date revised:	December 2017, April 2018	

Legislative References

None

Policy

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

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

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

Procedure

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

⁶ Councillors who are appointed to Council by the Lieutenant Governor (public appointees) are paid by the government and as such the rules for their compensation and expenses are established and monitored by the Ministry of Health and Long-Term Care.



6. Any discrepancies between what this policy permits and claims will be addressed with the claimant by the Director, Corporate Services.

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

Definitions

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

Rules for Honoraria

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



- b. For meetings that are more than three hours in duration, the full day per diem may be claimed. This is the maximum per diem time that may be billed in any one day although other types of honoraria (travel or preparation time) may be claimed for the same day or meeting.
 - c. If a meeting or function is cancelled without at least 48 hours notice, those who were scheduled to attend may claim up to three hours per diem.
3. Per Diems - Councillor/Committee/Task Force Member
 - a. Meetings involving deliberation of a panel will be considered to be scheduled meetings and are eligible for per diems.
 - b. Time spent writing decisions will be paid the hourly per diem rate. The amount of time people can bill for decision writing will be determined by the chair of the panel.
 - c. Per diems for Councillor/committee/task force members are paid in accordance with the rate section of this policy.
4. Per Diem - Chairs
 - a. Committee chairs are paid a higher per diem rate when they are acting in the capacity of the chair at a scheduled meeting.
 - b. A chair's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
 - c. Per diems for chairs are paid in accordance with the rate section of this policy.
5. Per Diem - President
 - a. The President may claim for the time he or she spends performing the duties of the President at the rate a committee chair receives.
 - b. A President's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
 - c. Per diems for chairs are paid in accordance with the rate section of this policy.
6. Preparation Time
 - a. The time billed for preparation should be less than or equal to the time billed for the meeting. (e.g.:
 - i. For meetings of up to three hours duration, the maximum preparation time is three hours.
 - ii. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours).



- b. When a committee member requires more time for preparation than is permitted under a., the committee member may ask the committee chair to authorize additional preparation time.
- c. When a committee chair requires more time for preparation than is permitted under a., a request for additional preparation time may be approved by the program manager.
- d. There are no restrictions on the number of requests for additional preparation that a committee member or chair may make.
- e. Preparation time is paid in accordance with the rate section of this policy.

7. Travel Time

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

Rules for Expenses

8. Expenses General

- a. Detailed itemized invoices or receipts are required for all expense claims⁷.
- b. Invoices and or receipts must include a description of the goods purchased or services rendered, the cost, taxes and if applicable, HST Registration Number⁸.

9. Travel Expense

- a. Travel includes:
 - i. Economy airfare for flights of six hours duration or less;
 - ii. Business class airfare for flights of six hours duration or more;
 - iii. Economy class train fare for trips of three hours or less;
 - iv. First class train fare for trips of greater than three hours;
 - v. Local public transportation;
 - vi. Taxi; or

⁷ Credit card receipts or statements do not provide sufficient detail to process expense claims.

⁸ For internet purchases, a copy of the payment confirmation should also be included.



- vii. Use of a personal automobile.
- b. The cost of the most economical or practical mode of travel may be claimed unless other means are more practical and this is evident from the explanation on the claim form⁹.
- c. Local taxis may be used when warranted by expedience and practicality.
- d. Travel expenses incurred in traveling to/from home or place of employment, or to/from the point of business and public transportation terminal may be claimed when they are part of a larger journey.
- e. An allowance per kilometer will be paid for the use of a personal automobile in accordance with the rate section of this policy.

10. Accommodation

- a. Where overnight stays are required, the cost of the standard room rate at a conveniently located hotel will be reimbursed. Additional costs for upgrades to premium or larger rooms are not covered.
- b. For single day meetings, hotel accommodation will be provided to individuals who reside beyond a 40 kilometer radius of the meeting site.
- c. For multi-day meetings, hotel accommodation will be provided to individuals who reside beyond a 25 kilometer radius of the meeting site.
- d. Where overnight stays are required for meetings held at the College, people may choose to stay at the hotel at which the College has negotiated a corporate rate, or another hotel, in which case the maximum reimbursement will be the lesser of the actual price paid at the other hotel or the corporate rate at the College hotel.
- e. Hotel accommodation at conventions, congresses etc. should take advantage of any special group or convention rates at the conference hotel or be taken at another hotel where the rate does not exceed the conference hotel rate.
- f. When private accommodations (e.g. friends or family) are used in lieu of hotel accommodation, claims for reimbursement may be submitted in accordance with the rate section of this policy.

11. Meals

- a. Meal expenses incurred while travelling on College business may be claimed when the travel time exceeds two hours.

⁹ Such reasons may include: urgency, inconvenient train or bus schedules, more than one person travelling together by car, multiple locations, taxi because of baggage, automobile and parking instead of public transportation, reduction of time factor if a fee is also involved, etc.



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

12. Gratuities

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

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

- a. Parking. Multiple parking claims may be submitted in a given day however the maximum reimbursement is for 24 hours of parking in each calendar day (i.e. no overlapping claims for parking).
- b. Telephone. One personal long distance telephone call of reasonable duration for each day away from home.
- c. Postage and delivery.
- d. Tolls.
- e. Purchased services such as typing, copying etc., when they cannot conveniently be provided through the College office.
- f. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.

14. Expenses which are not Allowed

- a. Costs for entertainment (e.g. videos and pay movies).



- b. Costs for personal services (laundry, dry cleaning) unless away from home for more than five days.

15. Additional Interpretation

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

Proposed Rates for Honoraria and Expenses

1. Allowance for use of personal automobile
 - a. \$.52 per kilometer
2. Meal Expense (receipts required)
 - a. Breakfast - \$25.00
 - b. Lunch - \$35.00
 - c. Dinner - \$60.00
3. Private Accommodations
 - a. \$40 per night may be claimed for the use of private accommodation in lieu of hotel accommodation.
4. Per Diem Rate - Councillors/committee/task force members
 - a. Council/Committee/task force member – meeting time
 - i. Full day per diem (for meetings over 3 hours duration) - \$326.00
 - ii. Hourly rate - \$46.00
5. Chairs' (and President's) Per Diem Rate
 - a. Chair – meeting time (or President's duties)
 - i. Full day per diem (for meetings over 3 hours duration) - \$444.00
 - ii. Hourly rate - \$63.00
6. Preparation time rate
 - a. \$46.00 per hour
7. Travel time
 - a. \$28.00 per hour
8. Corporate Hotel Rate for 2018
 - a. \$269.00 + taxes and service fees = \$312.06



Section:	Finance	Policy #5.1
Title:	Honoraria and Expenses	
Applicable to:	Councillors who are members of the profession¹, committee members, members of task forces and working groups, where applicable, staff	
Date approved:	March, 2015	
Date revised:	December 2017, April 2018, <u>December 2018</u>	

Legislative References

None

Policy

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

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

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

Procedure

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

¹ Councillors who are appointed to Council by the Lieutenant Governor (public appointees) are paid by the government and as such the rules for their compensation and expenses are established and monitored by the Ministry of Health and Long-Term Care.



6. Any discrepancies between what this policy permits and claims will be addressed with the claimant by the Director, Corporate Services.

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

Definitions

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

Rules for Honoraria

1. General
 - a. A daily claim for honoraria may include any or all of per diems, travel time and/or preparation time in keeping with the rules and rates in this policy.
 - b. Teleconferences are meetings and are therefore considered to be time that may be claimed.
 - c. Honoraria will be paid to people who are requested by the College to attend a function for representation or education purposes.
 - d. Honoraria rates are to be updated annually at the beginning of each fiscal year to adjust for a Cost of Living Allowance (COLA) and this update will be communicated via email once new rates are established
2. Per Diem - General
 - a. For meetings that are three hours or less in duration, the actual number of full or partial hours up to a maximum of three hours may be claimed.
 - b. For meetings that are more than three hours in duration, the full day per diem may be claimed. This is the maximum per diem time that may be billed in any one day although



other types of honoraria (travel or preparation time) may be claimed for the same day or meeting.

- c. If a meeting or function is cancelled without at least 48 hours notice, those who were scheduled to attend may claim up to three hours per diem.
3. Per Diems - Councillor/Committee/Task Force Member
 - a. Meetings involving deliberation of a panel will be considered to be scheduled meetings and are eligible for per diems.
 - b. Time spent writing decisions will be paid the hourly per diem rate. The amount of time people can bill for decision writing will be determined by the chair of the panel.
 - c. Per diems for Councillor/committee/task force members are paid in accordance with the rate section of this policy.
 4. Per Diem - Chairs
 - a. Committee chairs are paid a higher per diem rate when they are acting in the capacity of the chair at a scheduled meeting.
 - b. A chair's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
 - c. Per diems for chairs are paid in accordance with the rate section of this policy.
 5. Per Diem - President
 - a. The President may claim for the time he or she spends performing the duties of the President at the rate a committee chair receives.
 - b. A President's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
 - c. Per diems for chairs are paid in accordance with the rate section of this policy.
 6. Preparation Time
 - a. The time billed for preparation should be less than or equal to the time billed for the meeting. (e.g.:
 - i. For meetings of up to three hours duration, the maximum preparation time is three hours.
 - ii. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours).
 - b. When a committee member requires more time for preparation than is permitted under a., the committee member may ask the committee chair to authorize additional preparation time.



- c. When a committee chair requires more time for preparation than is permitted under a., a request for additional preparation time may be approved by the program manager.
- d. There are no restrictions on the number of requests for additional preparation that a committee member or chair may make.
- e. Preparation time is paid in accordance with the rate section of this policy.

7. Travel Time

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

Rules for Expenses

8. Expenses General

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

9. Travel Expense

- a. Travel includes:
 - i. Economy airfare for flights of six hours duration or less;
 - ii. Business class airfare for flights of six hours duration or more;
 - iii. Economy class train fare for trips of three hours or less;
 - iv. First class train fare for trips of greater than three hours;
 - v. Local public transportation;
 - vi. Taxi; or
 - vii. Use of a personal automobile.

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

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



- b. The cost of the most economical or practical mode of travel may be claimed unless other means are more practical and this is evident from the explanation on the claim form⁴.
- c. Local taxis may be used when warranted by expedience and practicality.
- d. Travel expenses incurred in traveling to/from home or place of employment, or to/from the point of business and public transportation terminal may be claimed when they are part of a larger journey.
- e. An allowance per kilometer will be paid for the use of a personal automobile in accordance with the rate section of this policy.

10. Accommodation

- a. Where overnight stays are required, the cost of the standard room rate at a conveniently located hotel will be reimbursed. Additional costs for upgrades to premium or larger rooms are not covered.
- b. For single day meetings at the College starting before 10:30 a.m. and for multi-day meetings, hotel accommodation will be provided to all individuals whom this policy applies to. ~~who reside beyond a 40 kilometer radius of the meeting site.~~
- c. For single day meetings at the College starting after 10:30 a.m., no accommodation will be provided. ~~multi-day meetings, hotel accommodation will be provided to individuals who reside beyond a 25 kilometer radius of the meeting site.~~
- d. Where overnight stays are required for meetings held at the College, people may choose to stay at the hotel at which the College has negotiated a corporate rate, or another hotel, in which case the maximum reimbursement will be the lesser of the actual price paid at the other hotel or the corporate rate at the College hotel.
- e. Hotel accommodation at conventions, congresses etc. should take advantage of any special group or convention rates at the conference hotel or be taken at another hotel where the rate does not exceed the conference hotel rate.
- f. When private accommodations (e.g. friends or family) are used in lieu of hotel accommodation, claims for reimbursement may be submitted in accordance with the rate section of this policy.

11. Meals

- a. Meal expenses incurred while travelling on College business may be claimed when the travel time exceeds two hours.

⁴ Such reasons may include: urgency, inconvenient train or bus schedules, more than one person travelling together by car, multiple locations, taxi because of baggage, automobile and parking instead of public transportation, reduction of time factor if a fee is also involved, etc.



- b. Meal expenses incurred when attending external meetings or business may be claimed when the external meetings or business exceeds four hours.
- c. For single day meetings at the College starting before 10:30 a.m. and for multi-day meetings, meal expenses for dinner may be claimed in accordance with the rates outlined in this policy. ~~meal expenses may be claimed when the individual resides beyond a 40 kilometer radius of the meeting site.~~
- ~~d. For multi-day meetings at the College, meal expenses may be claimed when the individual resides beyond a 25 kilometer radius of the meeting site.~~
- e.d. Meal expenses claimed when the College provides a meal during its meetings are not eligible for reimbursement (except in circumstances where the supplied meal is unacceptable for religious or similar reasons).
- f.e. Actual meal expenses may be claimed in accordance with the rate section of this policy.

12. Gratuities

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

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

- a. Parking. Multiple parking claims may be submitted in a given day however the maximum reimbursement is for 24 hours of parking in each calendar day (i.e. no overlapping claims for parking).
- b. Telephone. One personal long distance telephone call of reasonable duration for each day away from home.
- c. Postage and delivery.
- d. Tolls.
- e. Purchased services such as typing, copying etc., when they cannot conveniently be provided through the College office.
- f. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.

14. Expenses which are not Allowed



- a. Costs for entertainment (e.g. videos and pay movies).
- b. Costs for personal services (laundry, dry cleaning) unless away from home for more than five days.

15. Additional Interpretation

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

Rates for Honoraria and Expenses

1. Allowance for use of personal automobile
 - a. \$.52 per kilometer
2. Meal Expense (receipts required)
 - a. Breakfast - \$25.00
 - b. Lunch - \$35.00
 - c. Dinner - \$60.00
3. Private Accommodations
 - a. \$40 per night may be claimed for the use of private accommodation in lieu of hotel accommodation.
4. Per Diem Rate - Councillors/committee/task force members
 - a. Council/Committee/task force member – meeting time
 - i. Full day per diem (for meetings over 3 hours duration) - \$326.00
 - ii. Hourly rate - \$46.00
5. Chairs' (and President's) Per Diem Rate
 - a. Chair – meeting time (or President's duties)
 - i. Full day per diem (for meetings over 3 hours duration) - \$444.00
 - ii. Hourly rate - \$63.00
6. Preparation time rate
 - a. \$46.00 per hour
7. Travel time
 - a. \$28.00 per hour
8. Corporate Hotel Rate for 2018
 - a. \$269.00 + taxes and service fees = \$312.06



Meeting Date:	December 17-18, 2018
Agenda Item #:	12
Issue:	Q2 Financial Report
Submitted by:	Rod Hamilton, Interim Registrar, Associate Registrar, Policy & Quality Assurance

Issue:

The Q2 Financial Reports are attached for information.

The Finance Committee considered these reports at its meeting earlier in the month. The Finance Committee is sending them to Council for approval.

Background

The College uses zero-based budgeting process which means that our spending is planned on the real predicted costs we think we will incur.

We report on our performance on budgeting and spending through variances, which are the differences between the amount that we planned to spend and the amount that we actually did spend.

The second quarter will often show some variance in individual accounts but the larger categories of income versus expense typically begin to get closer to projections as projects would get underway and invoices arrive.

Due to the recent departure of the Director of Corporate Services, staff have not been able to develop projections for this quarter so the projections that are shown reflect Q1 and not Q2.

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. However, many of the large variance appear for fees and services which are relatively small in actual numbers so we anticipate that over time, more experience will help us become more accurate in these areas.

Expenses

Expenses are somewhat under 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.

2019 Forecast

We continue to have some concerns that the alignment of budget to expenses in this quarter may potentially be misleading.

As noted above, staff have not included an updated spending forecast due to staff changes in this area so the forecasts are reflective of Q1.

However, we are aware of a number of changes that 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. We anticipate that they will be somewhat offset by some known decreases which will appear in the variance reports through the year.

Although we are not able to provide an exact forecast at this time (due to privacy considerations associated with certain anticipated costs), it is likely that the projection from Q1 of \$160,000 over budget will increase to at least \$250,000 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
- 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. Some additional costs are also anticipated for cost associated with renewal updates. Negotiations with Adoxio are ongoing but we anticipate that these costs will be at least \$20,000.
- HR expenses – costs associated with recent personnel changes were not budgeted.
- Recruitment – there may be significant costs associated with additional unbudgeted recruitments in the remainder of the year.

Balance Sheet

We have provided you with the year end and the Q2 2017 balance sheets as comparatives to the Q2 2018 statement. This is Appendix B.

You may find it is useful to not the change in the balances in the accounts over time.

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

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

Income

- 4019 119% - There were more applications for new Professional Health Corporations than anticipated.
- 4018 88% - This is the first time that we have separated our administrative fees into separate categories. Our ability to predict actual costs was impaired by two things: the rules for administrative fees are relatively new so demand for the specific services are unknown and we have no historical data upon which to make clear predictions. income
- 4017 194% - This is the first time that we have separated our administrative fees into separate categories. Our ability to predict actual costs was impaired by two things: the rules for administrative fees are relatively new so demand for the specific services are unknown and we have no historical data upon which to make clear predictions.
- 4016 125% - This is the first time that we have separated our administrative fees into separate categories. Our ability to predict actual costs was impaired by two things: the rules for administrative fees are relatively new so demand for the specific services are unknown and we have no historical data upon which to make clear predictions.
- 4015 140% - This is the first time that we have separated our administrative fees into separate categories. Our ability to predict actual costs was impaired by two things: the rules for administrative fees are relatively new so demand for the specific services are unknown and we have no historical data upon which to make clear predictions. We underestimated administrative income
- 4004 127% - More cost orders have been recovered in Q1 and Q2 than anticipated
- 4003 55% - There were fewer orders - committee decisions made by ICRC, QA, the Discipline Committee and the Registration Committee which included remedial activities (coach) than anticipated. These charges are (with the exception of QA programs under 10 hours) charged back to PT's in 5880 below.
- 4021 We have not previously captured registration fees to this level of detail and the actual income has been lower than anticipated in some categories.
- 4020 We have not previously captured registration fees to this level of detail and the actual income has been lower than anticipated in some categories.
- 4014 84% - We have not previously captured registration fees to this level of detail and the actual income has been lower than anticipated in some categories.



4012 36% - We have not previously captured registration fees to this level of detail and the actual income has been lower than anticipated in some categories.

4010 This includes payment that the College received for having two students conduct their clinical placements at the College and a re-payment by a PT to the College for funding for therapy and counseling

Expense

5002 84% - There was a delay of the appointment on a non council committee appointee (2 meetings)

5005 25% - Cases that were scheduled to be heard in Q2 will be heard in Q3

5006 34% - One meeting was changed from an in person meeting to a 1 hour teleconference and the associated per diems were reduced accordingly. In addition not all claim forms are being submitted in a timely manner

5010 9% - No meetings required

5011 92% - One member unable to attend the QAC meeting in June

5012 51% - Committee members are not incurring as much prep time as anticipated

5017 113% - The one hour teleconference became a two hour teleconference due to the volume of material to be discussed

5052 60% - There was a delay of the appointment of a non council committee appointee (2 meetings) and overall travel expenses have been lower.

5053 121% - Council required additional legal and facilitation support

5055 21% - Some cases that were scheduled to be heard in Q2 will be heard in Q3

5056 44% - One meeting was changed from an in person meeting to a 1 hour teleconference and the associated expenses were reduced accordingly. In addition not all claim forms are being submitted in a timely manner

5062 63% - One member was unable to attend the QAC meeting in June

5063 68% - The costs associated with the in person in-service at the College were lower than anticipated due to the composition of the new Committee

5300 58% - Due to staffing changes, 2 staff did not attend CLEAR which resulted in lower than anticipated costs. Conferences and travel budgeted for Q2 actually happen in Q3

5405 107% - This line includes annual FHRCO and CAPR fees. It also includes individual memberships like CPA and OPA. There were unbudgeted AGRE Contribution costs billed in Q2

5503 61% - CNAR was budgeted for in Q2 but happened in Q3 and expenses will show in Q3 report. No Council in-service completed in June due to changing Council priorities



- 5505 40% - Working groups were not required to assist with the development of two standards as anticipated. Anticipated legal costs for a regulation change were not incurred because this work has been deferred
- 5605 32% - Translation requests lower than anticipated
- 5620 8% - Projects deferred to Q4
- 5621 77% - Projects deferred to Q4
- 5622 42% - Outreach booked for Q3 & Q4
- 5701 93% - The costs were not as high as anticipated due to the increase support provided by staff to the auditors
- 5702 5% - Hearing expenses that should have been incurred in Q2 will be incurred in Q3
- 5704 57% - External investigative support not required as anticipated
- 5710 Additional support required due to the ongoing database development and implementation
- 5752 Registration Committee required legal advice in Q1 and Q2
- 5761 37% - Hearings scheduled to take place in Q2 will take place in Q3. In addition an in-service for the members of the Discipline Committee will be facilitated by ILC in Q3
- 5762 44% - Hearings scheduled to take place in Q2 will take place in Q3
- 5763 44% - Two matters pending will not be addressed until Q4 - the Colleges insurer will cover the legal fees
- 5755 123% - HR related legal advice not anticipated
- 5811 49% - Meetings with the subject-matter experts were held by webinar as opposed to in person
- 5823 Five assessors previously hired assessors completed their training. Program was then put on hold
- 5824 61% - Over estimated the remaining onsite assessment when the program was winding down. As noted in Q1 budget
- 5802 128% - The budgeted amount did not include the HST and the College has purchased a bank of exam questions to avoid future development costs which would have been incurred in 2019
- 5880 35% - There were fewer orders - committee decisions made by ICRC, QA, the Discipline Committee and the Registration Committee which included remedial activities (coach) than anticipated. This income is (with the exception of QA programs under 10 hours) captured in 4003 above.
- 5890 22% - Number of applications for funding for therapy and counseling has not increased as anticipated
- 5904 77% - Projects in Communications to take place in Q3



- 5905 45% - Due to unanticipated increases in workload associated with the database many educational initiatives have been deferred
- 5906 125% - Cost of recruitment was more than anticipated.
- 5907 64% - Q3 Costs will bring line back on budget
- 5911 106% - Under budgeted based on previous government rates
- 5912 107% - Under budgeted based on previous government rates

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

Appendices:

Appendix A: Statement of Operations

Appendix B: Balance Sheet

	Q2 YTD			Full Year		Forecast		Notes for Council
	Apr - Sep 18	Budget	% of Budget	Budget	% of Budget	Budget	% of Budget	
Ordinary Income/Expense								
Income								
4008 · Admin Fees								
4019 · Prof Corp Application \$700	11,900.00	10,000.00	119%	21,000.00	56.67%	21,000.00	56.67%	There were more applications for new Professional Health Corporations than anticipated.
4018 · Late Fees \$225	4,950.00	5,625.00	88%	5,625.00	88.0%	5,625.00	88.0%	This is the first time that we have separated our administrative fees into separate categories. Our ability to predict actual costs was impaired by two things: the rules for administrative fees are relatively new so demand for the specific services are unknown and we have no historical data upon which to make clear predictions so we underestimated administrative income
4017 · Wall Certificates \$25	1,825.00	940.00	194%	1,880.00	97.07%	1,880.00	97.07%	
4016 · Letter of Prof Stand / NSF \$50	6,300.00	5,050.00	125%	10,100.00	62.38%	10,100.00	62.38%	
4015 · Application Fees \$100	67,400.00	48,100.00	140%	110,300.00	61.11%	110,300.00	61.11%	
Total 4008 · Admin Fees	92,375.00	69,715.00	133%	148,905.00	62.04%	148,905.00	62.04%	
4007 · Registration fee credits	-29,220.76	-27,967.09	104%	-35,823.79	81.57%	-29,220.81	100.0%	
4004 · Cost recovery from cost orders	14,638.88	11,500.00	127%	23,000.00	63.65%	16,638.88	87.98%	More cost orders have been recovered in Q1 and Q2 than anticipated
4003 · Remediation Chargeback	2,964.65	5,380.00	55%	10,760.00	27.55%	2,964.65	100.0%	There were fewer orders - committee decisions made by ICRC, QA, the Discipline Committee and the Registration Committee which included remedial activities (coach) than anticipated. These charges are (with the exception of QA programs under 10 hours) charged back to PT's in 5880 below.
4001 · Registration Fees								
4021 · Cross Border Fee \$100	0.00	400.00	0%	800.00	0.0%	800.00	0.0%	We have not previously captured registration fees to this level of detail and the actual income has been lower than anticipated in some categories.
4020 · Courtesy Registration Fee \$100	0.00	600.00	0%	1,200.00	0.0%	1,200.00	0.0%	
4014 · Provisional Practice Fees \$75	19,575.00	23,250.00	84%	34,875.00	56.13%	34,875.00	56.13%	
4013 · Prof Corp Fees \$250	40,250.00	42,250.00	95%	88,250.00	45.61%	88,250.00	45.61%	
4012 · Independent Practice - Prorated	42,606.49	118,787.70	36%	146,531.50	29.08%	146,531.50	29.08%	We have not previously captured registration fees to this level of detail and the actual income has been lower than anticipated in some categories.
4011 · Independent Practice - \$595	2,766,259.93	2,704,275.00	102%	5,408,550.00	51.15%	5,408,550.00	51.15%	
Total 4001 · Registration Fees	2,868,691.42	2,889,562.70	99%	5,680,206.50	50.5%	5,680,206.50	50.5%	
4002 · Interest Income	57,373.92	58,000.00	99%	112,000.00	51.23%	112,000.00	51.23%	
4010 · Miscellaneous Income	785.00	0.00	100%	0.00	100.0%	0.00	100.0%	This includes payment that the College received for having two students conduct their clinical placements at the College and a re-payment by a PT to the College for funding for therapy and counseling
Total Income	3,007,608.11	3,006,190.61	100.05%	5,939,047.71	50.64%	5,939,047.66	50.64%	
Gross Profit	3,007,608.11	3,006,190.61	100.05%	5,939,047.71	50.64%	5,939,047.66	50.64%	
Expense								
5000 · Committee Per Diem								
5002 · ICRC - per diem	9,025.00	10,731.60	84%	21,463.20	42.05%	21,463.20	42.05%	There was a delay of the appointment on a non council committee appointee (2 meetings)
5003 · Council - per diem	22,386.25	21,928.00	102%	43,216.00	51.8%	43,216.00	51.8%	
5005 · Discipline Committee - per diem	4,391.00	17,250.00	25%	27,385.00	16.03%	27,385.00	16.03%	Cases that were scheduled to be heard in Q2 will be heard in Q3
5006 · Executive - per diem	4,099.00	12,113.50	34%	26,389.50	15.53%	25,889.50	15.83%	One meeting was changed from an in person meeting to a 1 hour teleconference and the associated per diems were reduced accordingly. In addition not all claim forms are being submitted in a timely manner
5010 · Patient Relations - per diem	63.00	675.72	9%	1,126.20	5.59%	1,126.20	5.59%	No meetings required
5011 · QA Committee - per diem	3,157.00	3,431.62	92%	4,208.24	75.02%	4,208.24	75.02%	One member unable to attend the QAC meeting in June
5012 · Registration Com. - per diem	1,441.00	2,812.00	51%	4,680.00	30.79%	4,680.00	30.79%	Committee members are not incurring as much prep time as anticipated

	Q2 YTD			Full Year		Forecast		Notes for Council
	Apr - Sep 18	Budget	% of Budget	Budget	% of Budget	Budget	% of Budget	
5017 · Finance Committee - per diem	1,380.00	1,225.00	113%	3,485.00	39.6%	3,485.00	39.6%	The one hour teleconference became a two hour teleconference due to the volume of material to be discussed
Total 5000 · Committee Per Diem	45,942.25	70,167.44	65%	131,953.14	34.82%	131,453.14	34.95%	
5050 · Committee Reimbursed Expenses								
5052 · ICRC - expenses	9,062.27	15,220.96	60%	30,441.92	29.77%	30,441.92	29.77%	There was a delay of the appointment of a non council committee appointee (2 meetings) and overall travel expenses have been lower.
5053 · Council - expenses	54,231.70	44,656.99	121%	74,559.19	72.74%	74,559.19	72.74%	Council required additional legal and facilitation support
5055 · Discipline Committee - expenses	4,277.99	20,006.40	21%	32,172.24	13.3%	32,172.24	13.3%	Some cases that were scheduled to be heard in Q2 will be heard in Q3
5056 · Executive Committee - expenses	2,377.79	5,365.60	44%	10,731.20	22.16%	10,531.20	22.58%	One meeting was changed from an in person meeting to a 1 hour teleconference and the associated expenses were reduced accordingly. In addition not all claim forms are being submitted in a timely manner
5062 · QA Committee - expenses	1,711.33	2,700.00	63%	2,700.00	63.38%	2,700.00	63.38%	One member was unable to attend the QAC meeting in June
5063 · Registration Comm. - expenses	1,154.60	1,700.00	68%	1,700.00	67.92%	1,700.00	67.92%	The costs associated with the in person inservice at the College were lower than anticipated due to the composition of the new Committee
5075 · Finance Committee - expenses	0.00	0.00	0%	3,220.00	0.0%	3,220.00	0.0%	
Total 5050 · Committee Reimbursed Expenses	72,815.68	89,649.95	81%	155,524.55	46.82%	155,324.55	46.88%	
5100 · Information Management								
5101 · IT Hardware	22,556.43	23,320.00	97%	37,620.00	59.96%	37,620.00	59.96%	
5102 · Software	8,139.50	8,293.16	98%	16,586.32	49.07%	16,586.32	49.07%	
5103 · IT Maintenance	39,802.47	40,374.50	99%	90,108.00	44.17%	90,108.00	44.17%	
5104 · IT Database	38,333.85	40,000.00	96%	319,810.00	11.99%	319,810.00	11.99%	
Total 5100 · Information Management	108,832.25	111,987.66	97%	464,124.32	23.45%	464,124.32	23.45%	
5200 · Insurance	4,870.26	4,871.06	100%	9,742.12	49.99%	9,742.12	49.99%	
5300 · Networking, Conf. & Travel	8,623.29	14,842.52	58%	34,108.30	25.28%	34,108.30	25.28%	Due to staffing changes, 2 staff did not attend CLEAR which resulted in lower than anticipated costs. Conferences and travel budgeted for Q2 actually happen in Q3
5400 · Office and General								
5402 · Bank & service charges	21,307.19	21,500.00	99%	123,130.00	17.31%	123,130.00	17.31%	
5403 · Maintenance & repairs	1,760.54	1,720.00	102%	3,100.00	56.79%	3,100.00	56.79%	
5405 · Memberships & publications	113,119.74	105,527.41	107%	213,252.41	53.05%	213,252.41	53.05%	This line includes annual FHRCO and CAPR fees, It also includes individual memberships like CPA and OPA. There were unbudgeted AGRE Contribution costs billed in Q2
5407 · Office & kitchen supplies	7,461.21	7,250.00	103%	22,100.00	33.76%	22,100.00	33.76%	
5408 · Postage & courier	2,761.34	2,800.00	99%	6,300.00	43.83%	6,300.00	43.83%	
5409 · Rent	246,026.34	246,200.00	100%	492,400.00	49.97%	489,575.00	50.25%	
5411 · Printing, Filing & Stationery	4,398.75	4,275.00	103%	9,700.00	45.35%	9,700.00	45.35%	
5412 · Telephone & Internet	18,831.21	18,839.88	100%	35,785.88	52.62%	35,785.88	52.62%	
5413 · Bad Debt	3,000.00	3,000.00	100%	6,000.00	50.0%	6,000.00	50.0%	
Total 5400 · Office and General	418,666.32	411,112.29	102%	911,768.29	45.92%	908,943.29	46.06%	
5500 · Regulatory Effectiveness								
5503 · Council Education	18,205.73	29,623.00	61%	44,915.00	40.53%	69,915.00	26.04%	CNAR was budgeted for in Q2 but happened in Q3 and expenses will show in Q3 report. No Council in-service completed in June due to changing Council priorities
5504 · Elections	0.00	0.00	0%	3,600.00	0.0%	3,600.00	0.0%	

	Q2 YTD			Full Year		Forecast		Notes for Council
	Apr - Sep 18	Budget	% of Budget	Budget	% of Budget	Budget	% of Budget	
5505 · Policy Development	11,277.45	27,879.53	40%	35,679.53	31.61%	35,679.53	31.61%	Working groups were not required to assist with the development of two standards as anticipated. Anticipated legal costs for a regulation change were not incurred because this work has been deferred
Total 5500 · Regulatory Effectiveness	29,483.18	57,502.53	51%	84,194.53	35.02%	109,194.53	27.0%	
5600 · Communications								
5605 · French Language Services	1,587.66	5,000.00	32%	10,000.00	15.88%	10,000.00	15.88%	Translation requests lower than anticipated
5620 · Print Communication	648.42	8,600.00	8%	14,200.00	4.57%	14,200.00	4.57%	Projects deferred to Q4
5621 · Online Communication	26,700.39	34,900.00	77%	77,400.00	34.5%	77,400.00	34.5%	Projects deferred to Q4
5622 · In-Person Communication	6,046.89	14,300.00	42%	26,900.00	22.48%	26,900.00	22.48%	Outreach booked for Q3 & Q4
Total 5600 · Communications	34,983.36	62,800.00	56%	128,500.00	27.22%	128,500.00	27.22%	
5700 · Professional fees								
5701 · Audit	23,221.50	25,000.00	93%	25,000.00	92.89%	25,000.00	92.89%	The costs were not as high as anticipated due to the increase support provided by staff to the auditors
5702 · Hearing Expenses	369.51	7,390.00	5%	10,463.00	3.53%	10,463.00	3.53%	Hearing expenses that should have been incurred in Q2 will be incurred in Q3
5704 · Investigations	19,897.34	35,200.00	57%	55,400.00	35.92%	55,400.00	35.92%	External investigative support not required as anticipated
5710 · Temporary staff	31,649.65	0.00	100%	0.00	100.0%	60,000.00	52.75%	Additional support required due to the ongoing database development and implementation
5750 · Legal								
5752 · Legal - Registration	501.15	0.00	100%	0.00	100.0%	0.00	100.0%	Registration Committee required legal advice in Q1 and Q2
5753 · Legal - Professional Conduct								
5760 · General Counsel	16,402.75	16,000.00	103%	32,000.00	51.26%	32,000.00	51.26%	Hearings scheduled to take place in Q2 will take place in Q3. In addition an in-service for the members of the Discipline Committee will be facilitated by ILC in Q3
5761 · Independent Legal Advice	16,610.20	44,731.05	37%	68,817.00	24.14%	68,817.00	24.14%	Hearings scheduled to take place in Q2 will take place in Q3
5762 · Hearing Counsel	25,633.45	58,217.60	44%	93,654.40	27.37%	93,654.40	27.37%	Two matters pending will not be addressed until Q4 - the Colleges insurer will cover the legal fees
5763 · Court Proceedings & Appeals	13,220.47	30,000.00	44%	30,000.00	44.07%	30,000.00	44.07%	
Total 5753 · Legal - Professional Conduct	71,866.87	148,948.65	48%	224,471.40	32.02%	224,471.40	32.02%	
5755 · General Legal	14,816.50	12,000.00	123%	20,000.00	74.08%	20,000.00	74.08%	HR related legal advice not anticipated
5756 · Professional Conduct Expense	0.00	0.00	0%	0.00	0.0%	50,000.00	0.0%	
Total 5750 · Legal	87,184.52	160,948.65	54%	244,471.40	35.66%	294,471.40	29.61%	
Total 5700 · Professional fees	162,322.52	228,538.65	71%	335,334.40	48.41%	445,334.40	36.45%	
5800 · Programs								
5810 · Quality Program								
5811 · QA Program Development & Eval.	23,417.61	47,340.00	49%	106,095.00	22.07%	106,095.00	22.07%	Meetings with the subject-matter experts were held by webinar as opposed to in person
5821 · Assessor Travel	6,200.44	6,322.00	98%	6,322.00	98.08%	6,322.00	98.08%	
5823 · Assessor Training	1,717.27	0.00	100%	79,916.00	2.15%	79,916.00	2.15%	Five assessors previously hired assessors completed their training. Program was then put on hold
5824 · Assessor Onsite Assessment Fee	6,370.00	10,382.00	61%	10,740.00	59.31%	10,740.00	59.31%	Over estimated the remaining onsite assessment when the program was winding down. As noted in Q1 budget
Total 5810 · Quality Program	37,705.32	64,044.00	59%	203,073.00	18.57%	203,073.00	18.57%	
5802 · Jurisprudence	14,437.50	11,297.00	128%	11,891.00	121.42%	11,891.00	121.42%	The budgeted amount did not include the HST and the College has purchased a bank of exam questions to avoid future development costs which would have been incurred in 2019
5870 · Practice Enhancement - QA								

	Q2 YTD			Full Year		Forecast	
	Apr - Sep 18	Budget	% of Budget	Budget	% of Budget	Budget	% of Budget
5871 · QA Practice Enhancement fees	2,849.52	2,800.00	102%	2,800.00	101.77%	2,800.00	101.77%
Total 5870 · Practice Enhancement - QA	2,849.52	2,800.00	102%	2,800.00	101.77%	2,800.00	101.77%
5880 · Remediation - PC	1,896.48	5,380.00	35%	10,760.00	17.63%	10,760.00	17.63%
5890 · Sexual Abuse Therapy	5,280.00	23,565.00	22%	53,430.00	9.88%	53,430.00	9.88%
Total 5800 · Programs	62,168.82	107,086.00	58%	281,954.00	22.05%	281,954.00	22.05%
5900 · Staffing							
5914 · Vacation Pay Adjustment	0.00	0.00	0%	5,000.00	0.0%	5,000.00	0.0%
5901 · Salaries	1,436,214.09	1,515,497.56	95%	2,977,391.32	48.24%	2,977,391.32	48.24%
5902 · Employer Benefits	45,864.91	47,157.39	97%	109,559.95	41.86%	103,140.58	44.47%
5903 · Employer RRSP Contribution	55,187.05	55,933.17	99%	133,656.69	41.29%	133,656.62	41.29%
5904 · Consultant fees	28,930.75	37,366.00	77%	105,398.00	27.45%	105,398.00	27.45%
5905 · Staff Development	28,726.94	64,476.69	45%	127,604.90	22.51%	127,604.90	22.51%
5906 · Recruitment	1,934.44	1,550.00	125%	1,950.00	99.2%	1,950.00	99.2%
5907 · Staff Recognition	3,354.59	5,210.00	64%	13,360.00	25.11%	13,360.00	25.11%
5911 · CPP - Canadian Pension Plan	40,063.32	37,817.04	106%	76,991.56	52.04%	76,991.53	52.04%
5912 · EI - Employment Insurance	17,669.35	16,543.75	107%	34,538.93	51.16%	34,538.93	51.16%
5913 · EHT - Employer Health Tax	28,821.09	29,131.60	99%	47,769.16	60.33%	47,769.17	60.33%
Total 5900 · Staffing	1,686,766.53	1,810,683.20	93%	3,633,220.51	46.43%	3,626,801.05	46.51%
Total Expense	2,635,474.46	2,969,241.30	89%	6,170,424.16	42.71%	6,296,179.70	41.86%
Net Ordinary Income	372,133.65	36,949.31	1,007%	-231,376.45	-160.84%	-357,132.04	-104.2%
Other Income/Expense							
Other Income							
6001 · Amortization	-57,750.00	-57,750.00	100%	-115,500.00	50.0%	-150,894.85	38.27%
Total Other Income	-57,750.00	-57,750.00	100%	-115,500.00	50.0%	-150,894.85	38.27%
Net Other Income	-57,750.00	-57,750.00	100%	-115,500.00	50.0%	-150,894.85	38.27%
Net Income	314,383.65	-20,800.69	-1,511%	-346,876.45	-90.63%	-508,026.89	-61.88%

Notes for Council

There were fewer orders - committee decisions made by ICRC, QA, the Discipline Committee and the Registration Committee which included remedial activities (coach) than anticipated. These income is (with the exception of QA programs under 10 hours) captured in 4003 above.
 Number of applications for funding for therapy and counseling has not increased as anticipated

Projects in Communications to take place in Q3
 Due to unanticipated increases in workload associated with the database many educational initiatives have been deferred
 Cost of recruitment was more than anticipated.
 Q3 Costs will bring line back on budget
 Under budgeted based on previous government rates
 Under budgeted based on previous government rates

	<u>30 Sep 18</u>	<u>30 Sep 17</u>	<u>31 Mar 18</u>
ASSETS			
Current Assets			
Chequing/Savings			
1000 · Cash on Hand			
1001 · Petty Cash	250.00	250.00	250.00
1002 · Petty Cash (USD)	0.00	0.00	0.00
1003 · CC Clearing - RBC - 100-999-2	1,768.08	14,539.74	473,239.79
1005 · Operating - RBC - 102-953-7	83,318.18	328,310.94	107,687.06
1000 · Cash on Hand - Other	0.00	195.16	0.00
Total 1000 · Cash on Hand	<u>85,336.26</u>	<u>343,295.84</u>	<u>581,176.85</u>
1100 · Investments			
1104 · Investments - Long Term	3,637,498.58	3,547,068.40	3,637,498.58
1102 · Investments - Short Term	1,206,153.45	1,192,366.89	1,185,153.45
1103 · Savings - RBC - 100-663-4	4,279,196.60	4,048,442.85	5,537,882.68
Total 1100 · Investments	<u>9,122,848.63</u>	<u>8,787,878.14</u>	<u>10,360,534.71</u>
Total Chequing/Savings	9,208,184.89	9,131,173.98	10,941,711.56
Accounts Receivable			
1200 · Accounts Receivable	270,647.12	249,875.24	258,119.57
Total Accounts Receivable	<u>270,647.12</u>	<u>249,875.24</u>	<u>258,119.57</u>
Other Current Assets			
1201 · Allowance for Doubtful Accounts	-244,232.74	-237,814.46	-241,232.74
1400 · Prepaid Expenses			
1411 · Prepaid Rent	40,712.37	27,030.38	40,712.37
1401 · Prepaid Software	4,491.79	5,619.62	2,290.47
1403 · Prepaid IT services	24,957.93	10,892.43	27,654.90
1405 · Prepaid Insurance	4,366.98	4,217.13	2,156.76
1406 · Prepaid Membership	57,343.63	45,192.94	154,485.14
1408 · Prepaid staff development	3,775.60	6,466.55	2,565.10
1410 · Prepaid meetings	8,196.91	43,025.33	14,027.50
Total 1400 · Prepaid Expenses	<u>143,845.21</u>	<u>142,444.38</u>	<u>243,892.24</u>
Total Other Current Assets	<u>-100,387.53</u>	<u>-95,370.08</u>	<u>2,659.50</u>
Total Current Assets	<u>9,378,444.48</u>	<u>9,285,679.14</u>	<u>11,202,490.63</u>
Fixed Assets			
1301 · Computer equipment	83,402.04	295,527.04	83,402.04
1302 · Computer Software	7,940.84	7,940.84	7,940.84
1305 · Computer equipment - Acc dep	-67,425.07	-278,126.86	-67,425.07
1306 · Computer Software - Acc Dep	-7,940.84	-7,569.18	-7,940.84
1310 · Furniture and Equipment	345,102.55	464,531.23	343,109.00
1312 · Furniture & Equipment -Acc Dep	-140,350.09	-462,785.23	-82,600.09
1320 · Leasehold Improvements	758,628.70	402,013.85	758,628.70
1322 · Leasehold Improvements -Acc dep	-69,540.96	-402,013.85	-69,540.96
1325 · Construction Work In Progress	0.00	731,173.36	0.00
Total Fixed Assets	<u>909,817.17</u>	<u>750,691.20</u>	<u>965,573.62</u>
TOTAL ASSETS	<u><u>10,288,261.65</u></u>	<u><u>10,036,370.34</u></u>	<u><u>12,168,064.25</u></u>

	<u>30 Sep 18</u>	<u>30 Sep 17</u>	<u>31 Mar 18</u>
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 · Accounts Payable	68,082.65	169,082.30	160,790.04
Total Accounts Payable	<u>68,082.65</u>	<u>169,082.30</u>	<u>160,790.04</u>
Other Current Liabilities			
2011 · Vacation Accrual	113,523.91	85,384.91	113,523.91
2010 · Accrued Liabilities	342,592.80	316,022.46	325,072.72
2100 · Deferred Revenue			
2101 · Deferred Registration Fees	0.00	0.00	0.00
2103 · Pro-Rated Fee Revenue	71,391.63	0.00	0.00
2102 · Deferred Full Fee Revenue	2,646,145.83	2,571,590.02	4,833,780.00
Total 2101 · Deferred Registration Fees	<u>2,717,537.46</u>	<u>2,571,590.02</u>	<u>4,833,780.00</u>
2110 · Banked refunds	32,741.20	32,116.28	28,971.20
Total 2100 · Deferred Revenue	<u>2,750,278.66</u>	<u>2,603,706.30</u>	<u>4,862,751.20</u>
2150 · Other Payables			
2154 · Citizen's Advisory Group	21,012.53	14,779.50	11,556.19
2152 · Due to London Life (RRSP)	0.00	14,942.13	15,982.74
Total 2150 · Other Payables	<u>21,012.53</u>	<u>29,721.63</u>	<u>27,538.93</u>
Total Other Current Liabilities	<u>3,227,407.90</u>	<u>3,034,835.30</u>	<u>5,328,886.76</u>
Total Current Liabilities	<u>3,295,490.55</u>	<u>3,203,917.60</u>	<u>5,489,676.80</u>
Long Term Liabilities			
2125 · Deferred Rent - Tenant Incentiv	246,225.04	0.00	246,225.04
Total Long Term Liabilities	<u>246,225.04</u>	<u>0.00</u>	<u>246,225.04</u>
Total Liabilities	<u>3,541,715.59</u>	<u>3,203,917.60</u>	<u>5,735,901.84</u>
Equity			
3000 · Unrestricted Net Assets	3,862,812.95	303,936.00	3,862,812.95
3001 · Invested in Capital Assets	719,348.58	180,073.00	719,348.58
3010 · Restricted Reserves			
3011 · Professional Conduct Expense / Contingency	1,000,000.00	6,078,725.00	1,000,000.00
3012 · Sexual Abuse Therapy / Fee Stabilization	100,000.00	327,865.00	100,000.00
3013 · Strategic Initiatives	500,000.00	0.00	500,000.00
3014 · IT Improvements	250,000.00	0.00	250,000.00
Total 3010 · Restricted Reserves	<u>1,850,000.00</u>	<u>6,406,590.00</u>	<u>1,850,000.00</u>
3900 · Retained Earnings	0.88	0.88	0.88
Net Income	314,383.65	-58,147.14	0.00
Total Equity	<u>6,746,546.06</u>	<u>6,832,452.74</u>	<u>6,432,162.41</u>
TOTAL LIABILITIES & EQUITY	<u><u>10,288,261.65</u></u>	<u><u>10,036,370.34</u></u>	<u><u>12,168,064.25</u></u>



Motion No.: 13.0

**Council Meeting
December 17-18, 2018**

Agenda #13: Vestibular Therapy: Notice of Motion

It is moved by

_____, and

seconded by

_____, **that:**

Council has concluded that performance of vestibular therapy should

- not be a rostered College activity
- OR
- be a rostered College activity.



Meeting Date:	December 17-18, 2018
Agenda Item #:	13
Issue:	Vestibular Therapy: Notice of Motion
Submitted by:	Rod Hamilton, Interim Registrar, Associate Registrar, Policy & Quality Assurance

Issue:

Councillor Lisa Tichband brought forward a motion to Council that the performance of vestibular therapy be made a rostered College activity.

Background

Councilor Tichband is proposing that the College make vestibular therapy a rostered activity because she has a number of concerns associated with its performance. The concerns include:

- The possibility of misdiagnosis of the condition
- The possibility that the condition may not resolve in response to treatment
- The possibility that the programs that teach practitioners to manage the condition are not necessarily equivalent

In order to consider this notice of motion, it might be helpful for Council to have some background on two things – the purpose of the rostering, and a basic understanding of what vestibular therapy is and the degree of risk attached to its performance.

Rostering

Rostering is the process where physiotherapists add their names to a list that confirms they have the required training, education and experience to safely perform a higher risk activity. It is a requirement for any physiotherapists performing or delegating these activities (not all can be delegated).

Physiotherapists must roster for the authorized activities or controlled acts they perform in their practice. Rostering is mandatory for any physiotherapist doing these authorized activities under their own authority.

The only exception is communicating a diagnosis. This activity does not require rostering as it is considered an essential competency for PTs.

Other than the use of PTAs, the only activities that the College requires rostering for are health care activities that are in some way restricted under statute.



Rostering information is available to the public on the public register and appears on each PTs profile.

Physiotherapists must roster if they perform:

- tracheal suctioning
- spinal manipulation
- acupuncture (including dry needling)
- treating a wound below the dermis
- assessing or rehabilitating pelvic musculature and
- administering a substance by inhalation
- working with a physiotherapist assistant

History about Authorized Activities, Controlled Acts and Rostering

Physiotherapists were granted the authority to perform additional authorized activities because of changes to the *Physiotherapy Act* in 2011. With the increased authority to perform these specific activities came an increased responsibility to demonstrate to the public and patients that physiotherapists provide safe, quality care. To support this, Council directed the College to introduce a roosting system.

It was not considered necessary to roster for communicating a diagnosis as it is an essential competency for physiotherapists.

To summarize, the College committed to the government that it would require members to roster for activities that are high risk by virtue of their controlled status. This was done to ensure that College members certified that they had the appropriate knowledge, skills and judgement to perform these activities safely and to make the roosting information available on the register and so available to the public. Working with PTAs was later added to the list of clinical roostered activities to ensure transparency.

Vestibular Therapy

The vestibular system includes the parts of the inner ear and brain that help control balance and eye movements. If the system is damaged by disease, aging, or injury, vestibular disorders can result, and are often associated with one or more of these symptoms, among others: vertigo and dizziness, imbalance and vision disturbance.

Treatment for vestibular disorders is often referred to as 'Vestibular Rehabilitation Therapy' (VRT) and can consist of specific head, body and eye exercises designed to retrain the brain to recognize and process signals from the vestibular system and coordinate them with the information from vision and proprioception. The choice and form of VRT exercises will differ from person to person but can include:

- habituation (repeated exposure to stimuli)
- gaze stabilization (fixating on objects while repeatedly moving the head), and
- balance training (walking on uneven ground).

A specialized form of VRT is available to treat benign paroxysmal positional vertigo (BPPV). BPPV occurs as a result of displaced otoconia, which are small crystals of calcium in the inner ear. Through a series of



head position changes, Canalith Repositioning Procedure (CRP) moves the small crystals in the inner ear to an area where they can't cause vestibular input dysfunction. These maneuvers involve a series of specifically patterned head and trunk movements performed by a healthcare professional who closely watches eye movements with each position change.

CRP is very effective, with an approximate cure rate of 80%. The recurrence rate for BPPV after these maneuvers is low.

For more information on vestibular therapy, please see the article attached at Appendix 1.

To consider the proposed notice of motion, some assessment of the risk associated with the performance of vestibular rehabilitation might be useful.

First and foremost, it should be noted that the therapy is not included in any of the controlled acts identified by the Regulated Health Professions Act. Nor, to the best of the knowledge of College staff, has any request for its inclusion ever been made.

College staff also conducted some basic internet searches to assess risk associated with the therapy, and while this was not an exhaustive search, no obvious risks were identified.

College staff also reviewed programmatic files to determine if vestibular therapy had been considered as a concern or risk in a member specific matter.

Based on the available records, we have not been able to identify any case that mentions vestibular therapy as an issue of concern in either the professional conduct or quality assurance programs.

Executive Committee Consideration

The Executive Committee considered the motion and concluded that vestibular therapy is not a form of therapy that would be suitable for rostering since it appears to have limited risk attached to its performance.

Decision Sought:

That the performance of vestibular therapy should:

- (a) not be a rostered College activity, or
- (b) be a rostered College activity

Appendices

- Appendix 1: Vestibular Rehabilitation



Vestibular Rehabilitation

An Effective, Evidence-Based Treatment

By Lisa Farrell, PT, PhD, AT,C; Clinical Faculty, Department of Physical Therapy, Nova Southeastern University, Fort Lauderdale, FL

Evidence has shown that vestibular rehabilitation can be effective in improving symptoms related to many vestibular (inner ear/balance) disorders.^{1,2} People with vestibular disorders often experience problems with vertigo, dizziness, visual disturbance, and/or imbalance. These are the problems that rehabilitation aims to address. Other problems can also arise that are secondary to vestibular disorders, such as nausea and/or vomiting, reduced ability to focus or concentrate, and fatigue.

Symptoms due to vestibular disorders can diminish quality of life and impact all aspects of daily living. They also contribute to emotional problems such as anxiety and depression. Additionally, one of the consequences of having a vestibular disorder is that symptoms frequently cause people to adopt a sedentary lifestyle in order to avoid bringing on, or worsening, dizziness and imbalance. As a result, decreased muscle strength and flexibility, increased joint stiffness, and reduced stamina can occur.

Treatment strategies used in rehabilitation can also be beneficial for these secondary problems.

WHAT IS VESTIBULAR REHABILITATION?

Vestibular rehabilitation (VR), or vestibular rehabilitation therapy (VRT) is a specialized form of therapy intended to alleviate both the primary and secondary problems caused by vestibular disorders. It is an exercise-based program primarily designed to reduce vertigo and dizziness, gaze instability, and/or imbalance and falls. For most people with a vestibular disorder the deficit is permanent because the amount of restoration of vestibular function is very small. However, after vestibular system damage, people can feel better and function can return through compensation. This occurs because the brain learns to use other senses (vision and somatosensory, i.e. body sense) to substitute for the deficient vestibular system. The health of particular parts of the nervous system (brainstem and cerebellum, visual, and somatosensory sensations) is important in determining the extent of recovery that can be gained through compensation.

For many, compensation occurs naturally over time, but for people whose symptoms do not reduce and who

continue to have difficulty returning to daily activities, VRT can help with recovery by promoting compensation.³

The goal of VRT is to use a problem-oriented approach to promote compensation. This is achieved by customizing exercises to address each person's specific problem(s). Therefore, before an exercise program can be designed, a comprehensive clinical examination is needed to identify problems related to the vestibular disorder. Depending on the vestibular-related problem(s) identified, three principal methods of exercise can be prescribed: 1) Habituation, 2) Gaze Stabilization, and/or 3) Balance Training.⁴

Habituation exercises are used to treat symptoms of dizziness that are produced because of self-motion³ and/or produced because of visual stimuli^{5,6}. Habituation exercise is indicated for patients who report increased dizziness when they move around, especially when they make quick head movements, or when they change positions like when they bend over or look up to reach above their heads. Also, habituation exercise is appropriate for patients who report increased dizziness in visually stimulating environments, like shopping malls and grocery stores, when watching action movies or T.V., and/or when walking over patterned surfaces or shiny floors.

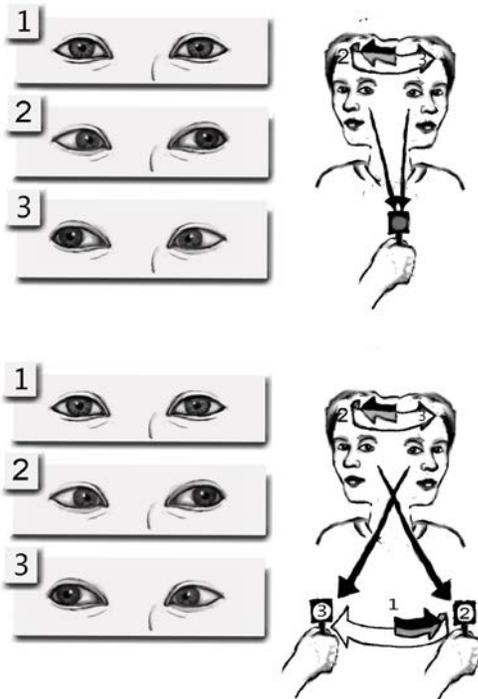
Habituation exercise is not suited for dizziness symptoms that are spontaneous in nature and do not worsen because of

head motion or visual stimuli. The goal of habituation exercise is to reduce the dizziness through repeated exposure to specific movements or visual stimuli that provoke patients' dizziness. These exercises are designed to mildly, or at the most moderately, provoke the patients' symptoms of dizziness. The increase in symptoms should only be temporary, and before continuing onto other exercises or tasks the symptoms should return completely to the baseline level. Over time and with good compliance and perseverance, the intensity of the patient's dizziness will decrease as the brain learns to ignore the abnormal signals it is receiving from the inner ear.

Gaze Stabilization exercises are used to improve control of eye movements so vision can be clear during head movement. These exercises are appropriate for patients who report problems seeing clearly because their visual world appears to bounce or jump around, such as when reading or when trying to identify objects in the environment, especially when moving about.

There are two types of eye and head exercises used to promote gaze stability. The choice of which exercise(s) to use depends on the type of vestibular disorder and extent of the disorder. One type of gaze stability exercise incorporates fixating on an object while patients repeatedly move their heads back and forth or up and down for up to a couple of minutes. The following pictures

demonstrate examples of this type of gaze stability exercise.



The other type of gaze stability exercise is designed to use vision and somatosensation (body sense) as substitutes for the damaged vestibular system. Gaze shifting and remembered target exercises use sensory substitution to promote gaze stability. These exercised are particularly helpful for patients with poor to no vestibular function, such as patients with bilateral (both sides) inner ear damage.⁴

Balance Training exercises are used to improve steadiness so that daily activities for self-care, work, and leisure can be performed successfully. Exercises used to improve balance should be designed to address each patient's specific underlying

balance problem(s).⁷ Also, the exercises need to be moderately challenging but safe enough so patients do not fall while doing them. Features of the balance exercises that are manipulated to make them challenging, include:

- Visual and/or somatosensory cues
- Stationary positions and dynamic movements
- Coordinated movement strategies (movements from ankles, hips, or a combination of both)
- Dual tasks (performing a task while balancing)

Additionally, balance exercises should be designed to reduce environmental barriers and fall risk. For example, the exercises should help improve patients' ability to walk outside on uneven ground or walk in the dark. Ultimately, balance training exercises are designed to help improve standing, bending, reaching, turning, walking, and if required, other more demanding activities like running, so that patients can safely and confidently return to their daily activities.

For patients with **Benign Paroxysmal Positional Vertigo (BPPV)** the exercise methods described above are not appropriate. First a clinician needs to identify the type of BPPV the patient is suffering from, and then different repositioning exercises can be performed.^{8,9} For more details about BPPV, including diagnosis and treatment, see [VEDA's article](#) on this topic.

After BPPV has been successfully treated and spinning symptoms resolved, some patients will continue to report non-specific dizziness (symptoms other than spinning) and/or imbalance. In these cases, treatment using habituation exercise and/or balance training may be indicated.⁴

WHAT SHOULD PATIENTS EXPECT FROM VESTIBULAR REHABILITATION?

VRT is usually performed on an outpatient basis, although in some cases, the treatment can be initiated in the hospital. Patients are seen by a licensed physical or occupational therapist with advanced post-graduate training.

VRT begins with a comprehensive clinical assessment that should include collecting a detailed history of the patient's symptoms and how these symptoms affect their daily activities. The therapist will document the type and intensity of symptoms and discuss the precipitating circumstances.

Additionally, information about medications, hearing or vision problems, other medical issues, history of falls, previous and current activity level, and the patient's living situation will be gathered.

The assessment also includes administering different tests to more objectively evaluate the patient's

problems. The therapist will screen the visual and vestibular systems to observe how well eye movements are being controlled. Testing assesses sensation (which includes gathering information about pain), muscle strength, extremity and spine range of motion, coordination, posture, balance, and walking ability.

A customized exercise plan is developed from the findings of the clinical assessment, results from laboratory testing and imaging studies, and input from patients about their goals for rehabilitation. For example, a person with BPPV may undergo a canal repositioning exercise for the spinning s/he experiences, whereas, someone with gaze instability and dizziness due to vestibular neuritis (a deficit from a weakened inner ear) may be prescribed gaze stability and habituation exercises, and if the dizziness affects their balance this may also include balance exercises.

An important part of the VRT is to establish an exercise program that can be performed regularly at home. Compliance with the home exercise program is essential to help achieve rehabilitation and patient goals.

Along with exercise, patient and caregiver education is an integral part of VRT. Many patients find it useful to understand the science behind their vestibular problems, as well as how it relates to the difficulties they may have with functioning in everyday life. A therapist can also provide information about how to deal with these

difficulties and discuss what can be expected from VRT. Education is important for patients because it takes away much of the mystery of what they are experiencing, which can help reduce anxiety that may occur as a result of their vestibular disorder.

ARE VESTIBULAR REHABILITATION EXERCISES DIFFICULT TO DO?

VRT exercises are not difficult to learn, but to achieve maximum success patients must be committed to doing them.

Since the exercises can sometimes be tedious, setting up a regular schedule so that the exercises can be incorporated into daily life is very important.

Exercises may, at first, make symptoms seem worse. But with time and consistent work, symptoms should steadily decrease, which means participation in activities of daily life will be easier for patients to do.

FACTORS THAT CAN IMPACT RECOVERY

When patients participate in VRT different factors can impact the potential for recovery. For example, the type of vestibular disorder affects recovery. Patients that have a stable vestibular disorder, such as vestibular neuritis or labyrinthitis, have the best opportunity to achieve a satisfactory resolution of their symptoms. When patients have a progressive vestibular disorder, like

multiple sclerosis, or a fluctuating condition, like migraine and Meniere's, which cause spontaneous attacks of dizziness or vertigo, compensation can be difficult to achieve, and therefore, success with VRT is more difficult.

To improve the chance for success with VRT for patients with progressive or fluctuating disorders it is important to manage these disorders medically. Patients with vestibular migraine may benefit more from VRT by implementing behavioral changes (reduction of migraine triggers and participation in cognitive behavioral treatment) and/or using pharmacological therapy to help reduce or eliminate the headache attacks. Although VRT does not treat the attacks of vertigo that patients with Meniere's disease experience, if the frequency of these attacks is reduced with diet and medication, or if indicated, with a more aggressive chemical or surgical type of intervention, then VRT can possibly help reduce symptoms that occur between attacks. The goal of medical management is to help stabilize the disorder as best as possible to allow for compensation to occur. As a consequence, the exercise strategies used in VRT will have a better chance to promote compensation and reduce vestibular-related symptoms.^{10,11,12,13}

There are differences in potential recovery depending on the vestibular disorder. If patients have a unilateral lesion (only one ear affected by a vestibular disorder) they generally have a

better chance of recovery as compared to those with bilateral lesions (both ears are affected). VRT does assist with recovery in patients with bilateral lesions, just not the same amount and not as quickly as in patients with unilateral lesions.^{14,15}

For patients with central vestibular disorders, the structures of the brain that allow for compensation are affected. This limits the amount and speed of recovery. However, research has shown that patients with central vestibular disorders can make gains with VRT.³

Other factors that can potentially limit recovery:

- **Sedentary lifestyle**

Being inactive can lead to suboptimal levels of health and fitness, which can cause secondary problems. Also, this lifestyle can further decrease the tolerance to movement by decreasing the threshold that it takes to aggravate the symptoms of dizziness and unsteadiness. In turn, desire to be active is reduced even more, thus creating a vicious cycle. Slowly and progressively, training the body to increase tolerance to movement and promote physical fitness is a goal of VRT and can address this factor.

- **Pain**

In general, pain contributes to imbalance and is associated with increased risk of falls in older adults.¹⁶ People also restrict their movement and activity level to avoid pain, which

leads to a more sedentary lifestyle and the negative consequences of this lifestyle. Additionally, to avoid pain patients may not be able to do the prescribed exercises, which restricts full participation in VRT and limits VRT's effectiveness. For these reasons, pain should be routinely assessed and managed with physical therapy and medical interventions as needed so that results can be maximized.

- **Presence of Other Medical Conditions**

It is more difficult to accomplish the goals set out in VRT when patients have to deal with multiple medical conditions. In fact, any condition that reduces the ability to perform the exercises will lessen the chances of achieving success. Additionally, just as pain is a factor that increases the risk of falling, certain medical conditions (cardiovascular, arthritis, foot problems, vision problems, neurological diseases, cognitive impairments) are also factors that increase fall risk.¹⁷ Assessment and proactive, comprehensive management of these conditions should be done.

- **Certain Medications and/or Multiple Medications**

Use of medication is a "double edged sword" because on one side it provides needed benefits that are necessary for managing disease, but on the other hand it can cause side

effects like dizziness, sedation, muscle fatigue and weakness, and unsteadiness and falls, which magnifies the problems that already exist due to the vestibular disorder. Additionally, when multiple medications are prescribed, the side effects are compounded. Tinetti and colleague's work¹⁷ has revealed that not only is taking four or more medications a factor that increases a patient's risk of falls, but also that certain types of medications like psychoactive medications (sedatives, antipsychotics, and antidepressants), anticonvulsants, and antihypertensive medications are strongly associated with an increased risk of falling.

In particular, when it comes to medication usage for vestibular disorders, frequently patients are prescribed medication like meclizine (Antivert) and diazepam (Valium) for acute symptoms. The goal of these medicines is to act on the brain so that the intensity of dizziness and/or nausea is not as strong. Because these medications suppress brain function they can be counter-productive with promoting compensation, so it is best to not use them for extended periods of time.³

Since there can be a tradeoff between the benefits and risks of using medications, decisions about usage should be made on an individual basis and should include the priorities of each patient. For instance, certain

medications that reduce blood pressure can cause lightheadedness, which can potentially lead to unsteadiness and/or falls. Determining which is more important, the risk of heart disease and stroke or the risk of falling and therefore causing injury, causes a dilemma in patient management. Physicians take into consideration which patients are at greater risk of having a stroke – in which case it would be in their best interest to control their blood pressure - as compared to patients who are at more risk of falling, in which case taking medication that lowers blood pressure too much may not be indicated.

Patients can be helpful with making decisions about medication usage by knowing what their medications are supposed to do for them and understanding the possible side effects. This can lead to more effective discussions between patients and physicians about symptoms that might be experienced from as a result of taking a particular medication. From these conversations, physicians can work toward achieving the intended benefit of the medication while minimizing potential side effects by taking different actions:

- Make sure medications are being taken correctly
- Adjust medication dosage
- Eliminate unnecessary medications
- Prescribe a different medication

- **Emotional Concerns**

Anxiety, panic, and depression occur frequently with vestibular disorders and can cause difficulty with managing symptoms.

Frequently, patients will restrict their activity to avoid increasing their vestibular related symptoms. While this coping strategy may reduce the anxiety a patient experiences as a result of their symptoms, it limits compensation that is necessary to promote recovery.

With slow, progressive exposure to movement and activity patients can experience improvement in their vestibular symptoms, which help reduce their anxiety. However, for many patients, it may be helpful to seek counseling to deal with the difficult emotional challenges that often accompany life with a chronic illness. Cognitive behavioral and/or pharmacological therapy can help address a patient's underlying anxiety so they can achieve the goals of VRT.^{18,19}

- **Decompensation**

With compensation, vestibular symptoms will decrease as the brain recalibrates and fine tunes incoming signals from the inner ear. However, when damage to the vestibular system is permanent there is the potential for symptoms to return.

Symptomatic relapses can occasionally occur because the brain de-compensates. This can be due to different emotional and/or physical stressors, like personal or job-related pressures, periods of inactivity, a bad cold or flu, extreme fatigue or chronic lack of sleep, changes in medication, or sometimes surgery.³ Although it is important for patients to consult with their physician to make sure nothing new has occurred, returning to the exercises that promoted the initial compensation can help promote recovery again. Additionally, recovery after de-compensation usually occurs more quickly as compared to the initial compensation.

Where can I find a vestibular rehabilitation specialist?

The Vestibular Disorders Association (VEDA) provides a directory of health professionals who are specially trained to assess and treat vestibular disorders. This online directory offers users the ability to search for providers according to specialty and geographical location. To locate this online directory, visit vestibular.org.

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Amex _____

Billing address of card (if different from mailing information)

Or visit us on our website at <https://vestibular.org> to make a secure online contribution.

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

	# of Meetings		# of Cases Considered	# of Appeal Decisions Received (HPARB or Divisional Court)	Type of Outcomes	Q2 2018/19	
	F2F	Tel					
Registration	1	0	2	0	Certificate Granted (with or without terms, conditions and limitations)	1	
					Certificate Denied	0	
ICRC	2	0	27	3	Direction provided to staff (case ongoing)	6	
					Investigator appointed	0	
					Referral to Discipline	4	
					Incapacity Inquiry or Referral to Fitness to Practice	0	
					Other decision	17	
Quality Management	0	2	7	0	Practice Assessment	Successfully Completed (with or without recommendations)	2
						Practice Enhancement Required	4
					Practice Enhancement	Successfully Completed	1
						Second Practice Enhancement or Reassessment Required	0
						Practice Enhancement Rescinded after Submission	0
					Other Decision		0
					Requests for Deferral or Exemption	Granted	0
Denied	0						
Discipline ** deliberation days not included**	0	0	0	0	Hearings Pending		0
					Hearing Outcomes	Revoked	0
						Suspended (with or without terms, conditions and limitations)	0
						Terms, Conditions and Limitations only	0
						Other Adjourned indefinitely In progress	0
Fitness to Practice	0	0	0	0	Hearings Pending		0
					Hearing Outcomes	Revoked	0
						Suspended	0
						Terms, Conditions and Limitations	0
Patient Relations	0	0	0	0	Request for Funding	Granted	0
						Denied	0

ISSUES AND TRENDS

Registration – the Committee deferred the 2nd case pending additional information.

REPORT TO COUNCIL- COMMITTEE ACTIVITY SUMMARY

(Q2) July, August, September

ICRC – An increase in the number of cases referred to the Discipline Committee (4). An increase in cases where there was direction from the Panel to draft allegations in preparation for a referral to the Discipline Committee (3). HPARB returned 3 cases that had been appealed. The decision of the ICRC was upheld for two of these cases, the third case was returned for reconsideration.

Quality Assurance – Quality Assurance Program was suspended after the January 2017 random selection. The remaining files have been working through to completion.

Discipline and Fitness to Practice – No hearings in Q2.

Patient Relations – Nothing to report



EXECUTIVE COMMITTEE MEETINGS

REPORT TO COUNCIL

Date: December 18, 2018

Committee Chair: Mr. Gary Rehan, President

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

Support Staff: Mr. Rod Hamilton
Ms. Elicia Persaud

Meetings:

Meetings held since last report:

- November 15, 2018
- November 29, 2018

Planned upcoming meetings:

- January 2, 2019 – *teleconference*
- February 27, 2019
- June 4, 2019

NOVEMBER 15, 2018 EXECUTIVE TELECONFERENCE MEETING

1. Registrar Recruitment Process

The Executive Committee made a decision to recommend a Registrar recruitment process to Council.

NOVEMBER 29, 2018 EXECUTIVE COMMITTEE MEETING

1. Pre-Registration Jurisprudence Exam

The Executive Committee recommended the following:

- that Council rescind the requirement for successful completion of the jurisprudence exam as a pre-registration requirement, and
- that Council directs staff to do a full review of jurisprudence program and report the findings at the September 2019 Council meeting.



2. Advertising Standard

The Executive Committee recommended that Council approve the proposed changes to the Advertising Standard effective January 1, 2019.

3. Council Education Plan 2019-2020

The Executive Committee identified the following Council Education priorities for 2019-2020:

- Sexual abuse training (annual)
- Governance training
- Charter of Rights/Human Rights Code
- Cultural Differences
- The Regulated Health Professions Act
- The Legislative Development Process
- The Policy Development and Research Process

The Executive Committee also recommended that Council review how key learnings from conference attendance are reported back to Council.

4. By-laws and Governance Policies Plan

The Executive Committee recommended that Council approves the proposed recommendation to act as a Governance working group.

5. Discussion on Vestibular Therapy: Notice of Motion

After careful consideration Executive Committee does not recommend that this is a rostered activity.

6. Reprioritization of Strategic Tactics

The Executive Committee recommended that Council extend the completion of the strategic plan from 2020 to 2021 and revisit the tactics that have been deferred to determine if it is still a Council priority.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 15.0

**Council Meeting
December 17-18, 2018**

**Agenda #15: Motion to go in camera pursuant to section 7(2)(d) of the Health Professions
Procedural Code**

It is moved by

and seconded by

that:

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

Agenda #16

Member's Motion/s