COLLEGE OF PHYSIOTHERAPISTS *of* ONTARIO | **ORDRE DES PHYSIOTHÉRAPEUTES** *de l'*ONTARIO

MEETING OF THE COUNCIL OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

AGENDA

September 27, 2019
At
The College Board Room
375 University Avenue, Suite 800, Toronto

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

9:00 AM	**Welcome**

1 **Motion**	**Approval of the Agenda** For Decision

2 **Motion**	**Approval of the Council Meeting Minutes of June 24-25, 2019** For Decision

3	**Registrar's Report** For Information

4
Motion
Amendment to Committee Slate
For Decision

There is a vacant seat on the Inquiries, Complaints and Reports Committee (ICRC) that requires a public member of Council to be appointed.

5
Q1 Financial Report
For Information

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

6
Motion
How to Access the College's Reserves
For Decision

Council needs to approve a process for how the College can access its designated reserves. Finance Committee has proposed a process for approval.

7
Motion
Registration Fee Reduction
For Decision

In June 2019, Council made a decision to reduce the fee for independent practice registration as a strategy to reach the target level of Unrestricted Net Assets. Council is now asked to approve in principle the corresponding changes to the College bylaws, which will be circulated to registrants for comment.

11:00 AM   **8**   **Financial Management Training**

Presentation by Bill Stephenson, CPA

9   **Pro-rated Fees/Fee Credits Impact Assessment**
For Information

As requested by Council, staff is providing an update on the budgetary and operational impact of the pro-rated fees and fee credit policies that were implemented in April 2014.

10   **Use of Fee Credits for other online fees**
Motion   For Decision

While conducting the impact assessment for pro-rated fees and fee credits, staff discovered that the implementation of fee credits in the College's new database, ATLAS, allows fees to be applied towards the payment of other types of online fees. Council is asked to decide whether or not this is an appropriate way for fee credits to be used.

11.0   **QA Program Update and Decisions**

Quality Assurance Program Review – Project Update: Remote Assessment Pilot Test and Tool Development
For Information

This brief provides Council with a fuller update on the Quality Assurance Program pilot test process to date, a summary of feedback from registrants and assessors, and the next steps for the project. Based on the results of the pilot test remote assessments, a number of refinements are being made to the assessment tools, details about those are included for Council's information.

11.1   **Quality Assurance Program Review – Length of the Remote Assessment**
Motion   For Decision

The QA Working Group has recommended a set of questions to be used for the remote assessment behaviour-based interview tool where the interview will likely be longer than one hour for many registrants (if they get both practice-relevant questions). Council is asked to confirm whether this would be acceptable.

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

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11.3 **Quality Assurance Program Review – Remote Assessment Record Review Component**

Motion For Decision

The QA Working Group has recommended that for the record review component of the remote assessment, instead of the registrant submitting one de-identified record to the College for the assessor to review, that the registrant completes a self-review of one record using the Record Review Checklist. Council is asked to approve this recommended change.

11.4 **Quality Assurance Program Review – Pilot Test Participants Who Could Not Complete the Record Review Component**

Motion For Decision

During the pilot test, one employer declined to provide copies of records to the College for the remote assessment, which resulted in four PTs not being able to complete the record review component of their remote assessments. The QA Working Group has recommended waiving this component for these four registrants. Council is asked to approve this recommendation.

11.5 **Quality Assurance Program Review – On-site Assessment Written Policies Review Component**

Motion For Decision

The QA Working Group has recommended that for the written policies review component of the on-site assessment, instead of the registrant submitting the policies to the College for the assessor to review, that the registrant completes a self-review of their policies using the checklists created for this review. Council is asked to approve this recommended change.

11.6 **Quality Assurance Program Review – Revised Project Timeline and Target**
Motion **Assessment Volume**
For Decision

To ensure that there is sufficient time to make the necessary improvements to the QA Program based on the pilot test learnings, the timelines for the remainder of the pilot test have been extended. This will also impact the number of registrants that can be assessed in this fiscal year. Council is asked to approve a reduced assessment volume for this fiscal year.

3:00 PM **12** **Update on Performance Measurement Framework**

Presentation by Ms. Allison Henry and Mr. Thomas Custers, Ministry of Health

13   **President's Report**
For Information

- Councillor Conference Report
- Q1 Committee Activity Summary
- Q1 Executive Committee Report to Council
- Other updates

14   **Members' Motion/s**

Adjournment

Future Council Meeting Dates:
- December 16 and 17, 2019
- March 23 and 24, 2020
- June 22 and 23, 2020

Council Meeting
September 27, 2019

Agenda #1: Approval of the Agenda
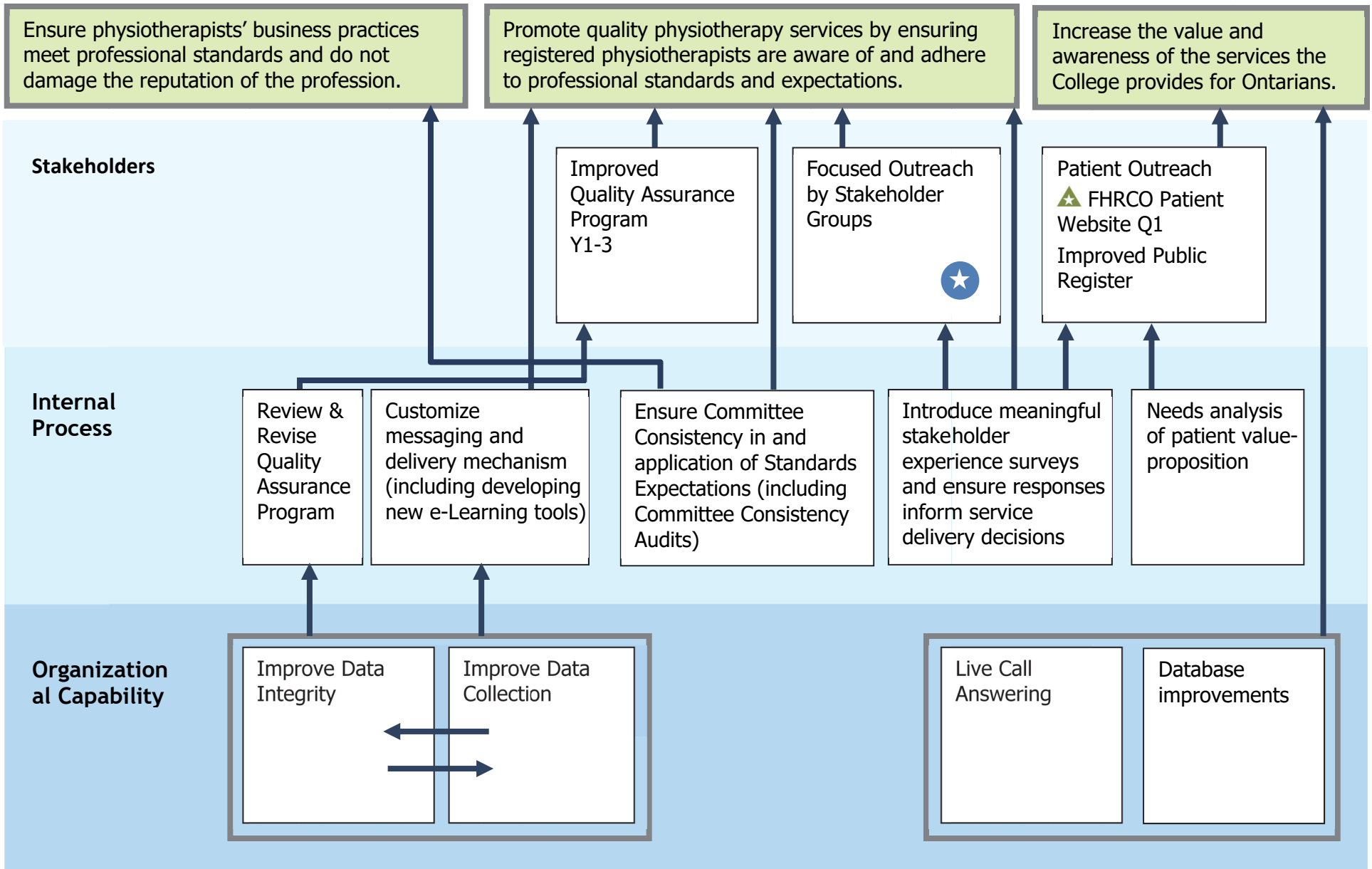
It is moved by

_____,

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 – 2021

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

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

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

Stakeholders

Improved Quality Assurance Program Y1-3

Focused Outreach by Stakeholder Groups

Patient Outreach
⚠ FHRCO Patient Website Q1
Improved Public Register

Internal Process

Review & Revise Quality Assurance Program

Customize messaging and delivery mechanism (including developing new e-Learning tools)

Ensure Committee Consistency in and application of Standards Expectations (including Committee Consistency Audits)

Introduce meaningful stakeholder experience surveys and ensure responses inform service delivery decisions

Needs analysis of patient value-proposition

Organizational Capability

Improve Data Integrity

Improve Data Collection

Live Call Answering

Database improvements
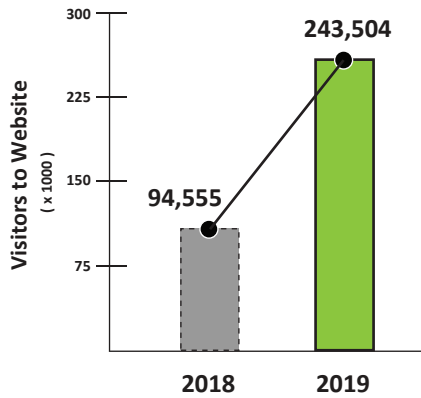

△ Ongoing/External

★ Y1: Supervisors, Students, Educators
Y2-3: Internationally Educated PTs, Employers, Insurers and Registration Ceremony for new graduates
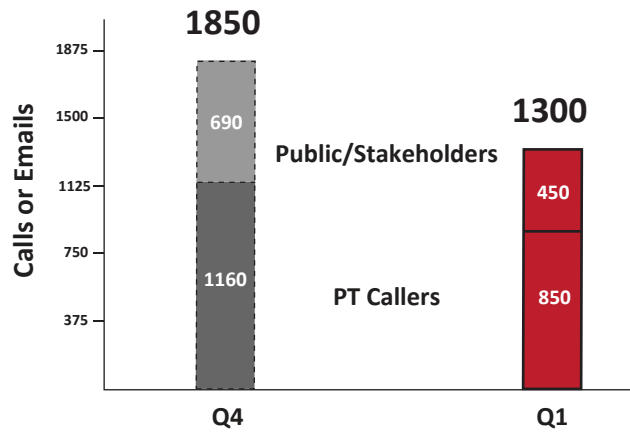
6

College Dashboard

Strategic

Stakeholder Awareness Q1

Visitors to Website (× 1000)

- 94,555 (2018)
- 243,504 (2019)

Practice Advice

Calls or Emails

Q4 — 1850
- Public/Stakeholders: 690
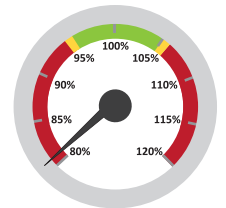- PT Callers: 1160
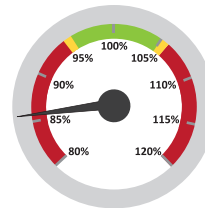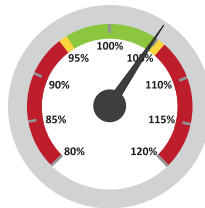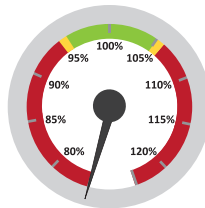
Q1 — 1300
- 450
- 850

Operational

Financial Accountability

■ **Overall 84% Q1**

- Quality Assurance
- Investigations and Reports
- Discipline
- Corporate Services
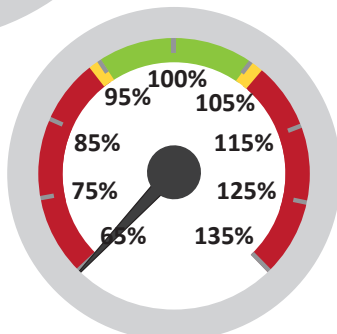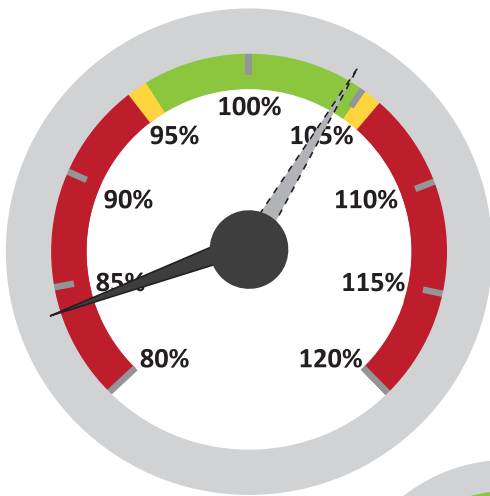
■ **All Committees**

	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	n/a
Registration	Met all Statutory timelines	🟢

Dashboard Explanatory Notes, Q1 2019-2020

OPERATIONAL INDICATORS

What We Measure	What this Demonstrates and How	Quarterly Results
Financial Accountability Ratio of actual spending to budgeted spending	To demonstrate sound financial management by monitoring what was spent compared to what was budgeted. Target = Within 95% each quarter	Detailed explanations are contained in the quarterly statement of operations.
Human Resource Excellence Composite measure of absenteeism and turnover rates	To provide an indication of overall organizational health. Absenteeism and turnover rates serve as proxies for good recruiting and performance management policies. Target = Absenteeism and turnover rates that are within industry standard based on the Conference Board of Canada	Absenteeism: on target. Turnover: In the past 12 month's four employees left. Two to pursue other opportunities and two were involuntary.
Meeting Statutory Obligations: Composite measure of the statutory obligations of all three committees	To monitor performance of core statutory duties. Specifically, whether each committee meets the specific timeline and notice requirements of the RHPA. Target: **QA** % PTs provided an opportunity to make a submission **Reg** % applicants provided 30 days to make a submission % individuals requiring notice of right to appeal were notified **ICRC** % complaints closed within 150 days <u>or with notice of delay</u> % complaints and reports given 14-day notice	Quality Assurance: program on hold, no cases reviewed. Registration: on target. Inquiries, Complaints and Reports Committee: This measure requires 100% compliance. For one file the investigation was completed in February 2019. A peer opinion subsequently sought and received. Currently awaiting the PT's response to peer opinion resulting in delay.

Dashboard Explanatory Notes, Q1 2019-2020
STRATEGIC INDICATORS

What We Measure	What this Demonstrates and How	Quarterly Results
Stakeholder Awareness Hits to College Resources	To monitor whether our communications efforts effectively bring people to our resources. We assume that if there are more visits to our resources, we can improve awareness of standards and other requirements. Target = Increase in the number of times College resources are accessed year over year	Hits to College Resources: 158% increase Q1 of 2018 was the first quarter we received analytics from the newly implemented website. The spike in the increase may be due to data anomaly; staff are investigating this and will continue to monitor the data and will bring back additional information in December.
Practice Advice Increased number of calls over time to demonstrate improved stakeholder value	We assume that calls to practice advice reflect access to a valued service. Accordingly, increased call volume should indicate increase value to stakeholders. Target = increase from previous quarter	PT Callers: 2% decrease Other Callers: 2% decrease Total calls have decreased by 30% The high number of contacts in Q4 was a consequence of renewal timelines. Top advisory trends: Fees, Billing and Accounts, Performing Controlled Acts and clarification around mandatory reporting requirements. Mandatory reporting has received greater attention through *Perspectives* articles in Q1 and perhaps the media attention from the public inquiry into the safety and security of patients in Long Term Care; stemming from the Elizabeth Wettlaufer case. The greater attention to professional and employer obligations may have increased the callers demand for more information around mandatory reporting.

9

Council Meeting
September 27, 2019

Agenda #2: Approval of the Council Meeting Minutes of June 24-25, 2019

It is moved by

_____,

and seconded by

_____,

that:

the Council meeting minutes of June 24-25, 2019 be approved.

ANNUAL GENERAL MEETING OF THE COUNCIL OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

MINUTES

June 24 and 25, 2019
At
Pinestone Resort
4252 Country Rd. #21, Haliburton ON

Attendees:

		Staff:
Mr. Darryn Mandel (President)	Ms. Janet Law	Mr. Rod Hamilton
Ms. Theresa Stevens	Ms. Nicole Graham	Ms. Anita Ashton
Mr. Ron Bourret	Ms. Sharee Mandel	Ms. Joyce Huang
Ms. Jane Darville	Mr. Tyrone Skanes	Ms. Téjia Bains
Mr. Martin Bilodeau	Ms. Katie Schulz	Ms. Shelley Martin (June
Mr. Gary Rehan	Ms. Jennifer Dolling	25, 2019)
Mr. Mark Ruggiero	Ms. Kathleen Norman	
Mr. Ken Moreau		

Recorder: Ms. Elicia Persaud

9:00 AM	**Welcome**

1.0	**Approval of the Agenda**	
Motion	**1.0**	
	It was moved by Mr. Tyrone Skanes 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	**Approval of the Council Meeting Minutes of March 21 and 22, 2019**	
Motion	**2.0**	
	It was moved by Ms. Nicole Graham and seconded by Mr. Martin Bilodeau that:	
	The Council meeting minutes of March 21 -22, 2019, be approved.	**CARRIED.**

Annual General Council Meeting

3.0   2018 – 2019 Audited Financial Statements

Mr. Blair McKenzie reviewed the audited financial statements.

Motion   3.0

It was moved by Mr. Tyrone Skanes and seconded by Ms. Kathleen Norman that:

Council approve the 2018 – 2019 Audited Financial Statements ending March 31, 2019.   **CARRIED.**

4.0   Annual Committee Reports – 2018-2019

The Chair of the following committees presented their committees key statistics from the 2018-2019 year:

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

Council identified communication as a potential strategic planning goal; this will be brought forward for the next strategic planning cycle.

5.0   President's Report

Mr. Darryn Mandel, President, provided an update on the following:
- Governance and By-law review
- Self evaluations in the fall
- Council materials

6.0   Registrar's Report

Mr. Rod Hamilton, Registrar, provided an update on the following:
- College Database project
- College program area's
- External environment

7.0   Approval of the 2019-2020 Committee Slate

Motion   7.0

Mr. Gary Rehan and Ms. Katie Schulz declared a conflict of interest.

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

The following people be appointed as non-council committee members:
- Antoinette Megans
- Beth Bergmann

- Anastasia Newman
- Angelo Karalekas
- Richa Rehan   **CARRIED.**

Mr. Gary Rehan and Ms. Katie Schulz declared a conflict of interest.

There were two abstentions from voting.

Motion   **7.1**

It was moved by Mr. Ken Moreau and seconded by Mr. Ron Bourret that:

Council approve the proposed committee slates for 2019-20 (with chairs):

Executive Committee:	Darryn Mandel (Chair) Theresa Stevens Gary Rehan Sharee Mandel Tyrone Skanes
Inquires, Complaints and Reports Committee:	Gary Rehan (Chair) Mark Ruggiero Tyrone Skanes Jennifer Dolling Monica Clarke
Discipline and Fitness to Practise Committees:	Sharee Mandel (Chair) Katie Schulz Janet Law Nicole Graham Kathleen Norman Martin Bilodeau Ronald Bourret Kenneth Moreau Jennifer Dolling Jim Wernham Daniel Negro Heather Anders Sue Grebe Angelo Karalekas Richa Rehan
Quality Assurance Committee:	Theresa Stevens (Chair) Kathleen Norman Janet Law Jane Darville Kenneth Moreau

Antoinette Megans
Beth Bergmann

Registration Committee:	Tyrone Skanes (Chair)
	Katie Schulz
	Martin Bilodeau
	Jennifer Dolling
	Anastasia Newman

Patient Relations Committee:	Jennifer Dolling (Chair)
	Nicole Graham
	Martin Bilodeau
	Antoinette Megans

Finance Committee:	Gary Rehan (Chair)
	Darryn Mandel
	Theresa Stevens
	Nicole Graham
	Kenneth Moreau

CARRIED.

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

Motion   **8.0**

It was moved by Mr. Gary Rehan 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.

Council moved out of the *in camera* session at 2:05 p.m., and immediately adjourned the meeting for the day.

| 9:00 AM | June 25, 2019 |

9.0   **Strategic Tactics Update**

Motion   **9.0**

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

Council approve the recommendations to:

1. Continue work on the following tactics in this strategic cycle:
   o T6.6 Employer Outreach
   o T8. Data Integrity
   o T9. Data Collection
   o T10. Live Call Answering
   o T12. Committee Training

2. Forgo the following tactics in this strategic cycle:
   - T4. Customer Service Surveys – cease work on this tactic and re-consider this issue at the next round of strategic planning.
   - T7. Committee Consistency – defer and include in the next strategic plan.
   - T13. Induction Ceremony – forgo this tactic. **CARRIED.**

10.0 Quality Assurance Program Review – Project Update

Ms. Joyce Huang, Policy and Strategic Projects Manager, provided an update on the Quality Assurance Program review. This included early feedback received by participants, development of the cut score, and process for next steps.

It was noted that once the working group works through some of the issues that have arisen in the Pilot test, these will be brought back to Council for approval.

11.0 Finance Committee: Reserve Management Recommendations

Council discussed the need to mitigate risk and comply with the Canada Revenue Agency guidelines.

Motion 11.0
It was moved by Mr. Tyrone Skanes and seconded by Ms. Jane Darville that:

Council approves eliminating the Restricted Net Assets for Strategic Initiatives and IT Improvement and reallocate these funds to the Unrestricted Net Assets. **CARRIED.**

Motion 11.1
It was moved by Ms. Jane Darville and seconded by Mr. Martin Bilodeau that:

Council approve setting the target range of Unrestricted Net Assets to 25-50% of the Colleges Annual Operating costs. **CARRIED.**

Motion 11.2
It was moved by Mr. Tyrone Skanes and seconded by Mr. Ron Bourret that:

Council approves the amended Reserve Policy. **CARRIED.**

Council discussed different options and agreed to reducing fees.

Motion **11.3**
It was moved by Ms. Kathleen Norman and seconded by Mr. Martin Bilodeau that:

Council approves reducing the College's registrant fees by $20 to $575 for the 2020 renewal year.   **CARRIED.**

As this requires a By-law change, to ensure most members would have an opportunity to provide feedback, the consultation on the By-law will be deferred to the Fall. Staff will bring forward the proposed By-law change to the September Council meeting.

12.0   Members' Motion/s

No motions were made.

Adjournment

It was moved by Mr. Ken Moreau and seconded by Ms. Janet Law that the meeting be adjourned.   **CARRIED.**

The meeting was adjourned at 11:06 a.m.

_____
Darryn Mandel, President

Council Meeting
September 27, 2019

Agenda #4: Amendment to Committee Slate

It is moved by

_____,

and seconded by

_____,

that:

the Council appoint Ms. Jane Darville to the Inquiries, Complaints and Reports Committee (ICRC).

Meeting Date:	September 27, 2019
Agenda Item #:	4
Issue:	Amendment to Committee Slate
Submitted by:	Elicia Persaud, Governance Analyst

Issue

There is a vacant seat on the Inquiries, Complaints and Reports Committee (ICRC) that requires a public member of Council to be appointed.

Background

As you will recall, the Committee slate is developed in early spring and considers the interest of council and committee members. As each committee has a different degree of commitment, information regarding average prep time and meetings are provided to assist council and committee members with their selection.

In June the slate was approved, and all positions were filled with the expectation of the Discipline and Fitness to Practise Committee. As the College is low on public appointees, this position was left vacant in hopes that a new public appointment would be made, and a new member could be appointed.

Since the approval of the slate the ICRC has met for their orientation and first meeting of the year. Just before the committee met, staff , the Chair of the ICRC and the President received communication from Ms. Jennifer Dolling advising that she will no longer be able to continue her role on the ICRC as she is unable to commit to the time required for this committee. Ms. Dolling has since resigned from her position on the ICRC.

As the College is short on public members, there are two candidates that could serve this role:

- Ms. Jane Darville – has served on the committee in the past and would require little orientation
- Mr. Kenneth Moreau – received orientation to this committee in 2018 and has some experience on the committee

The Executive Committee considered the available public members and is recommending that Ms. Jane Darville be appointed to the ICRC.

Since this time Ms. Darville has been asked if she would be able to participate on this committee, she has noted she is available.

Decision

Council is asked to approve Executive's recommendation to appoint Ms. Jane Darville to the ICRC.

Attachments
- Committee Slate as of September 2019

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
EXECUTIVE	5 people: • At least 3 Professional Members of Council • At least 1 but not more than 2 Public Appointees • Must include President and Vice President	**Darryn Mandel (Chair)** Theresa Stevens Gary Rehan Sharee Mandel Tyrone Skanes	The Committee provides leadership to Council, promotes governance excellence at all levels, facilitates effective functioning of the College, in certain circumstances, to act on behalf of Council between meetings and when required, to reconstitute itself as the College privacy committee to deal with appeals regarding the manner in which personal information is managed by the College. The Committee has all powers of the Council with respect to any matter that requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.	Rod Hamilton Elicia Persaud
INQUIRIES, COMPLAINTS AND REPORTS (ICRC)	At least 6 people, at least: • 2 Professional Members of Council • 2 Public Appointees • 1 Non-Council	**Gary Rehan (Chair)** Mark Ruggiero Tyrone Skanes ~~Jennifer Dolling~~ Jane Darville Monica Clarke	ICRC investigates complaints and considers reports as per section 79 of the Code related to the conduct or action, competencies or capacity of registrants as it relates to their practicing the profession.	Russel Jarosz
DISCIPLINE & FITNESS TO PRACTISE	At least 10 people, at least: • 2 Professional Members of Council • 3 Public Appointees • 1 Non-Council	**Sharee Mandel (Chair)** Katie Schulz Janet Law Nicole Graham Kathleen Norman Martin Bilodeau Ron Bourret Ken Moreau TBD [i] Jim Wernham Daniel Negro Heather Anders Sue Grebe Angelo Karalekas Richa Rehan	A panel of at least 3-5 persons convenes to hear allegations of conduct or incompetence as referred by the ICRC. A panel of at least 3-5 persons convenes to hear allegations of incapacity as referred by the health inquiry panel of the ICRC. Hearings are in a judicial setting and can last from one to several days. Decisions and Reasons are documented in detail.	Olivia Kisil

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
QUALITY ASSURANCE	At least 6 people, at least: • 2 Professional Members of Council • 2 Public Appointees • 2 Non-Council	**Theresa Stevens (Chair)** Kathleen Norman Janet Law Jane Darville Ken Moreau Antoinette Megans Beth Bergmann	The Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.	Shelley Martin Cici Czigler
REGISTRATION	At least 5 people, at least: • 1 Professional Member of Council • 1 Academic Member • 2 Public Appointees • 1 Non-Council	Katie Schulz Martin Bilodeau **Tyrone Skanes (Chair)** Jennifer Dolling Anastasia Newman	The Committee makes decisions on registration applications that do not meet the criteria for issuance of a certificate of registration by the Registrar and to ensure that processes related to entry are fair, transparent and objective.	Melissa Collimore
PATIENT RELATIONS	At least 4 people, at least: • 2 Professional Members of Council • 1 Public Appointee • 1 Non-Council	**Nicole Graham (Chair)** Martin Bilodeau Jane Darville Antoinette Megans	The Committee is to advise Council with respect to the patient relations program and to administer the program to provide funding for therapy and counselling.	Anita Ashton Olivia Kisil
FINANCE (non-statutory)	At least 5 people, at least: • President • Vice President • 3 Councillors at least 1 or 2 Public Appointees	Darryn Mandel Theresa Stevens **Gary Rehan (Chair)** Nicole Graham Ken Moreau	The Committee is to monitor significant financial planning, management and reporting matters of the College, to make recommendations and deliver reports to Council, and to serve as the College's audit committee.	Rod Hamilton Elicia Persaud

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[i] Council is short two publicly appointed representatives; this position will be left vacant until a new publicly appointed representative is made.

Meeting Date:	September 27, 2019
Agenda Item #:	5
Issue:	Q1 Financial Report
Submitted by:	Rod Hamilton, Registrar Fazal Raza, Accounting Specialist

Issue:

The Q1 Statement of Operation with variance analysis are attached for review.

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 spent.

For income, we are presently at 92.97% of budget. Major contributors towards this variance were professional corporation's fees, prorated fees and the fee credits.

For spending, historically, differences in the primary quarter have been very high. Spending in Q1 came out at 83.53% of the financial limit. Because of the variances in income and expenses, this quarter we have a net income of $4,633.37.

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

Income

The Income section of the report has much more detail than previously tracked.   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 their needs.

We anticipate that over time, more experience will help us become more accurate in these areas.

In Q1 we received a large number of incomplete professional corporation renewals which resulted in a decrease in income. We anticipate that the lost income will be recovered in Q2.

The bulk of the College's income is received during specific periods. In the new budget, Registration will ensure that income is mapped against peak periods.

A higher number of members resigned in Q4 (2018) however the databased considered their resignation effective Q1 (2019), which contributed to the lower income.

Expenses

Four C & D cases were closed in Q1 as expenses relating to those cases were received. This partial reversal resulted in lower spending. For accruals created last year, we will be simultaneously reconciling the accruals as more cases come to their closure. This will continue to impact our expense bottom line for the current year and will be provided quarterly.

Additional areas where spending was lower were per diems, committee expenses, database costs, office and general costs, council education, policy development, communications, legal fees for professional conduct, staffing and QA program costs. Detailed explanations can be found in the detailed variance report. As we progress to Q2 and Q3 most of these expenses will catch up and we will be closer to budget by end of year.

Key Variances

With respect to the variance report, you will recall that 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.

Balance Sheet

We have provided you with the year end and the Q1 2019 balance sheets as comparatives to the Q1 2018 statement. This is Appendix B.

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

For example:

- Strategic Initiatives and IT improvement from the restricted reserves of the equity section of the balance sheet has now been moved to unrestricted reserves in Q1.

- The Citizens Advisory Group liability is down from previous quarter. We have closed this account and transferred the balance to the CPSO.

- The accrued liabilities are down from last quarter mainly due to the reversal of the two large accruals from the previous fiscal year 2018. (The C & D accrual from Q4 2018 and the salaries accrual in 2018).

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

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

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

Income

4022   83.33% - The College is anticipating receiving delayed invoices from a therapist. Amount paid out will exceed what was budgeted.

4019   106.67% - Some professional corporations expired and required the member to pay the application fee.

4018   20% - Most registrants completed annual renewal by March 31 resulting in less late fees.

4017   115% - A higher number of online requests were processed which is likely due to the start of a new registration year and registrants/previous members who registered in a new jurisdiction.

4016   114% - A higher number of online requests were processed which is likely due to the start of a new registration year and registrants/previous members who registered in a new jurisdiction.

4015   88.45% - Fewer applications arrived in Q1.

4007   1402.69% - A number of PTs resigned as expected, however the database processed their resignation to be effective at the start of Q1. (And not Q4)

4004   756.94% - More cost orders recovered than anticipated.

4003   23.68% - Fewer coaching programs were initiated this quarter.

4021   No cross border applications received.

4020   No courtesy applications received.

4014   33% - Most Provisional Practice applications are processed later in the year when there are new graduates. We do not split the value evenly because there are peak periods - this will be adjusted for the next budget.

4013   56% - We currently process the fee once the renewal application is complete. A large majority of the renewal applications received in Q1 were incomplete due to outstanding documentation. The fee will be processed once the application is complete.

4012   17.83% - Most Independent Practice applications are processed later in the year when the CAPR exam results are released. Moving forward we are going to map the number of applications received per quarter and ensure that the value corresponds with peak periods.

4010   200% - The college hosted two PT students from UFT in 2018. UFT runs on calendar year and we budget on a fiscal year which resulted in a variance.

Expense

5756   Reversal of accrual expense of four C&D cases that are now closed.

5003   69.71% - Change from 2 days to 1.2 days Council meeting and Sexual awareness training deferred to Q2 which included per-diems for non-council committee members.

5005   81.12% - Some hearings anticipated in Q1 now scheduled for Q2.

5006   67.47% - Budgeted for ongoing one-on-one meetings with Registrar and President and targeted education; not required this quarter.

5010   There were no applications for funding received at the College since Q1.

5011   7.33% - Full day meeting not required as QA program re-development timelines changed.

5012   66.67% - Originally estimated 2 hours of prep-time; 1 hour was required.

5052   125.75% - One expense claim not received. The accrual for that expense claim resulted in higher expenses.

5055   45.99% - Some hearings anticipated in Q1 now scheduled for Q2 and panel expenses based on global averages less than budgeted.

5056   37.68% - No legal Counsel or external training required this quarter.

5062   Full day meeting not required as QA program redevelopment timelines changed.

5104   49.16% - New projects on hold pending agreement; working on enhancements.

5200   94.17% - Premiums are derived on industry claim ratio based on market performance. The claim ratio slightly lower than budgeted.

5403   5.37% - Housekeeping services are on a needs basis and were not required in Q1.

5405   85.03% - Some membership fees deferred to Q2 and Q3 and some subscriptions cancelled.

5412   70.9% - Internet services projects deferred to Q2.

5503   25.5% - Under spending resulted from deferral of one conference from Q1 to Q4 and less conference attendance by Councilors than originally budgeted.

5505   6.83% - This amount was budgeted to support a working group for the review of the Jurisprudence Program. However this project has been deferred in light of Council's intention to do a comprehensive review of the Entry to Practice program, of which Jurisprudence is a component.

5605   42.71% - Fewer translation requests than anticipated.

5620   80.55% - Collateral creation deferred to Q3, following stakeholder survey.

5621   23.25% - Website improvements and accessibility audit project started in Q1 but will be completed and billed in Q2.

5622   166.74% - More outreach presentations took place in Q1; will be on budget by Q4.

5702   449.4% - Catering and transcription costs for 3 day hearings not anticipated.

5704   216.7% - More 3rd party investigators were required than anticipated; Unexpected increase in sexual abuse allegations requiring transcriptions of complainant's statement.

5757   No legal advice obtained this quarter.

5751   203.22% - Legal advice budgeted not required.

5752   108.48% - Registration legal cost slightly higher than budgeted.

5760   86.05% - Fewer legal opinions and prosecutorial viability assessments were required than anticipated.

5761   85.44% - Legal support for the DC was not as great as anticipated.

5762   71.26% - Some hearings required a pre hearing first so there was a delay in the actual hearing date.

5754   No legal advice required by Council this quarter.

5755   1130.0% - Unanticipated legal fees related to Adoxio/KPMG database.

5811   77.81% - Cut-Score Study and QA Working Group meeting were postponed to Q2.

5823   41.61% - Originally budgeted for 65 assessors but we only have 55 on our list. Additionally, due to the timing of the pilot project, we have had to delay some of the training to a later quarter.

5871   142.07% - More coaching programs in QA were initiated this quarter.

5880   35.8% - Fewer coaching programs in compliance monitoring were initiated this quarter.

5890   75.47% - Fewer applications for funding have been received.

5901   95.1% - summer students budgeted were not hired due to projects assigned to external vendor and replacement budgeted for parental leave but not required.

5902   88.66% - Two employees budgeted to be hired in Q4 last fiscal year were hired in Q1 and eligibility of benefits started in Q2 resulting in lower actual. (3-month waiting period benefit policy)

5904   62.88% - Review of complaints materials deferred to Q2 for plain language review as the result of new staff in the PC area. The cut score study in QA was postponed to Q2. Database Project manager and Comptroller budgeted not required.

5905   25.64% - Based on course availability and staff needs most training deferred to Q2 to Q4. Budgeted amount split evenly across quarters.

5913   110.77% - EHT adjustment for former employee not captured in budget due to accrual adjustment and also under budget due to previous government rate.

6001   92.8% - Purchase of server deferred to Q4.

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

Decision Sought

No decision, for information.

Attachments
- Appendix A – Variance Report
- Appendix B – Comparative Balance Sheet

College of Physiotherapists of Ontario
Statement of Operations - Budget vs. Actual
April 2019 through June 2019

	Q1			Full Year		
	Apr - Jun 19	Budget	% of Budget	Budget	% of Budget	Notes for Council
Ordinary Income/Expense						
Income						
4022 · Recovery of Therapy Costs	416.66	500.00	83.33%	2,000.00	20.83%	The College is anticipating receiving delayed invoices from a therapist. Amount paid out will exceed what was budgeted.
4008 · Admin Fees						
4019 · Prof Corp Application $700	5,600.00	5,250.00	106.67%	21,000.00	26.67%	Some professional corporations expired and required the member to pay the application fee.
4018 · Late Fees $225	1,125.00	5,625.00	20.0%	5,625.00	20.0%	Most registrants completed annual renewal by March 31 resulting in less late fees.
4017 · Wall Certificates $25	575.00	500.00	115.0%	2,000.00	28.75%	A higher number of online requests were processed which is likely due to the start of a new registration year and registrants/previous members who registered in a new jurisdiction
4016 · Letter of Prof Stand / NSF $50	2,850.00	2,500.00	114.0%	10,000.00	28.5%	A higher number of online requests were processed which is likely due to the start of a new registration year and registrants/previous members who registered in a new jurisdiction
4015 · Application Fees $100	11,100.00	12,550.00	88.45%	50,100.00	22.16%	Fewer applications arrived in Q1
Total 4008 · Admin Fees	21,250.00	26,425.00	80.42%	88,725.00	23.95%	
4007 · Registration fee credits	-19,038.37	-1,357.28	1,402.69%	-918.47	2,072.84%	A number of PTs resigned as expected, however the database processed their resignation to be effective at the start of Q1 (and not Q4)
4004 · Cost recovery from cost orders	22,708.32	3,000.00	756.94%	48,500.00	46.82%	More cost orders recovered than anticipated.
4003 · Remediation Chargeback	882.85	3,729.00	23.68%	22,757.00	3.88%	Fewer coaching programs were initiated this quarter.
4001 · Registration Fees						
4021 · Cross Border Fee $100	0.00	200.00	0.0%	800.00	0.0%	No cross border applications received
4020 · Courtesy Registration Fee $100	0.00	300.00	0.0%	1,500.00	0.0%	No courtesy applications received
4014 · Provisional Practice Fees $75	4,125.00	12,500.00	33.0%	69,875.00	5.9%	Most Provisional Practice applications are processed later in the year when there are new graduates. We do not split the value evenly because there are peak periods - this will be adjusted for the next budget.
4013 · Prof Corp Fees $250	17,500.00	31,250.00	56.0%	125,000.00	14.0%	We currently process the fee once the renewal application is complete. A large majority of the renewal applications received in Q1 were incomplete due to outstanding documentation. The fee will be processed once the application is complete.
4012 · Independent Practice - ProRated	6,531.30	36,628.90	17.83%	146,531.45	4.46%	Most Independent Practice applications are processed later in the year when the CAPR exam results are released. Moving forward we are going to map the number of applications received per quarter and ensure that the value corresponds with peak periods.
4011 · Independent Practice - $595	1,407,568.12	1,461,915.00	96.28%	5,848,255.00	24.07%	
Total 4001 · Registration Fees	1,435,724.42	1,542,793.90	93.06%	6,191,961.45	23.19%	
4002 · Interest Income	44,808.03	45,900.00	97.62%	183,600.00	24.41%	
4010 · Miscellaneous Income	500.00	250.00	200.0%	250.00	200.0%	The college hosted 2 PT students from UFT in 2018. UFT runs on calender year and we budget on a fiscal year which resulted in a variance.
Total Income	1,507,251.91	1,621,240.62	92.97%	6,536,874.98	23.06%	
Gross Profit	1,507,251.91	1,621,240.62	92.97%	6,536,874.98	23.06%	
Expense						
5756 · C & D Accrual Expense	-65,131.32	0.00	100.0%	0.00	100.0%	Reversal of accrual expense of 4 C&D cases that are now closed.
5000 · Committee Per Diem						
5001 · Chairs meeting - per diem	0.00	0.00	0.0%	4,389.00	0.0%	
5002 · ICRC - per diem	6,434.00	6,318.00	101.84%	20,073.00	32.05%	

College of Physiotherapists of Ontario
Statement of Operations - Budget vs. Actual
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	Q1			Full Year		
	Apr - Jun 19	Budget	% of Budget	Budget	% of Budget	Notes for Council
5003 · Council - per diem	12,357.25	17,727.00	69.71%	52,503.00	23.54%	Change from 2 days to 1.2 days Council meeting and Sexual awareness training deferred to Q2 which included per-diems for non-council committee members.
5005 · Discipline Committee - per diem	9,104.00	11,223.04	81.12%	37,795.84	24.09%	Some hearings anticipated in Q1 now scheduled for Q2
5006 · Executive - per diem	3,281.09	4,863.00	67.47%	20,553.00	15.96%	Budgeted for ongoing one-on-one meetings with Registrar and President and targeted education; not required this quarter.
5010 · Patient Relations - per diem	0.00	423.95	0.0%	1,271.81	0.0%	There were no applications for funding received at the College since Q1
5011 · QA Committee - per diem	252.00	3,436.00	7.33%	13,744.00	1.83%	Full day meeting not required as QA program re-development timelines changed
5012 · Registration Com. - per diem	564.00	846.00	66.67%	4,245.00	13.29%	Originally estimated 2 hours of prep-time; 1 hour was required
5017 · Finance Committee - per diem	756.00	752.00	100.53%	7,880.00	9.59%	
Total 5000 · Committee Per Diem	32,748.34	45,588.99	71.83%	162,454.65	20.16%	
5050 · Committee Reimbursed Expenses						
5051 · Chairs meeting - expenses	0.00	0.00	0.0%	8,415.00	0.0%	
5052 · ICRC - expenses	7,658.17	6,090.00	125.75%	26,258.70	29.16%	One expense claim not received. The accrual for that expense claim resulted in higher expenses.
5053 · Council - expenses	24,516.21	23,450.00	104.55%	62,268.00	39.37%	
5055 · Discipline Committee - expenses	11,243.36	24,450.00	45.99%	83,460.00	13.47%	Some hearings anticipated in Q1 now scheduled for Q2 and panel expenses based on global averages less than budgeted
5056 · Executive Committee - expenses	2,011.30	5,338.00	37.68%	20,431.00	9.84%	No legal Counsel or external training required this quarter.
5062 · QA Committee - expenses	0.00	3,125.80	0.0%	12,503.20	0.0%	Full day meeting not required as QA program redevelopment timelines changed
5063 · Registration Comm. - expenses	0.00	0.00	0.0%	1,255.00	0.0%	
5075 · Finance Committee - expenses	0.00	0.00	0.0%	4,000.00	0.0%	
Total 5050 · Committee Reimbursed Expenses	45,429.04	62,453.80	72.74%	218,590.90	20.78%	
5100 · Information Management						
5101 · IT Hardware	6,450.39	6,475.00	99.62%	25,900.00	24.91%	
5102 · Software	12,190.91	12,175.00	100.13%	50,200.00	24.29%	
5103 · IT Maintenance	26,658.68	26,267.50	101.49%	84,070.00	31.71%	
5104 · IT Database	24,578.01	50,000.00	49.16%	298,310.00	8.24%	New projects on hold pending agreement; working on enhancements
Total 5100 · Information Management	69,877.99	94,917.50	73.62%	458,480.00	15.24%	
5200 · Insurance	2,542.71	2,700.00	94.17%	10,800.00	23.54%	Premiums are derived on industry claim ratio based on market performance. The claim ratio slightly lower than budgeted
5300 · Networking, Conf. & Travel	20,738.50	20,753.00	99.93%	36,322.50	57.1%	
5400 · Office and General						
5402 · Bank & service charges	11,117.49	11,000.00	101.07%	157,002.00	7.08%	
5403 · Maintenance & repairs	615.29	11,450.00	5.37%	18,900.00	3.26%	House keeping services are on a needs basis and were not required in Q1.
5405 · Memberships & publications	4,732.09	5,565.00	85.03%	22,352.41	21.17%	Some membership fees deferred to Q2 and Q3 and some subscriptions cancelled
5406 · Alliance Registration Levy	49,699.86	49,699.86	100.0%	198,799.44	25.0%	
5407 · Office & kitchen supplies	4,323.44	4,198.25	102.98%	15,893.00	27.2%	
5408 · Postage & courier	1,884.72	1,850.00	101.88%	6,200.00	30.4%	
5409 · Rent	121,099.85	121,923.18	99.33%	487,692.70	24.83%	
5411 · Printing, Filing & Stationery	2,033.41	2,040.00	99.68%	7,900.00	25.74%	

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	Q1			Full Year		Notes for Council
	Apr - Jun 19	Budget	% of Budget	Budget	% of Budget	
5412 · Telephone & Internet	7,956.88	11,223.00	70.9%	36,783.00	21.63%	Internet services projects deferred to Q2
5413 · Bad Debt	650.00	650.00	100.0%	2,600.00	25.0%	
Total 5400 · Office and General	204,113.03	219,599.29	92.95%	954,122.55	21.39%	
5500 · Regulatory Effectiveness						
5502 · Strategic Operations	0.00	0.00	0.0%	87,575.00	0.0%	
5503 · Council Education	6,579.77	25,800.00	25.5%	47,459.00	13.86%	Under spending resulted from deferral of one conference from Q1 to Q4 and less conference attendance by Councillors than originally budgeted.
5504 · Elections	0.00	0.00	0.0%	3,600.00	0.0%	
5505 · Policy Development	553.98	8,114.00	6.83%	38,826.00	1.43%	This amount was budgeted to support a working group for the review of the Jurisprudence Program. However this project has been deferred in light of Council's intention to do a comprehensive review of the Entry to Practice program, of which Jurisprudence is a component.
Total 5500 · Regulatory Effectiveness	7,133.75	33,914.00	21.04%	177,460.00	4.02%	
5600 · Communications						
5605 · French Language Services	1,708.31	4,000.00	42.71%	11,500.00	14.86%	Fewer translation requests than anticipated.
5620 · Print Communication	5,819.51	7,225.00	80.55%	20,200.00	28.81%	Collatoral creation deferred to Q3, following stakeholder survey.
5621 · Online Communication	3,365.26	14,475.00	23.25%	55,665.00	6.05%	Website improvements and accessibility audit project started in Q1 but will be completed and billed in Q2.
5622 · In-Person Communication	2,501.10	1,500.00	166.74%	25,200.00	9.93%	More outreach presentations took place in Q1; will be on budget by Q4
Total 5600 · Communications	13,394.18	27,200.00	49.24%	112,565.00	11.9%	
5700 · Professional fees						
5701 · Audit	28,100.00	28,100.00	100.0%	28,100.00	100.0%	
5702 · Hearing Expenses	9,410.49	2,094.00	449.4%	10,769.00	87.39%	Catering and transcription costs for 3 day hearings not anticipated.
5704 · Investigations	27,086.91	12,500.00	216.7%	20,000.00	135.44%	More 3rd party investigators were required than anticipated; Unexpected increase in sexual abuse allegations requiring transcriptions of complainant's statement.
5750 · Legal						
5757 · Legal - Executive Office	0.00	2,000.00	0.0%	8,000.00	0.0%	No legal advice obtained this quarter.
5751 · Legal - QA	1,016.10	500.00	203.22%	2,000.00	50.81%	Legal advice budgeted not required
5752 · Legal - Registration	1,356.00	1,250.00	108.48%	9,000.00	15.07%	Registration legal cost slightly higher than budgeted.
5753 · Legal - Professional Conduct						
5760 · General Counsel	6,884.25	8,000.00	86.05%	35,791.15	19.24%	Fewer legal opinions and prosecutorial viability assessments were required than anticipated.
5761 · Independent Legal Advice	39,150.22	45,823.16	85.44%	123,319.73	31.75%	Legal support for the DC was not as great as anticipated
5762 · Hearing Counsel	49,298.69	69,186.04	71.26%	153,197.66	32.18%	Some hearings required a pre hearing first so there was a delay in the actual hearing date
Total 5753 · Legal - Professional Conduct	95,333.16	123,009.20	77.5%	312,308.54	30.53%	
5754 · Legal - Council Advice	0.00	1,250.00	0.0%	5,000.00	0.0%	No legal advice required by Council this quarter.
5755 · General Legal	5,650.00	500.00	1,130.0%	2,000.00	282.5%	Unanticipated legal fees related to Adoxio/KPMG database
Total 5750 · Legal	103,355.26	128,509.20	80.43%	338,308.54	30.55%	
Total 5700 · Professional fees	167,952.66	171,203.20	98.1%	397,177.54	42.29%	
5800 · Programs						
5810 · Quality Program						

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Statement of Operations - Budget vs. Actual
April 2019 through June 2019

	Q1			Full Year		Notes for Council
	Apr - Jun 19	Budget	% of Budget	Budget	% of Budget	
5825 · Assessor Remote Assessment	40,400.50	42,330.00	95.44%	134,980.00	29.93%	
5811 · QA Program Development & Eval.	39,520.45	50,791.50	77.81%	86,285.50	45.8%	Cut-Score Study and QA Working Group meeting were postponed to Q2
5821 · Assessor Travel	0.00	0.00	0.0%	18,170.00	0.0%	
5823 · Assessor Training	2,542.23	6,110.00	41.61%	21,385.00	11.89%	Originally budgeted for 65 assessors but we only have 55 on our list. Additionally, due to the timing of the pilot project, we have had to delay some of the training to a later quarter
5824 · Assessor Onsite Assessment Fee	0.00	0.00	0.0%	35,550.00	0.0%	
Total 5810 · Quality Program	82,463.18	99,231.50	83.1%	296,370.50	27.82%	
5802 · Jurisprudence	13,088.85	13,680.00	95.68%	13,680.00	95.68%	
5870 · Practice Enhancement - QA						
5871 · QA Practice Enhancement fees	674.81	475.00	142.07%	1,900.00	35.52%	More coaching programs in QA were initiated this quarter.
Total 5870 · Practice Enhancement - QA	674.81	475.00	142.07%	1,900.00	35.52%	
5880 · Remediation - PC	1,334.90	3,729.00	35.8%	22,757.00	5.87%	Fewer coaching programs in compliance monitoring were initiated this quarter.
5890 · Sexual Abuse Therapy	3,924.60	5,200.00	75.47%	27,100.00	14.48%	Fewer applications for funding have been received.
Total 5800 · Programs	101,486.34	122,315.50	82.97%	361,807.50	28.05%	
5900 · Staffing						
5914 · Vacation Pay Adjustment	0.00	0.00	0.0%	15,000.00	0.0%	
5901 · Salaries	666,337.83	700,656.31	95.1%	2,791,974.65	23.87%	Summer students budgeted were not hired due to projects assigned to external vendor and replacement budgeted for parental leave but not required
5902 · Employer Benefits	29,990.48	33,826.56	88.66%	157,948.16	18.99%	Two employees budgeted to be hired in Q4 last fiscal year were hired in Q1 and eligibility of benefits started in Q2 resulting in lower actual (3-month waiting period benefit policy)
5903 · Employer RRSP Contribution	33,959.08	34,577.10	98.21%	148,728.34	22.83%	
5904 · Consultant fees	71,008.04	112,925.98	62.88%	440,889.42	16.11%	Review of complaints materials deferred to Q2 for plain language review as the result of new staff in the PC area. The cut score study in QA was postponed to Q2. Database Project manager and Comptroller budgeted not required.
5905 · Staff Development	3,397.30	13,250.00	25.64%	61,500.00	5.52%	Based on course availability and staff needs most training deferred to Q2 to Q4. Budgeted amount split evenly across quarters.
5906 · Recruitment	385.11	400.00	96.28%	1,600.00	24.07%	
5907 · Staff Recognition	2,211.13	2,237.50	98.82%	13,430.00	16.46%	
5911 · CPP - Canadian Pension Plan	29,528.55	29,125.45	101.38%	84,475.34	34.96%	
5912 · EI - Employment Insurance	12,005.64	11,885.38	101.01%	34,932.59	34.37%	
5913 · EHT - Employer Health Tax	16,018.56	14,460.66	110.77%	47,576.26	33.67%	EHT adjustment for former employee not captured in budget due to accrual adjustment and also under budget due to previous government rate.
Total 5900 · Staffing	864,841.72	953,344.94	90.72%	3,798,054.76	22.77%	
Total Expense	1,465,126.94	1,753,990.22	83.53%	6,687,835.40	21.91%	
Net Ordinary Income	42,124.97	-132,749.60	-31.73%	-150,960.42	-27.91%	
Other Income/Expense						
Other Income						
6001 · Amortization	-37,461.60	-40,367.54	92.8%	-161,470.13	23.2%	Purchase of server deferred to Q4.
Total Other Income	-37,461.60	-40,367.54	92.8%	-161,470.13	23.2%	
Net Other Income	-37,461.60	-40,367.54	92.8%	-161,470.13	23.2%	
Net Income	4,663.37	-173,117.14	-2.69%	-312,430.55	-1.49%	

	30 Jun 19	31 Mar 19	30 Jun 18
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	2,902.34	500,458.35	16,110.92
1005 · Operating - RBC - 102-953-7	154,465.94	79,534.27	107,326.82
1000 · Cash on Hand - Other	0.00	0.00	0.00
Total 1000 · Cash on Hand	157,618.28	580,242.62	123,687.74
1100 · Investments			
1104 · Investments - Long Term	4,204,277.97	4,204,277.97	3,637,498.58
1102 · Investments - Short Term	740,933.90	722,933.90	1,195,653.45
1103 · Savings - RBC - 100-663-4	5,418,823.64	6,455,080.61	5,335,304.88
Total 1100 · Investments	10,364,035.51	11,382,292.48	10,168,456.91
Total Chequing/Savings	10,521,653.79	11,962,535.10	10,292,144.65
Accounts Receivable			
1200 · Accounts Receivable	43,424.97	28,447.91	263,535.29
Total Accounts Receivable	43,424.97	28,447.91	263,535.29
Other Current Assets			
1201 · Allowance for Doubtful Accounts	-25,232.78	-24,582.78	-242,732.74
1400 · Prepaid Expenses			
1411 · Prepaid Rent	42,625.56	42,625.56	40,712.37
1401 · Prepaid Software	5,749.23	31,298.71	3,436.82
1403 · Prepaid IT services	20,504.31	21,988.85	26,442.47
1405 · Prepaid Insurance	3,685.11	3,302.10	6,817.23
1406 · Prepaid Membership	114,238.22	163,893.94	104,637.12
1408 · Prepaid staff development	1,180.80	0.00	2,467.00
1410 · Prepaid meetings	12,823.87	11,013.54	15,409.75
Total 1400 · Prepaid Expenses	200,807.10	274,122.70	199,922.76
Total Other Current Assets	175,574.32	249,539.92	-42,809.98
Total Current Assets	10,740,653.08	12,240,522.93	10,512,869.96
Fixed Assets			
1301 · Computer equipment	75,325.10	75,325.10	83,402.04
1302 · Computer Software	7,940.84	7,940.84	7,940.84
1305 · Computer equipment - Acc dep	-68,823.12	-68,823.12	-67,425.07
1306 · Computer Software - Acc Dep	-7,940.84	-7,940.84	-7,940.84
1310 · Furniture and Equipment	346,853.98	346,853.98	343,774.00
1312 · Furniture & Equipment -Acc Dep	-188,842.44	-151,380.84	-112,140.09
1320 · Leasehold Improvements	782,302.20	782,302.20	758,628.70
1322 · Leasehold Improvments -Acc dep	-145,798.39	-145,798.39	-69,540.96
1325 · Construction Work In Progress	0.00	0.00	0.00
Total Fixed Assets	801,017.33	838,478.93	936,698.62
TOTAL ASSETS	**11,541,670.41**	**13,079,001.86**	**11,449,568.58**

	30 Jun 19	31 Mar 19	30 Jun 18
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 · Accounts Payable	135,371.05	216,979.49	123,489.38
Total Accounts Payable	135,371.05	216,979.49	123,489.38
Other Current Liabilities			
2011 · Vacation Accrual	133,507.99	133,507.99	113,523.91
2010 · Accrued Liabilities	898,585.98	952,729.71	377,317.21
2100 · Deferred Revenue			
2101 · Deferred Registration Fees			
2103 · Pro-Rated Fee Revenue	19,593.91	0.00	20,731.99
2102 · Deferred Full Fee Revenue	4,199,212.50	5,600,735.00	3,969,813.75
Total 2101 · Deferred Registration Fees	4,218,806.41	5,600,735.00	3,990,545.74
2110 · Banked refunds	48,747.00	37,539.25	31,140.47
Total 2100 · Deferred Revenue	4,267,553.41	5,638,274.25	4,021,686.21
2150 · Other Payables			
2154 · Citizen's Advisory Group	6,105.94	20,621.42	267.38
2152 · Due to London Life (RRSP)	350.39	14,579.89	0.00
Total 2150 · Other Payables	6,456.33	35,201.31	267.38
Total Other Current Liabilities	5,306,103.71	6,759,713.26	4,512,794.71
Total Current Liabilities	5,441,474.76	6,976,692.75	4,636,284.09
Long Term Liabilities			
2125 · Deferred Rent - Tenant Incentiv	212,340.87	219,117.70	246,225.04
Total Long Term Liabilities	212,340.87	219,117.70	246,225.04
Total Liabilities	5,653,815.63	7,195,810.45	4,882,509.13
Equity			
3000 · Unrestricted Net Assets	4,163,830.41	3,962,801.00	3,862,812.95
3001 · Invested in Capital Assets	619,361.00	619,361.00	719,348.58
3010 · Restricted Reserves			
3011 · Professional Conduct Expense / Contingency	1,000,000.00	1,000,000.00	1,000,000.00
3012 · Sexual Abuse Therapy / Fee Stabilization	100,000.00	100,000.00	100,000.00
3013 - Strategic Initiatives	0.00	500,000.00	500,000.00
3014 - IT Improvements	0.00	250,000.00	250,000.00
Total 3010 · Restricted Reserves	1,100,000.00	1,850,000.00	1,850,000.00
3900 · Retained Earnings	0.00	0.00	0.88
Net Income	4,663.37	-548,970.59	134,897.04
Total Equity	5,887,854.78	5,883,191.41	6,567,059.45
TOTAL LIABILITIES & EQUITY	**11,541,670.41**	**13,079,001.86**	**11,449,568.58**

Council Meeting
September 27, 2019

Agenda #6: How to Access the College's Reserves

It is moved by

_____,

and seconded by

_____,

that:

Council approves the process on how to access the College's Reserves.

Meeting Date:	September 27, 2019
Agenda Item #:	6
Issue:	How to Access the College's Reserves
Submitted by:	Rod Hamilton, Registrar Elicia Persaud, Governance Analyst

Issue

Council needs to approve a process for how the College can access its designated reserves. Finance Committee has proposed a process for approval.

Background

In March 2019 the Finance Committee met with the Auditor to review new information that had been received from the Canada Revenue Agency (CRA) on the appropriate level of reserves. The Auditor recommended that the College should maintain an undesignated reserve that is equivalent 25-50% of its operating costs and that there should be a process established for how to access the funds in its designated reserves.

Council approved the revised Reserve Policy in June, which include the recommendation from the Auditor to maintain an undesignated reserve within the range of 25-50% of operating costs.

Up until now, there has not been any guidelines or formalized process for how staff could access the funds in the College's designated reserves, should they be needed. In order to meet the expectations of CRA, a formalized process would be beneficial at this time as changes to the Reserve Policy have recently been made.

Establishing a process

Since the College has established its reserves, there has not been a need to use any of the funds set aside. Rather, due to the unpredictable nature of Complaints and Discipline and Sexual Abuse Therapy Funding, the reserves have been set-up under the assumption that they are in place as a contingency for an unexpected case that may require more money than what is accessible through the operating costs.

With this in mind, the Finance Committee is proposing the following process:

1. If as a result of greater than anticipated operating costs for Complaints and Discipline or Sexual Abuse Therapy, the College undesignated reserves are close to falling below the range of 25% (Scenario 1), the Registrar will immediately notify the Finance Committee, who will consider the issue and make a recommendation to Council.
2. Council will then be asked to approve the access to the reserves for Complaints and Discipline or Sexual Abuse Therapy Funding to ensure that the undesignated reserves return to the 25-50% range that was approved by Council.

The Finance Committee monitors these expenses quarterly through the variance reports provided and will be asked to work in partnership with staff to monitor expenses to ensure undesignated reserves remain in the approved 25-50% range.

Scenario 1 – Example of when staff would need to access the reserves

Let's assume the College's operating costs for the year is $10,000,000.

That would mean 25-50% of the operating costs that must be retained in the undesignated reserve ($2,500,000 - $5,000,000).

A Complaints and Discipline Case is received that was unanticipated and will cost $750,000.

At this time the College is running its undesignated reserve at 30% of its operating costs or $3,000,000 and is still in the agreed-upon range. With the new case the undesignated reserve will drop to $2,250,000 which is $250,000 below the agreed-upon range of 25-50% of operating costs.

As such in order to maintain an operating reserve that is within the approved range of 25-50% or $2,500,000 – $5,000,000, the College will need to take $250,000 from the designated reserves to fund the additional expenses for the unanticipated case.

As a reminder, as part of the revised Reserve Policy that was approved in June, the Finance Committee will be annually reviewing a three-year projection which is related to the replenishing of these funds should they be accessed.

Outcome from Executive Committee

Following the Finance Committee meeting, the Executive Committee met and reviewed this matter and are in support of the proposed process.

Decision Sought

Does Council approve the proposed process?

Attachments

None.

Council Meeting
September 27, 2019

Agenda #7 - Registration Fee Reduction

It is moved by

_____,

and seconded by

_____,

that:

Council approves in principle that the fees for a certificate of registration authorizing independent practice described in sections 8.4(1b) and 8.4(2a) of the College By-laws be amended from $595 to $575 to take effect on February 1, 2020.

Meeting Date:	September 27, 2019
Agenda Item #:	7
Issue:	Registration Fee Reduction
Submitted by:	Téjia Bain, Policy Analyst

Issue:

After considering the Finance Committee's reserve management recommendations in June, Council decided to approve the recommendation to reduce the College's independent practice annual registration fees by $20 as a strategy to reach the target level of Unrestricted Net Assets. As prescribed by the regulations, the corresponding changes to the College By-laws must be circulated to the membership for consultation after approval in principle by Council.

The Executive Committee recommends that Council approves in principle that the fees for an independent practice certificate of registration described in sections 8.4(1b) and 8.4(2a) of the College By-laws be amended from $595 to $575 to take effect on February 1, 2020.

Background

Council decision in June 2019

At its last meeting, Council made several decisions regarding the management of the College's reserves. After considering the advice of the auditor, Council decided to eliminate two categories of Net Assets Internally Restricted for Strategic Initiatives and IT Improvement and reallocate the funds to the Unrestricted Net Assets. Council also decided to set a target of 25-50% (3-6 months) of operating costs for the Unrestricted Net Assets.

Because the Unrestricted Net Assets are currently above the new target range, a plan was required for the College to draw down the Unrestricted Net Assets in order to achieve the set target range. Council decided to reduce the College registration fees for independent practice certificates by $20 to take effect in time for the 2020 renewal year[1].

Figure 1 shows the changes described to section 8.4 of the College By-laws.

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[1] Council approved the reduction of independent practice registration fees from $635 to $595 in June 2015 for similar reasons.

Figure 1: Proposed by-law change with tracked changes

FEES – REGISTRATION

8.4. (1) (a) Upon application for registration, every applicant shall pay a non-refundable application fee and a non-refundable registration fee.

(b) The application and registration fees are as follows:

Application fee	For an initial application or re-application	$100.00
Certificate of Registration Authorizing Independent Practice	For a certificate issued until the next March 31 (the College may in its discretion pro-rate registration fees for part year certificates or may bank registration fees for the future credit of a Member for part year certificates in accordance with Appendix B)	$~~595.00~~ 575.00
Certificate of Registration Authorizing Provisional Practice		$ 75.00

(2) (a) Every Member with a certificate of registration authorizing independent practice shall pay a non-refundable renewal fee as follows:

Certificate of Registration Authorizing Independent Practice	For a certificate issued until the next March 31 (the College may in its discretion pro-rate renewal fees for part year certificates or may bank renewal fees for the future credit of a Member for part year certificates in accordance with Appendix B)	$~~595.00~~ 575.00

Circulation to Membership

The Health Professions Procedural Code requires that any proposed changes to College By-laws regarding registration fees must be circulated to every member at least 60 days before they are approved by Council. In order for the proposed fee reduction to take effect for the 2020 renewal year, Council must give the final approval for the corresponding by-law change at its December 2019 meeting. This means that if Council approves the by-law change in principle at this meeting, the circulation to members will be initiated in early October 2019 so that the consultation results can be reported in time for the December Council meeting.

Decision Sought:

Council approves in principle that the fees for a certificate of registration authorizing independent practice described in sections 8.4(1b) and 8.4(2a) of the College By-laws be amended from $595 to $575 to take effect on February 1, 2020.

Agenda #8

Financial Management Training

Presentation by

Bill Stephenson, CPA

Meeting Date:	September 27, 2019
Agenda Item #:	9
Issue:	Pro-rated Fees and Fee Credits Impact Assessment
Submitted by:	Téjia Bain, Policy Analyst

Issue:

In April 2014, the College began to offer pro-rated registration fees and fee credits to independent practice registrants as a result of Council's decision to eliminate the four-month certificate of registration and create a by-law allowing for pro-rated fees and fee credits. This policy was put in place to offer a short-term registration option to registrants who were only registered for part of the registration year.

In September 2017, Council re-affirmed their prior decision to allow the College to provide fee credits to certain independent practice members and also extended the applicable time frame for fee credits issued to members on maternity/parental leave from 12 months to 18 months. Council also asked staff to collect data to evaluate the budgetary impact of pro-rated fees and fee credits and report back to Council in a few years.

Based on this direction, staff is bringing forward an assessment of the impact that the implementation of the pro-rated fees and fee credits policies have had on the College since their introduction in April 2014.

Background

Historically, Council considered it unfair to charge the full year's registration fee to independent practice physiotherapists working for short periods. Common examples include physiotherapists going on maternity/parental leave or doing locums, new graduates, and provisional practice registrants who are eligible to move to independent practice part way through the registration year. The four-month independent practice certificate was introduced in 2008 to offer a short-term registration option.

In March 2013 the Registration Committee asked Council to consider eliminating the four-month certificate of registration. One of the primary reasons for proposing this was that physiotherapists were continuing to work after their four-month certificates had expired having forgotten that they needed to re-register with the College. After realising that they were not registered, these individuals would come back to the College and request that their certificates of registration be re-activated and backdated to ensure that patients would continue to receive payment for care already administered while they were not registered. After careful consideration, Council agreed to eliminate the four-month certificate of registration due to the regulatory and administrative challenges it caused.

Council subsequently discussed the idea of offering proportionate registration fees for part-year registration and allowing the College to bank registration fees for the future credit of registrants who ceased practice before the end of the registration year. A new by-law was proposed that defined this policy idea and allowed for flexibility in how fees were to be managed for physiotherapists in these circumstances.

After two Council meetings of discussion to establish the discretion for offering these fee alternatives, Council decided at their December 2013 meeting that pro-rated registration fees should be offered to all independent practice applicants who wanted to register for a portion of the registration year. Council also approved the following direction on issuing fee credits:

- the minimum period of the leave should be three months to qualify for a fee credit
- fee credits are to be applied to future registration fees
- fee credits issued to registrants would remain available to use for a period of one year
- fee credits would be offered to physiotherapists taking leaves of absence in the following circumstances:
    - Education leave
    - Sickness/Disability leave
    - Compassionate Leave/Bereavement
    - Maternity/Parental leave
    - Moving out of province

At that time, Council also suggested that the policies should be left in place for a couple of years to determine their budgetary impact.

In September 2017, Council reconsidered the fee credit policy in light of inconsistencies between its prior direction and how the fee credit policy was operationalized. At that time, when physiotherapists resigned from the profession between April and December, they were automatically issued a fee credit based on the number of days left in the registration year regardless of the reason they were resigning. After lengthy discussion on the issue, Council reconfirmed their prior decision to issue fee credits and directed staff to issue fee credits in the following specific circumstances:

- Education leave
- Sickness/Disability leave
- Compassionate Leave/Bereavement
- Maternity/Parental leave (fee credit valid for up to 18 months)*
- Moving out of province
- Individuals who retire and then re-apply within one year

Fee credits for members leaving practice due to maternity/parental leave were extended to be available for up to 18 months after the member resigns their registration in order to align with the federal legislation change to allow parents to extend their leave to 18 months.

Implementation of the Pro-rated fees/Fee credit system

When pro-rated fees and fee credits were first offered in 2014, staff managed the implementation within the limited technological capabilities of the College's old database, PIVOTAL. Pro-rated fee and fee credit amounts were entered manually by staff based on calculations of a daily value for an independent practice registration certificate[1].

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[1] The calculations for the daily rate for a certificate of registration were based on the number of days left in the registration year.

When the College transitioned to its new database, ATLAS, the capabilities of the new system allowed for the application of pro-rated fees and fee credits to be completely automated. Currently, when independent practice applicants go online to pay for their registration fees, the pro-rated fee is automatically generated by ATLAS without the need for manual entry. Also, when registrants resign their registration for any of the circumstances specified by Council's decision, the appropriate fee credit is automatically applied 3 months after their date of resignation. The 3-month window aligns with Council's prior decision that members should only be offered a fee credit if their leave is for 3 months or more.

In our current system, fee credits can also be used for payment of other types of online fees such as fees for letters of professional standing and wall certificates. This issue will be addressed in a separate briefing note.

Budgetary Impact on the College

Over the last few years the College has made changes to the way registration fee income received and foregone is tracked and reported. We currently track how much income is received from members of each category of registration as well as the amount of fee credits issued and used on a quarterly basis.

The table and figure below summarizes the budgetary impact to the College of issuing fee credits since they were first offered in April 2014.

	2014-2015 (fee: $635)	*2015-2016 (fee: $635)*	*2016-2017 (fee: $595)*	*2017-2018 (fee: $595)*	*2018-2019 (fee: $595)*
Total number of members	8,135	8,506	8,880	9,478	9,537
Total registration income	$5,167,216	$5,432,412	$5,330,262	$5,575,488	$5,839,607
$ amount of fee credits issued	$20,943	$39,405	$42,530	$31,869	$43,177
$ amount of fee credits used	$1,033	$24,516	$30,084	$23,193	$18,075[2]
Fee credits used as a percentage of total registration income	0.02%	0.47%	0.56%	0.42%	0.31%

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[2] Note: The College began allowing fee credits to be used towards the payment of other online fees during this registration year.

Fee credits used as % of total registration income
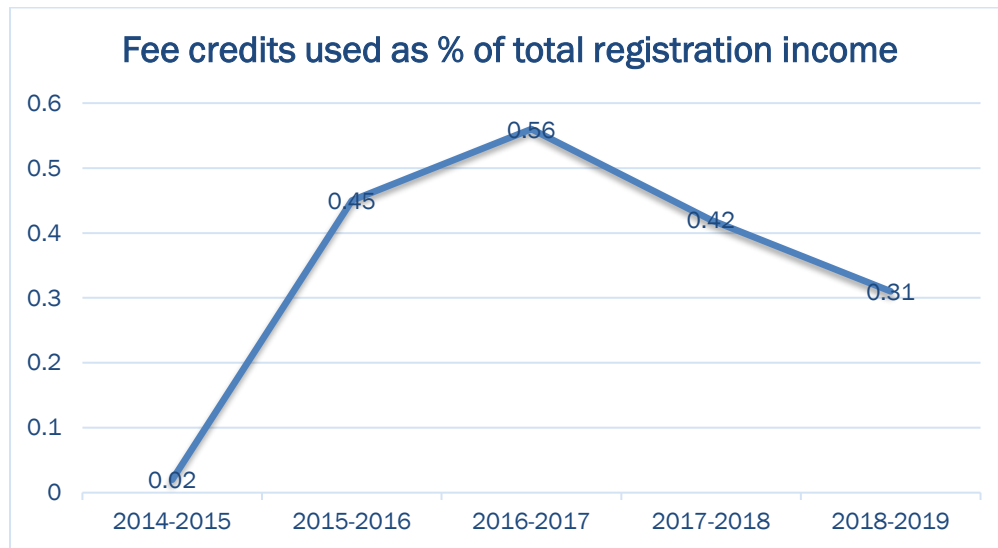
In terms of pro-rated fees, staff is unable to determine its financial impact at this time because of challenges in obtaining complete data on registration income from independent practice members specifically. Given our recent changes in budgeting and reporting practices, this information is now being tracked and can be reported in the future if required.

By-law updates to be made

While conducting this impact assessment, staff found that the fee credits section of Appendix B in the College By-laws was not updated to reflect two prior decisions of Council, namely:

1)   to add individuals who retire and then re-apply to activate their registration within one year to the list of circumstances for issuing fee credits, and
2)   to add that the minimum period of leave to be eligible for a fee credit is three months.

Since these changes have already been implemented operationally after Council's prior decisions, there is only a need to make changes to the by-laws retroactively. Staff will make these changes so that the by-laws reflect previous Council decisions and current practice.

The changes to be made to the College By-laws are shown in the attachment item.

Decision Sought: None. For information only.

Attachment: Intended changes to Appendix B of the Official College By-laws

Attachment: *Intended changes to Appendix B of the Official College By-laws*

Appendix B

REGISTRATION FEES DISCRETION

Pro-Rated Fees

- Physiotherapists who register in the independent practice category after April 1 will only pay for the number of days remaining until the end of the renewal year (March 31), in which they register with the College.

Fee Credits - Effective April 1, 2014

- Physiotherapists who resign more than three months before the end of the registration year (that is a resignation that occurs prior to December 31st in any registration year) will be eligible to receive a fee credit if they are resigning for any of the following reasons:
  - Education leave;
  - Health-related leave;
  - Compassionate/Bereavement/Family-related leave;
  - Maternity/Parental leave
  - Individuals who retire and then re-apply within one year
  - Moving out of province.

- The fee credit is based on the number of days not used in the registration year.

- The fee credit can be applied to future registration fees, up to one year from the date of resignation or 18 months in the case of a maternity or parental leave.

- Physiotherapists resigning in the final three months of the registration year are not eligible for a fee credit.

- The minimum period of leave to be eligible to receive a fee credit is three months.

- Fee credits will expire one year after the date of resignation if the resignation was for any of the following reasons:
  - Education leave;
  - Health-related leave;
  - Compassionate/Bereavement/Family-related leave;
  - Individuals who retire and then re-apply within one year
  - Moving out of province; and
  - 18 months in the case of Maternity/Parental leave.

- Fee credits are transferable into the next registration year.

- There are no fee refunds.

Council Meeting
September 27, 2019

Agenda #10 - Use of fee credits for other online fees

It is moved by

_____,

and seconded by

_____,

that:

Council approves the use of fee credits for all types of fees except for costs and expenses ordered by the Discipline Committee.

Meeting Date:	September 27, 2019
Agenda Item #:	10
Issue:	Use of fee credits for other online fees
Submitted by:	Rod Hamilton, Registrar

Issue:

While conducting the impact assessment for pro-rated fees and fee credits, staff discovered that the implementation of fee credits in the College's new database, ATLAS, allows fee credits to be applied towards the payment of other types of fees. Currently, these include fees for letters of professional standing, wall certificates, and the application fee required for all applications.

The Executive Committee recommends that Council approves the existing practice to allow fee credits to be used for all types of fees except for costs and expenses ordered by the Discipline Committee.

Background

As mentioned in the impact assessment briefing note, the College began to offer fee credits to registrants in April 2014. After transitioning to our new database, ATLAS, in February 2018, the process for managing fee credits became automated in the database.

When the fee credit system was implemented in our new database, there were no restrictions placed on which types of fees can be paid using fee credits, which means fee credits can be used to pay for all fees processed through the database. As of today[1], these are the types of fees registrants can pay for using fee credits:

- Online requests (Letter of professional standing and wall certificate)
- Renewal fee
- Application fees
- Initial registration fee
- Late renewal fee

Staff became aware of this in July 2018 and by that time only one registrant had used their fee credit towards a fee other than the registration fee. At that time, a decision was made not to make a change to the database functionality for managing fee credits with the exception of prohibiting the use of fee credits for cost orders.

The original decision of Council in 2014 was for fee credits to be used towards future registration fees, which were not clearly defined. As a result, the way that fee credits are currently managed in our database may not be aligned with that original decision.

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[1] Note that there are other types of College fees that are not processed through the database today that we anticipate will be in the future. Unless restrictions are added, these other types of fees could also be paid for using fee credits: Ad-hoc Membership Fee; Course Fee; Declined cheque fee; Suspension penalty.

Council is asked to consider whether it is acceptable for fee credits to be used for fees which may or may not be considered to be registration fees. Based on that consideration, there are two options for moving forward. Below are the options and some of the potential implications.

Option 1 – Continue to allow fee credits to be applied to other types of fees:

This option would not require any operational changes, as this is how fee credits are currently implemented in our database.

If this option is adopted, staff recommends that the by-laws be updated to reflect this practice by specifying that fee credits can be applied to any future fees owed to the College with the exception of cost orders. The proposed changes to the by-laws are tracked in the attachment item.

Option 2 – Restrict use of fee credits to future fees for a certificate of registration only:

This involves making a change to our database so that fee credits can only be applied towards future fees for a certificate of registration. This change can be made internally by staff at no cost.

Because this is a change from our current practice, we would need to update our communication materials to make it clear that fee credits can only be used for future registration fees.

Executive Committee recommendation

After considering the options, the Executive Committee saw no issues with members using their fee credits towards any type of fee that they are required to pay the College. When asked, staff also assured the Executive Committee that the budgetary and administrative impacts of this practice are minimal. The Committee agreed that fee credits should not be allowed to be used towards the payment of cost orders.

The Executive Committee recommends that the existing practice continues, and that the corresponding changes to Appendix B of the College By-laws be made.

Decision Sought:

That Council approves the existing practice to allow fee credits to be used for all types of fees except for costs and expenses ordered by the Discipline Committee.

Attachment: Proposed changes to Appendix B of the College By-laws (re: Option 1)

Attachment: Proposed changes to Appendix B of the Official College By-laws

Appendix B

REGISTRATION FEES DISCRETION

Pro-Rated Fees

- Physiotherapists who register in the independent practice category after April 1 will only pay for the number of days remaining until the end of the renewal year (March 31), in which they register with the College.

Fee Credits - Effective April 1, 2014

- Physiotherapists who resign more than three months before the end of the registration year (that is a resignation that occurs prior to December 31st in any registration year) will be eligible to receive a fee credit if they are resigning for any of the following reasons:
    - Education leave;
    - Health-related leave;
    - Compassionate/Bereavement/Family-related leave;
    - Maternity/Parental leave
    - Individuals who retire and then re-apply within one year
    - Moving out of province.

- The fee credit is based on the number of days not used in the registration year.

- The fee credit can be applied to future registration College fees up to one year from the date of resignation or 18 months in the case of a maternity or parental leave, except for costs and expenses ordered by the Discipline Committee as per the Code, section 53(1).

- Physiotherapists resigning in the final three months of the registration year are not eligible for a fee credit.

- The minimum period of leave to be eligible to receive a fee credit is three months.

- Fee credits will expire one year after the date of resignation if the resignation was for any of the following reasons:
    - Education leave;
    - Health-related leave;
    - Compassionate/Bereavement/Family-related leave;
    - Individuals who retire and then re-apply within one year
    - Moving out of province; and
    - 18 months in the case of Maternity/Parental leave.

- Fee credits are transferable into the next registration year.

- There are no fee refunds.

Council

Meeting Date:	September 27, 2019
Agenda Item #:	11
Issue:	Quality Assurance Program Review – Project Update Remote Assessment Pilot Test and Tool Development
Submitted by:	Joyce Huang, Strategic Projects and Policy Manager

Issue:

This brief provides Council with a fuller update on the Quality Assurance Program pilot test process to date, a summary of feedback from registrants and assessors, and the next steps for the project. Based on the results of the pilot test remote assessments, a number of refinements are being made to the assessment tools, details about those are included for Council's information.

Background:

At the March 2018 meeting, Council formally approved changes to the Quality Assurance Program for development. Council assigned to the Quality Assurance Working Group (QAWG) 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 in April 2019.

Since the beginning of this project, as the Working Group conducted the detailed work of the program review, Council received updates about this work at each meeting, and where required, provided direction and made decisions.

A history of Council direction and decision-making since the beginning of the review is included as Appendix 1.

Assessment Tool Development:

The new Quality Assurance Program approved by Council is based on a two-step practice assessment process. Because the College has not used this process before, there was a need to develop new assessment tools to support this new process.

The College, with assistance from an assessment consultant, is using an approach for the development of new assessment tools for the Quality Assurance Program that is iterative and includes multiple stages of testing and validation of the tools (see Figure 1 below).

Figure 1: Assessment Tool Development Process and Timeline
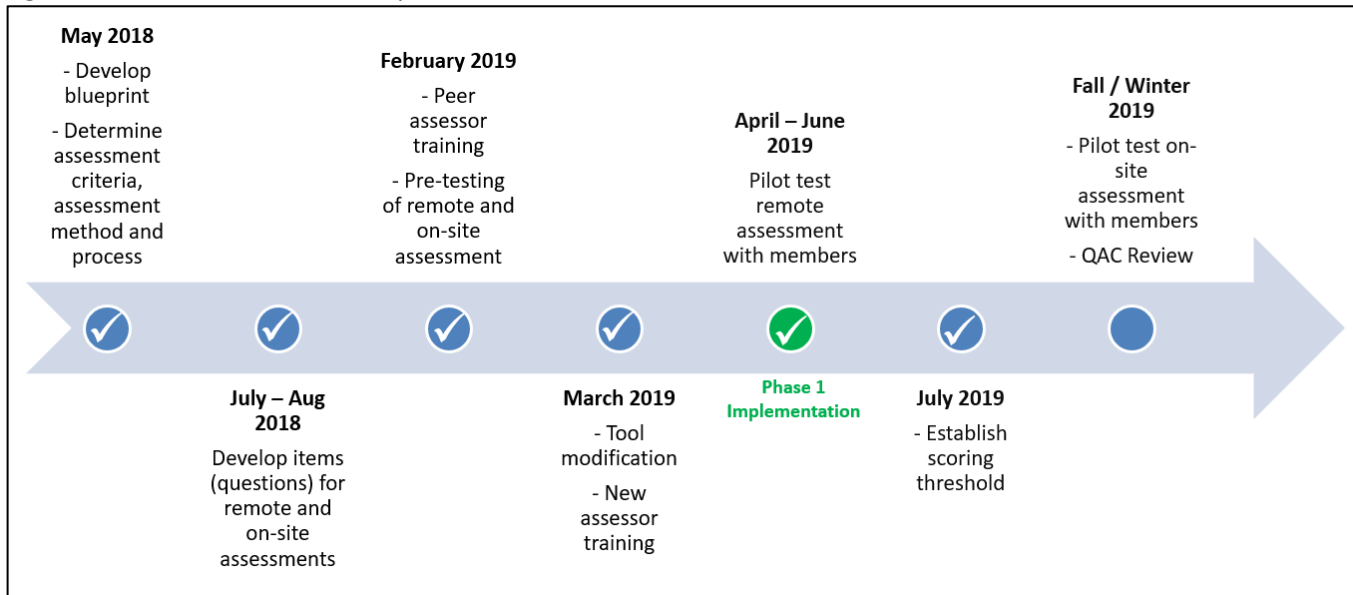
Phase 1 of the implementation of the revised Quality Assurance Program is a pilot test of the new assessment tools and processes, which began in April 2019. The purpose of the pilot test is to allow the College to test the new assessment tools and processes, collect registrant and assessor feedback, and establish the remote assessment score threshold. We anticipated that we would discover some issues and problems during the pilot test, which would enable us to address them prior to the full implementation of the program.

The QAWG had multiple opportunities to provide input and direction on a draft assessment blueprint, draft behaviour-based interview questions, and a draft pre-assessment questionnaire. The tools used for the pilot test reflect all of the decisions and directions received to date.

A group of 250 PTs were selected to participate in the pilot from registrants who have not participated in a practice assessment before. All 250 selected PTs will participate in the remote assessment step, and a minimum of 30 will participate in the on-site assessment step.

In April 2019, the College notified the 250 registrants who were selected to participate in the pilot test. The College posted resources for registrants and assessors to help them through the steps in the process and to orient them to the technology tools. The QA team also responded to over 500 contacts from registrants and assessors to provide additional support. The remote assessments were completed by mid-June.

Council received a preliminary update about the pilot test process and early feedback at the June 2019 meeting. Since then, staff have reviewed and summarized all of the registrant and assessment feedback, and the assessment consultant has conducted analysis of the assessment results, which together help to identify necessary improvements to the assessment tools and processes. Below are detailed updates about the feedback and tool development work.

Pilot Test Feedback:

We sought feedback from all registrants who participated in the pilot test, 167 registrants responded to the survey (67% response rate). The survey asked for feedback about specific aspects of the remote assessment process, as well as registrants' overall experience.

The quantitative results suggest that overall registrants had a positive experience with the new remote assessment:
- College resources were helpful: 88% rated positively
- Experience with the assessor: >93% rated positively
- Perceived value of the experience: >64% rated positively
- Amount of time required was reasonable: 83% rated positively
- Experience with technology: 71% rated positively
- Support from QA team: >92% rated positively
- Overall experience with the remote assessment process: 78% rated positively

Respondents' comments identified some things that likely contributed to their positive experience:
- There were many positive comments about the assessors' professionalism, patience, and ability to put registrants at ease
- Many of the registrants' comments expressed that they were very happy with the support they received from the QA team
- Many registrants commented that preparing for the assessment prompted them to reflect on their practice and review standards, which was very valuable and educational
- PTs see the value of having a remote assessment as a screening tool, and only doing on-site assessments for those who need it. They appreciate that the remote assessment is much less resource-intensive and less intrusive for the PTs' practice

On the other hand, a review of the respondents' comments also revealed areas for improvement in the new process, including:
- Helping registrants locate College resources that will help them prepare for their assessments
- Providing more detailed guidance about the format of the behaviour-based interview and how PTs can prepare for it
- Providing more resources and guidance about use of technology
- Assessors would benefit from more training on using the technology tools, and interviewing skills
- Some PTs felt rushed during the interview due to limited time
- Educational value was limited because there was no opportunity for immediate feedback and discussion during the interview
- Technology needs to be streamlined to improve user experience

We also sought formal feedback from assessors who participated in the pilot test process, in addition to the informal feedback they shared throughout the process. We received 44 responses out of a total of 55 assessors (80% response rate).

The assessor feedback identified the following key learnings:
- The process is very time-consuming for assessors (on average >4 hours spent for each remote assessment)
- Assessors were very positive about the new behaviour-based interview tool, they found that the tool provides structure to the interview (93%) and topics being assessed are relevant (90%)
- The pre-assessment questionnaire needs improvements: it is difficult for PTs to answer and difficult for assessors to score
- Experience with technology was mixed: Video and teleconferencing did not work reliably for all; assessment tool user experience can also be improved

More detailed summaries of the registrant and assessor feedback is included in Appendix 2.

Revised Pre-Assessment Questionnaire:

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

It was also identified that knowledge-based questions should be included in the questionnaire to 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, and releasing patient records with patient consent in a secure and confidential manner
- Fee schedule and how patients are informed of the fee for service
- Infection control

After the pilot test process, we received feedback from registrants and assessors which indicated that the pre-assessment questionnaire posed challenges:

- It was not always clear to registrants what the questions were asking about and how to answer them. Many registrants wondered whether they were supposed to answer the question based on only the primary work site, or across all work sites.
- Some of the questions use double negatives, which makes it more difficult to understand.
- Due to the fact that the questions involve more than one acceptable answer, the assessors found it very challenging to score the responses, as the acceptable response may depend on the registrant's practice context.
- The scoring cues provided to assessors did not include all acceptable responses in some cases.
- It appears that some registrants mis-identified themselves as the HIC or the agent of the HIC based on their practice setting, but the questionnaire did not allow for this to be scored.

- The way that the registrant's questionnaire responses are displayed in the College's portal made it very difficult for the assessor to read and interpret the responses.
- It was time-consuming for the registrants to respond to the questions and for the assessors to score them.
- In many cases, the assessors did not score the responses correctly due to the multiple challenges in reading and interpreting the questions and answers.

Based on that feedback and learning, staff determined that it would be better to re-write the questions as traditional multiple-choice questions where the responses would not depend on the registrant's own practice context, and where there is only one correct answer. This would make it easier for registrants to answer the questions, and would also allow the scoring to be automated.

The assessment consultant helped draft multiple-choice questions that covered the same topics. The Quality Assurance Manager and the Senior Physiotherapist Advisor reviewed the questions to provide input and feedback. A survey-writing expert also reviewed the questions to ensure they are written clearly. Staff also intend to test the draft questions with assessors to test clarity and usability.

A copy of the revised pre-assessment questionnaire will be provided for Council's information during the meeting.

Revisions to the Remote Assessment Behaviour-Based Interview Tool:

The College, with support from the assessment consultant, took many steps to develop and validate a remote practice assessment tool including:

1. Developed a blueprint and table of specification by engaging practicing PTs (in several webinar-based focus group sessions) and reviewing environmental scan data.
2. Created a blueprint and assessment tools table of specification.
3. Conducted behaviour-based interview question-writing sessions with PTs.
4. Conducted a review of the draft questions by the QA Working Group, a communications specialist and expert in behaviour-based interviewing, and the College's Practice Advisors.
5. Engaged assessors in a two-day training a session and post-training survey.
6. Conducted a pre-test with volunteer practising PTs.
7. Completed an inter-rater study.
8. Made modifications to interview questions based on the pre-test data and assessor feedback.
9. Conducted a pilot test with 250 registrants.
10. Completed a test reliability study based on pilot test data.

The pilot test version of the remote assessment behaviour-based interview included 7-9 core questions with a maximum of 61 scoring criteria (performance indicators). Two of the nine questions are practice-relevant questions. Therefore, these questions are only asked if the registrant performs rostered activities and/or work with PTAs.

Remote Assessment Behaviour-Based Interview Questions

Core questions (relevant to all registrants)
1. Informed consent process
2. Patient safety (this question is asked if the PT does not perform rostered activities and does not work with PTAs)
3. Patient assessment
4. Professional boundaries
5. Managing ethical dilemmas
6. Adapting communications
7. External feedback

Practice-relevant questions (based on pre-questionnaire responses)
8. Performing rostered activities
9. Working with PTAs

The assessment ratings were listed Yes, Partial, No and Not Applicable (NA). For reporting and scoring purposes, Yes = 1 point, No and Partial = 0 points, and NA means that the question was not asked (not relevant to the registrant). Consequently, the NA results do not count towards the total score.

Two sets of data were used to analyze the performance of the BBI questions and the assessment internal reliability:

1) Inter-rater reliability is studied as a measure of consistency among observational ratings supplied by different raters. Two assessors were assigned for 120 of the remote assessment behaviour-based interviews, with one assessor designated as the lead assessor, and the other assigned the tasks of recording data, scoring and tracking required changes. All assessors had an opportunity to pose questions if unable to score. Assessors used a desktop application (Mobile Assessment Tool) to record and upload the assessment data to a centralized database. Following the assessment, after scoring was uploaded, when scoring discrepancies were noted, a discussion occurred between the two assessors, the Quality Assurance Manager and the consultant to come to a final agreed score.

2) Internal reliability and the item analysis: Reliability (or internal consistency) is how well an assessment tests what it should. An item analysis looks at how well the questions perform and contribute to the overall assessment. For the purpose of calculating the reliability and item analysis, a total of 229 remote behaviour-based interview results were used.

The internal reliability estimate of the 61 criteria instrument was .81 (Cronbach's alpha[1]), a value of .80 or greater is acceptable.

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[1] Cronbach's alpha is a measure used to assess the reliability, or internal consistency, of a set of scale or test items. In other words, the reliability of any given measurement refers to the extent to which it is a consistent measure of a concept, and Cronbach's alpha is one way of measuring the strength of that consistency. Cronbach's alpha is computed by correlating the

The data had a large amount of "not applicable" values given the mix of practice-relevant questions and inappropriate "NA" scoring. Therefore, the data analysis had to be divided into two reliability procedures in order to not produce an error message in our analysis software (SPSS). This process may have had an impact on the internal test reliability results as a smaller number of test items impact the test reliability (Cronbach's alpha) results. Therefore, its suggested that the results may be higher than reported.

The assessment consultant also conducted analysis for each item (performance indicator being measured) to determine how well each question discriminated between good and poor performance. This analysis helps us identify specific indicators or questions that may require improvement.

The analysis showed that the following questions showed very good discrimination:
- Informed consent process
- Patient assessment
- Managing ethical dilemmas
- External feedback
- Performing rostered activities
- Working with PTAs

The analysis also showed that the following questions showed no or fair discrimination:
- Patient safety
- Professional boundaries
- Adapting communications

Based on the results of the item analysis, the assessment consultant recommended a number of modifications to improve specific items:
- Informed consent process: modify the wording in one of the performance indicators
- Patient safety: modify the wording of two of the probing questions
- Managing ethical dilemmas: modify the wording of one of the probing questions
- External feedback: modify the wording of the core question
- Working with PTAs: modify the wording of one of the probing questions
- Add specific reminders and scoring cues for assessors in a number of questions

The assessment consultant also recommended the removal of the "Adapting communications" question from the tool, as the question showed low discrimination. Registrants who performed poorly on this question, particularly on the indicators related to clinical reasoning, were identified through the other questions, so removing this question will not decrease the discrimination of the overall tool. Removing this question will help shorten the total time of the interview, which will align more with the original direction to keep the interview to one hour.

In light of registrants' feedback that the education value was somewhat limited because there was no opportunity for immediate feedback and discussion during the interview, the QAWG also considered whether

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score for each scale item with the total score for each observation (usually individual survey respondents or test takers), and then comparing that to the variance for all individual item scores.

there is value in adding a feedback and discussion component at the end of the remote assessment interview. The WG noted that there is still educational value in other parts of the remote assessment process, namely the time registrants spend preparing for the assessment, and receiving feedback in the report. The WG also noted that it may be difficult for assessors to provide feedback on the spot when the results have not been reviewed and tallied. For those reasons, the WG generally agreed that the remote assessment interview should not include a feedback and discussion component.

A copy of the behaviour-based interview tool with the recommended changes will be provided for Council's information during the meeting.

Cut Score Study:

One of the intended outcomes of the pilot test process is to use the results data to inform the decision about a remote assessment cut score, which identifies PTs who will participate in an on-site assessment. To support this decision-making, the assessment consultant facilitated a cut score study activity with a group of subject-matter experts (SMEs).

The practice assessment is a criterion-reference test that relies on behaviour-based interview methodology, wherein the registrant's knowledge, skill and judgement is measured against the minimum standard of practice. A group of subject-matter experts (SMEs) provided the data to inform assessment decision points, known as a cut score. The SME group comprised of practising physiotherapists, who are experienced in supervising, managing or evaluation physiotherapist and represented a variety of practice settings. The SMEs' task was to define the number of PT who would demonstrate the competence required for each performance indicator.

In order to establish the minimum level of competence required of a practising physiotherapist, a cut score study known as the Modified Angoff method was applied. The Modified Angoff method is a systematic, documented approach for establishing a defensible pass/fail score for each question in a test. In the cut score study, the SMEs conducted an exercise, estimating the percentage of minimally competent PTs who would answer each interview question/performance indicator correctly, considering the mix of areas of practice. Prior to the exercise, the assessment consultant provided the SMEs with an orientation to the remote assessment process, its purpose and its interview tools. The ratings of all SMEs were then tabulated by the assessment consultant to recommend the cut scores based on a standard deviation ranging from -1 to +1.

"Borderline group" refers to registrants whose results fall just slightly below or slightly above the SMEs' average score. The College may rely on standard deviations derived from the cut score study data to define a borderline group. The purpose of establishing a borderline group is to account for variance in registrant results and reduce error, particularly false positive results which present a risk to the public. In the case of the remote assessment, error could result in the following scenarios, and carry corresponding degrees of risk:

Least risky   A registrant's Remote Assessment Results causes the registrant to move on to the on-site assessment. However, at the conclusion of the on-site assessment, it is determined that the registrant can demonstrate the minimum standard in most/all competency areas.
(This is an example of a false negative.)

Most risky	A registrant's involvement in a practice assessment is concluded at the Remote Assessment stage. However, if the registrant had moved on to the on-site assessment, competency areas where the registrant did not meet the minimum standard would have been uncovered. (This is an example of a false positive.)

The results of the cut score study, as well as the recommendation and decision about the cut score, will be considered in a separate item.

Next Steps:

Since the completion of the remote assessments, staff have been working on compiling the information and feedback collected to identify problems and issues that need to be addressed. Based on that, staff have identified a number of necessarily improvements that should be implemented before selecting additional registrants to participate in the practice assessment process (starting with the remote assessment):

- Making changes to technology tools to address specific issues experienced and to improve user experience in general
- Updating registrant resources to provide more detailed guidance on specific areas, and reviewing communication materials to ensure information is clearly communicated and help registrants more easily find resources
- Making revisions to assessment tools and behaviour-based interview questions based on the psychometric data and analysis and user feedback
- Provide additional training for assessors (such as report writing, interview techniques)

It is expected that the pilot test of the on-site assessment component will proceed starting in November 2019. Even though the desired improvements to the technology tools will not be completed by that time, staff identified alternative ways to support the process. Given the relatively small volume of on-site assessments for the pilot test, it is feasible to proceed this way.

To ensure that there is sufficient time to make the necessary improvements to the process based on the pilot test learnings, the timelines for the remainder of the project have been extended. This will impact the number of registrants that can be assessed in this fiscal year. Council will be considering this issue in a separate item.

An updated project timeline is attached as Appendix 3.

Decision Sought:

None, this item is for information.

Attachments:
- Appendix 1: History of Council Direction and Decision-making regarding the Quality Assurance Program Review
- Appendix 2: Detailed Summaries of Registrant and Assessor Feedback
- Appendix 3: Update Timeline for the Quality Assurance Program Review Project

Appendix 1: History of Council Direction and Decision-making regarding the Quality Assurance Program Review

| Date	Council Direction and Decisions
September 2017	• Provided direction that the primary objective of the Quality Assurance Program should be to ensure that all members meet pre-determined minimum standards for competency and/or quality
December 2017	• Considered the changes to the QA program recommended by the QAWG • Approved the framework for a new program in principle for the purpose of consultation • Approved the proposal to pause practice assessments for one year between April 2018 to March 2019 to allow the College to spend the time and resources to develop the new program
March 2018	• Considered the feedback received from the broad consultation on the proposed new program • Formally approved the new program for development, with the goal of launching the new program in April 2019 • Assigned to the Quality Assurance Working Group the role of providing policy direction regarding the review and development of the program, and approved a Terms of Reference document
October 2018	• Approved the recommendation by the WG to remove the additional random selection of physiotherapists who are "above threshold" after the remote assessment to do an on-site assessment • Deferred the consideration of whether non-clinical PTs should engage in practice assessments in the new QA Program, and directed staff to collect additional information • Provided direction that PTs should be asked to declare whether they have the applicable written policies in place in the pre-assessment questionnaire, and for PTs who are required to do an on-site assessment, they will be asked to submit copies of the policies for review • Provided direction that the on-site assessment should include a component where the assessor provides some feedback and engages in discussion with the member
December 2018	• Approved the WG'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 • Approved the WG's recommendation to defer the consideration of a non-clinical QA assessment for two years • Approved the WG's recommendation that the QA program selects 9.1% of eligible members for assessment in the year 2019-20 • Approved the WG's recommendations related to QA program policies, with some amendments: 1. Updated timelines for the remote and on-site assessment processes. 2. Members who are subject of an active professional conduct matter should not be exempted from selection automatically; they can ask for a deferral,

Date	Council Direction and Decisions
	which will be assessed on a case-by-case basis based on the QA Program's deferral policy. 3. Members who indicate they plan to retire should not automatically receive a deferral, instead, those requests will be considered on a case-by-case basis. 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 the subject of 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.

March 2019	• Approved five draft Quality Assurance Program policies, with a few recommended changes:
	    1. Eligibility and Selection Criteria for Practice Assessments
	    2. Pre-Assessment Questionnaire
	    3. Remote Assessment
	    4. On-Site Assessment
	    5. Deferral and Extension
	• Rescinded four Quality Assurance Program policies:
	    1. File Storage
	    2. Practice Reflection: Professional Portfolio
	    3. Onsite Assessment – Selection and Procedure
	    4. Practice Assessments - Exemptions
	• Approved minor changes to four Quality Assurance Program policies:
	    1. Communication
	    2. Practice Assessment: Onsite Assessment – Assessor Selection and Utilization
	    3. Refusing to Participate in the Quality Management Program
	    4. Practice Assessment: Onsite Assessment – Observers present at the On-site Assessment
	• Approved the Quality Assurance Program evaluation plan

June 2019	• Staff provided a report of the early results and observations from the pilot test process • Staff provided an update on the project status and timelines, including the rationale for the postponement of the cut score study activity and the extension of project timelines as a result

Appendix 2: Detailed Summaries of Registrant and Assessor Feedback

Registrant feedback:

All registrants who participated in the pilot test received a survey to ask about their experience. 167 registrants responded to the survey (67% response rate). Below is a summary of their feedback.

College resources
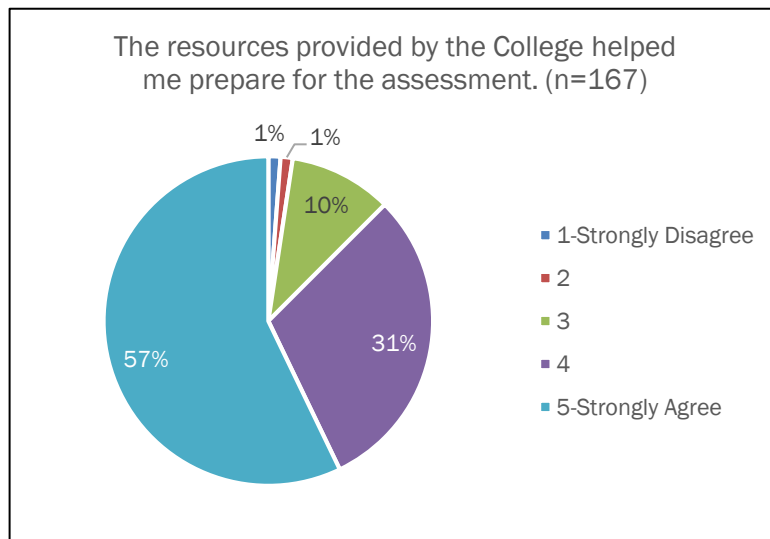
- 88% of respondents said the College's resources helped them prepare for their assessments.
- Registrants found it particularly helpful to know the question topics beforehand, so that they can focus their preparation.
- Some registrants had difficulty locating those resources, mostly due to the multitude of information sources. Registrants received emails notifying them of their selection to participate and the next steps. The emails included links to resources which are posted on the College's website, and to the online PT portal where they have to complete the required steps. Some registrants seemed to have missed the link to College resources in those emails, and therefore did not click through to find those resources.
- Based on the comments, it appears that registrants would benefit from more detailed guidance about the format of the behaviour-based interview, how they can best prepare scenarios to use during their interview, and how to select and de-identify a patient record for submission.

Feedback about assessors

Question / Rating Scale	1 = Strongly disagree	2	3	4	5 = Strongly agree
Did your assessor start the remote assessment on time? (n=164)	No = 5 (3%)	Yes = 159 (97%)			

Question / Rating Scale	1 = Strongly disagree	2	3	4	5 = Strongly agree
All correspondence with my assessor occurred in a timely manner. (n=167)	3 (2%)	1 (1%)	7 (4%)	19 (11%)	137 (82%)
The assessor was respectful of me. (n=168)	0	1 (1%)	4 (2%)	15 (9%)	148 (88%)
The assessor communicated to me in a clear manner. (n=168)	1 (0%)	2 (1%)	1 (1%)	33 (20%)	131 (78%)

- There were many positive comments about the assessors' professionalism, patience, and ability to put registrants at ease.
- A small number of respondents noted that the assessors seemed unfamiliar with the questions and the technology tools, did not manage time well and did not communicate in a respectful tone. This may be due to the fact that the assessors were also learning about the new tools and processes, and may have been nervous themselves.
- The feedback suggests that the assessors may benefit from additional training in how to effectively work with the technology tools, communication and interviewing skills, and cultural competence (for example, how to communicate clearly when either party speaks with an accent.)
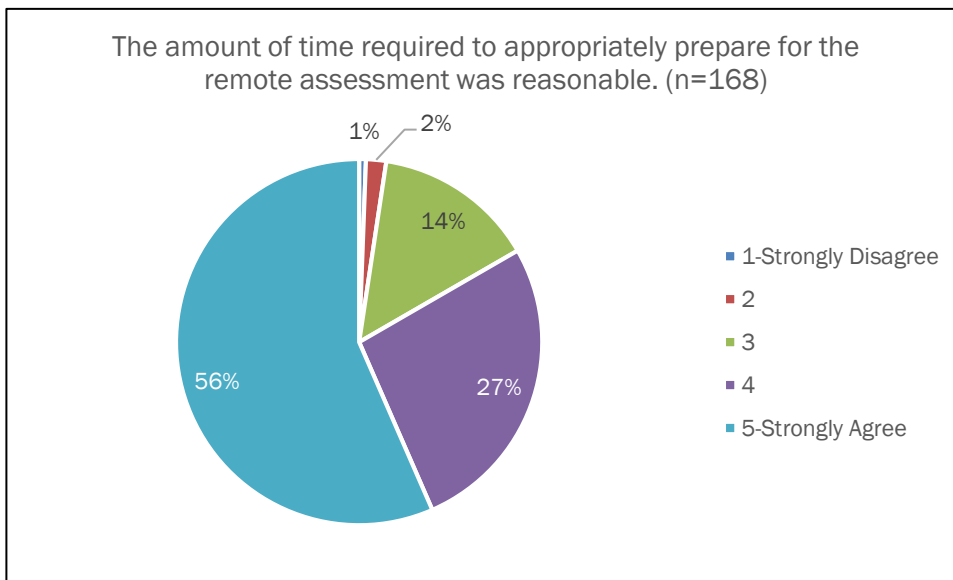
Perceived value of the experience

Question / Rating Scale	1 = Strongly disagree	2	3	4	5 = Strongly agree
I believe that the time I spent in preparing leading up to the remote assessment was valuable to me professionally. (n=168)	1 (1%)	2 (1%)	17 (10%)	46 (27%)	102 (61%)
I believe the time I spent with the assessor provided educational value. (n=168)	10 (6%)	13 (8%)	38 (22%)	47 (28%)	60 (36%)
The remote assessment allowed me to fully demonstrate my competence. (n=168)	3 (2%)	22 (13%)	31 (19%)	56 (33%)	56 (33%)

- Some registrants commented that they felt the remote assessment did not allow them to demonstrate the full range of their competency because it only touches on specific topics (although this is by design), while other registrant felt constrained by the short time of the interview.
- Some registrants felt that they were not able to respond fully and clearly to the interview questions, due to being nervous, not understanding the probing questions, or not being able to think of a relevant scenario from their practice.
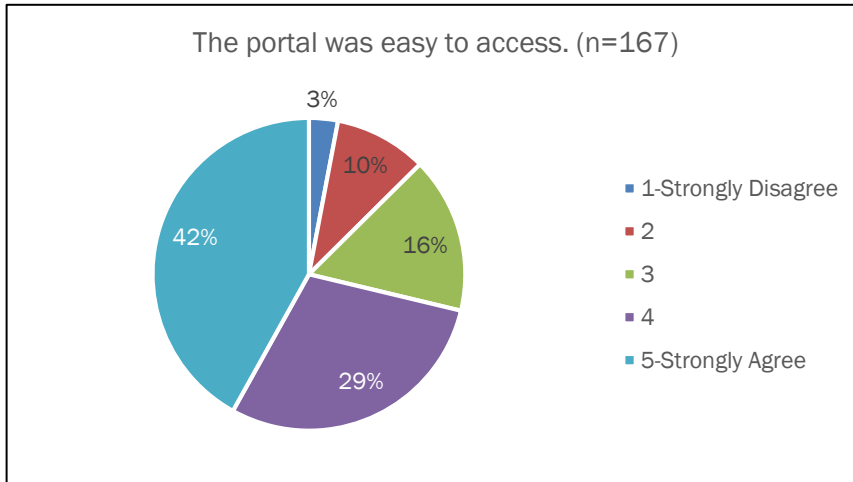
- Some registrants felt that the range and focus of the questions were appropriate, and asking them to describe clinical situations and decision-making using real examples was a good way to demonstrate competence.
- Some registrants noted that the educational value of the time spent with the assessor was limited by the fact that there was no opportunity for discussion, and not receiving immediate feedback.
- Many registrants commented that preparing for the assessment prompted them to reflect on their practice and review standards, which was very valuable and educational.

Time spent

The amount of time required to appropriately prepare for the remote assessment was reasonable. (n=168)

1% — 2% — 14% — 27% — 56%

- 1-Strongly Disagree
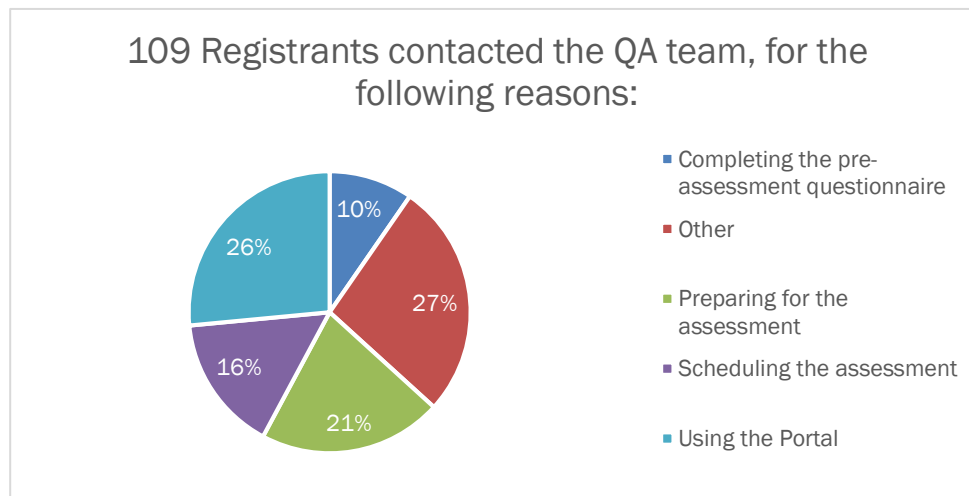- 2
- 3
- 4
- 5-Strongly Agree

- 83% of respondents felt the amount of time required to appropriately prepare for the remote assessment was reasonable.
- Registrants reported spending an average of 12.7 hours preparing for the remote assessment (including completing the pre-assessment questionnaire, reviewing Standards, selecting a patient chart for submission, etc.).
- Registrants reported that on average, the remote interview took 1 hour 16 minutes to complete.
- Many registrants noted that it was time-consuming to select an appropriate record and to de-identify and upload it. In some cases, the registrant had to work with the records department at their workplace to do this, which can take even longer.
- Some registrants had to spend time figuring out how to use the technology involved in the assessment process, particularly those who are not comfortable with technology in general. In addition to being time-consuming, it can also be frustrating and stressful.
- Some registrants felt that the time allotted to complete the process was reasonable, and they were able to fit it in with their other commitments.

Experience with the technology

The portal was easy to access. (n=167)

- 3%
- 10%
- 16%
- 29%
- 42%

- 1-Strongly Disagree
- 2
- 3
- 4
- 5-Strongly Agree

- 71% of respondents found the portal was easy to access.
- Note that registrants were required to interact with two portals: the online PT portal accessible through the College's website and the third-party assessment portal. To avoid requiring multiple logins, registrants accessed the third-party assessment portal by clicking on a link that is available in the PT portal (via College website).
- Registrant comments suggest that portal access and navigation could be improved, such as reducing the number of clicks required, integrating content into one place where possible, facilitating access on mobile devices, and making navigation more intuitive.
- Some registrants reported having difficulties with Zoom videoconferencing and the teleconference service, which added to the registrant's stress and anxiety and impeded the flow of the interview in some cases.
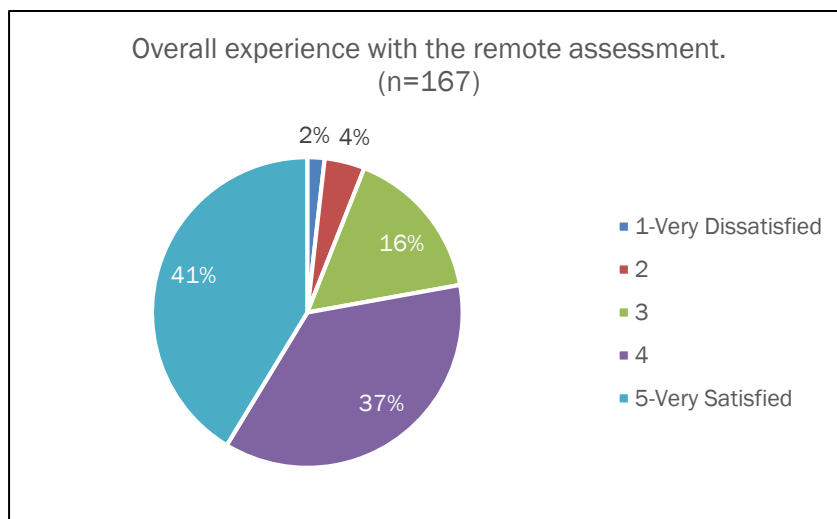
Support from the QA team

109 Registrants contacted the QA team, for the following reasons:

- 10%
- 27%
- 21%
- 16%
- 26%

- Completing the pre-assessment questionnaire
- Other
- Preparing for the assessment
- Scheduling the assessment
- Using the Portal

Question / Rating Scale	1 = Strongly disagree	2	3	4	5 = Strongly agree
I received answer(s) to my question(s) in a timely manner from the quality assurance team. (n=107)	1 (1%)	1 (1%)	6 (5%)	17 (16%)	82 (77%)
The quality assurance team addressed my issue(s). (n=107)	2 (2%)	1 (1%)	5 (5%)	16 (15%)	83 (77%)

- Many of the registrants' comments expressed that they were very happy with the support they received from the QA team, that they received prompt responses and addressed all the questions. They were particularly appreciative that the team responded outside of business hours.

Overall experience and suggestions for improvement

Overall experience with the remote assessment. (n=167)
- 2%
- 4%
- 16%
- 41%
- 37%

Legend: 1-Very Dissatisfied, 2, 3, 4, 5-Very Satisfied

- Of the registrants who reported a less than satisfactory experience (ratings 1-3 out of 5), some of the reasons they gave were:
  - Negative experience with the technology, such as difficulty navigating the website and portal, bugs related to email reminders, and inability to access portal on mobile devices. These difficulties added to their stress
  - Some respondents did not like the interview questions. They felt some questions were poorly worded; they would have liked more questions about reflection; some registrants did not like that they had to answer the questions using a specific scenario; some of the questions should be more detailed
  - The educational value was limited due to lack of discussion and feedback with the assessor during the interview; they would have liked immediate feedback as opposed to waiting several weeks for the results

- o Some registrants felt constrained by the time, which led the interview to be rushed, and they felt they were not able to provide complete or thorough answers; some are worried that they were not able to fully demonstrate their competence
  - o Some registrants felt that the format was too scripted and impersonal, they would have preferred an open discussion format
- Many registrants would like more detailed resources and information to help them prepare, such as more information about what the assessment is about; more specific case scenarios; more examples to help with preparation; be more clear about the level of detail that's expected; provide more tools for self-reflection; and more information about behaviour-based interviews. Some suggested that a preparation checklist would be helpful.
- Some registrants suggested allowing more time for the remote interview so that it is less rushed.
- Other registrants indicated that they had a great experience. Overall, they found the resources very helpful, and they felt the process was fair and reasonable.
- Some registrants noted that it was a good exercise to review Standards, reflect on their practice and have a discussion with a peer; knowing the questions beforehand contributed to the reflection. Some registrants said they made some positive changes to their practice since the assessment.
- Some registrants believe that the new process is preferable to an on-site assessment; they like the use of a remote assessment as a screening step and only doing on-site assessments for those who need it. They appreciate that the remote assessment is much less resource-intensive and less intrusive for the PTs' practice. They feel the process is fair and an effective way to assess PTs in a timely manner.

Assessor feedback:

We sent a survey to all assessors seeking their feedback about the new assessment tools and processes. We received 44 responses out of a total of 55 assessors (80% response rate). Note that since the start of the pilot test process, 3 assessors resigned from the program, while other assessors left the program for other reasons.[2]

Comments about the new process

- Many assessors noted that the process from beginning to end is very time-consuming when taking into account all of the different steps:
  - o Some assessors said they spent more time than anticipated corresponding with the registrant in preparation for the assessment
  - o The chart review can take some time if the chart is particularly long
  - o Most of the interviews were longer than 1 hour, particularly if they have to ask all of the practice-specific questions

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[2] On March 11, 2019, we had 62 Assessors. As of August 13, 2019, the College has 55 assessors. We lost 7 assessors for the following reasons:
- Resigned due to an appointment to a College Committee (1)
- Resigned after training due to the amount of work involved and the amount of learning required to use the tools (3)
- Contract was not renewed by College staff after training completed (2)
- Contract was not renewed because the assessor could not attend training in February or March 2019 (1)

o   A few assessors said it took a lot of time to write the remote assessment report

The following table is an overview of how much time it took assessors to complete each step of the remote assessment process.

Step in the Process	Minimum time spent (mins.)	Average time spent (mins.)	Maximum time spent (mins)
Checking for conflict of interest with registrant	1	7	30
Scheduling the assessment date	2	19	98
Reviewing and scoring the registrant's pre-assessment questionnaire (leave blank if N/A, i.e. observer role)	5	19	90
Reviewing and scoring one patient record	10	38	135
Completing the remote assessment	50	73	180
Completing the report	15	78	210
Providing additional information to QA team after report submission	2	22	75
Total time for all steps	**85**	**256**	**818**

- Assessors believe that given how much time the process takes, the assessment fee of $170 is too low.
- Many assessors also noted that they spent a lot of unpaid time to do self-directed learning in order to become familiar with the new tools and technology.
- A few assessors commented that they found the new tools and process to be overall quite good. Some believe that the process is positive and helpful to registrants. They believe that the use of a shorter remote assessment for the majority of registrants is a good concept if the tool is sensitive enough to identify registrants who would benefit from further assessment.

Experience with using the new assessment tools

Question / Rating Scale	1 = Strongly disagree	2	3	4	5 = Strongly agree
The remote assessment behaviour-based interview tool provided structure to the interview (n=44)	0 (0%)	0 (0%)	3 (7%)	18 (41%)	23 (52%)
Time spent with the registrant during the remote interview was reasonable (n=44)	0 (0%)	6 (14%)	7 (16%)	19 (43%)	12 (27%)
The topics being assessed are relevant (n=44)	0 (%)	0 (%)	4 (9%)	20 (45%)	20 (45%)

Question / Rating Scale	1 = Very dissatisfied	2	3	4	5 = Very satisfied
Using the pre-assessment questionnaire scoring tool (n=43)	2 (5%)	6 (14%)	10 (23%)	16 (37%)	9 (21%)
Using the checklist for record keeping review (n=44)	0 (0%)	1 (2%)	7 (16%)	23 (52%)	13 (30%)
Using the remote assessment interview tool (the structure of the questions, scoring, scoring cues, etc…) (n=44)	0 (0%)	4 (9%)	10 (23%)	28 (64%)	2 (5%)

- In their feedback, assessors offered specific comments and suggestions about some of the interview questions.
- Several assessors noted that registrants found the ethical dilemma question difficult to answer. Some registrants simply described an unethical action rather than a dilemma; some registrants described the problem rather than their decision-making process.
- Many assessors noted that the pre-assessment questionnaire needs to be improved to make the answers clearer to score. Some also noted that the questionnaire scoring tool is confusing to use, and in some cases did not capture the full range of acceptable answers.
- Assessors observed that some registrants had difficulties with the behaviour-based interview format, and the assessors had to prompt them using probing questions repeatedly and to refer them back to the specific case scenario. They echo registrants' comments that they would benefit from having more detailed resources about the format of behaviour-based interview questions, and the level of detail they should provide.

Experience with using technology

Question / Rating Scale	1 = Very dissatisfied	2	3	4	5 = Very dissatisfied
Experience with using the College Registrant Portal (n=43)	0 (0%)	2 (5%)	10 (23%)	14 (33%)	17 (40%)
Experience with using the third-party Practice Assessment Portal (n=44)	1 (2%)	2 (5%)	10 (23%)	22 (50%)	9 (20%)
Experience with using the downloaded version of the Mobile Assessment Tool (MAT) (n=30)	0 (0%)	1 (3%)	7 (23%)	15 (50%)	7 (23%)
Experience with the online version of the Mobile Assessment Tool (MAT) (n=24)	1 (4%)	2 (8%)	7 (29%)	10 (42%)	4 (17%)
Experience with using Zoom (video conferencing) (n=32)	0 (0%)	3 (9%)	7 (22%)	12 (38%)	10 (31%)
Experience with using Versature Pods (teleconference line) (n=41)	1 (2%)	3 (7%)	6 (15%)	14 (34%)	17 (41%)

- Staff estimate that 147 of the remote assessments were conducted using teleconference, 55 were conducted using videoconference, and 44 used neither (likely the two parties called each other directly).
- Many assessors were not comfortable using the videoconferencing technology. They found it difficult to manage that and the mobile assessment tool at the same time.
- The experience with the teleconferencing technology was uneven, some people had no issues, while others experienced poor sound quality.
- Assessors echoed the registrants' comments that glitches with the technology added to the stress for the registrants.
- Due to the amount of information that has to be displayed and captured for each interview question (core question, indicators, scoring cues, score values, comments), some assessors found it difficult to read and navigate within it on screen.
- Internet connectivity and security settings also caused problems for some assessors when using the assessment portal and online tools.
- Assessors and registrants both found it cumbersome to correspond using the online messaging portal due to the multiple steps required to access it and the fact that it is not always accessible on mobile devices; they would prefer to email each other directly instead.

Appendix 3: Update Timeline for the Quality Assurance Program Review Project

Timeline	New Tool Development Activity	Program Review Activity
March 2018 (after Council Meeting)	*Completed -* 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	*Completed -* Hire the consultant, who will assist with the development of assessment tools.	*Completed -* 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	*Completed -* WG meeting to resolve outstanding questions regarding tool design (if necessary).	
April – May 2018	*Completed -* 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.	*Completed -* Review the existing pool of assessors to map their skills and to evaluate their past performance. Compare with desired competencies for assessors in the new program to identify suitable assessors.
June 2018	*Completed -* WG meeting to provide direction on outstanding policy questions, which may include: • the selection process for assessments • size and composition of assessor pool • appropriate remuneration for assessors • any questions or issues raised by the consultant	*Completed -* Contact current assessors who have the desired competencies to confirm their ongoing interest and ability to be assessors in the new program.
June – July 2018		*Completed -* Prepare for recruitment of new assessors: • Determine compensation model • Update recruiting tool based on the required key competencies and work experience
June – September 2018	*Completed -* Work with consultant to develop the remote and on-site assessment tools based on the blueprint and content developed by SME group.	*In Progress -* Revise internal program policies and procedures, and communications materials, to correspond to changes to the program. Revise QAC policies and procedures.
September – November 2018	*Completed -* Development of questions for the remote assessment tool question bank (if required).	

Timeline	New Tool Development Activity	Program Review Activity
August – October 2018	*Completed -* Development of database functionalities for the Quality Assurance Program.	
September 2018	*Completed -* Seek direction from WG on any outstanding policy considerations (if necessary).	
September – November 2018	*Completed -* Programming of online versions of the remote and on-site assessment tools.	
September – December 2018		*Completed -* Recruit and hire assessors.
October – December 2018	*Completed -* Plan post-implementation program evaluation with assistance from the consultant.	*In Progress -* Develop training and evaluation plans for assessors.
December 2018	*Completed -* Seek direction from WG on any outstanding policy considerations (if necessary).	
January – February 2019	*Completed -* 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, registrant resources).	
February 2019	*Completed -*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	*Completed -*2 of 2 assessor training sessions on using the new assessment tools.	
April 2019	***Phase 1 Implementation***	
April 2019	*Completed -* Notify registrants who have been selected for the pilot test assessments (i.e. Phase 1 Implementation).	
April – June 2019	*Completed -* Conduct pilot test of the remote assessment. Conduct scoring calibration sessions with assessors. Collect feedback from registrants and assessors about the tool.	
July 2019	*Completed -* Conduct cut score study to establish threshold for those require further assessment. QAWG approves scoring threshold. Identify necessary changes to tool and processes based on feedback.	
August - September 2019	Obtain direction from WG and Council regarding changes to the assessment tools and process and other issues identified through the pilot test.	
September 2019 – March 2020 (TBC)	Implement improvements to tools and processes based on pilot test feedback	
September – October 2019	Prepare for on-site assessment pilot test, implement small changes to technology tools based on pilot test experience so far	
October 2019 – April 2020		Develop a decision-making framework for QA cases for the revised assessment tool/process.

Timeline	New Tool Development Activity	Program Review Activity
October 2019		Provide remote assessment results to pilot test participants. Notify registrants who are required to do an on-site assessment.
November 2019 – January 2020 (TBC)	Conduct pilot test of the on-site assessment. Conduct scoring calibration sessions with assessors.	
January – March 2020 (TBC)	Collect feedback from registrants and assessors about the on-site assessment tool and process. Make necessary changes to tool and processes based on feedback. Seek QAWG direction where necessary.	
February/March 2020 (TBC)	Provide assessment reports to registrants; provide opportunity to make submissions.	
April 2019 – March 2020	In Progress and ongoing - Evaluate performance of assessors based on the pilot test assessments, provide feedback, and identify additional training needs.	
April 2020 (TBC)	Hold QAC meeting to review the assessment reports and make individual registrant case decisions, evaluate the usefulness of the information in the reports, identify necessary improvements, and provide additional direction on decision-making framework.	
No earlier than April 2020 (TBC)	Full implementation of revised program. Select additional registrants to participate in practice assessments.	

Council Meeting
September 27, 2019

Agenda # 11.1: QA Program Review – Length of Remote Assessment

It is moved by

_____,

and seconded by

_____,

that:

Council confirm it is acceptable for the remote assessment behaviour-based interview to be longer than one hour for some registrants.

Meeting Date:	September 27, 2019
Agenda Item #:	11.1
Issue:	Quality Assurance Program Review – Length of the Remote Assessment
Submitted by:	Joyce Huang, Strategic Projects and Policy Manager

Issue:

The QA Working Group has recommended a set of questions to be used for the remote assessment behaviour-based interview tool, where the interview will likely be longer than one hour for many registrants (if they get both practice-relevant questions). Council is asked to confirm whether this would be acceptable.

Background:

In the new QA program approved by Council, the intention was for the remote assessment (behaviour-based interview component) to be at most 1 hour long. In the QAWG's previous discussions about the behaviour-based interview questions, the WG decided to include more questions in the interview for the purpose of testing additional questions, even though it will extend the length of the interview to more than one hour. Based on the pilot test data, the shortest remote assessment behaviour-based interview took 50 minutes to complete, and on average the interview took about 1 hour 15 minutes to complete.

After reviewing the results data from the pilot test remote assessments, the WG agreed with the assessment consultant's recommendation to remove the "Adapting Communication" question from the remote assessment behaviour-based interview tool. This change would shorten the total interview time by a few minutes, however the interview will likely still be longer than one hour for many registrants (if they get both practice-relevant questions).

Feedback from the pilot test participants indicated that some registrants felt constrained by time during their interview, and as a result they felt they were not able to offer complete, thorough responses to the questions. Note that one of the strategies staff have identified to address this concern is to provide more detailed guidance to registrants on how to prepare for the assessment, and what they can expect during the interview, so that they can proceed through the interview more efficiently.

The WG was asked to consider whether it would be acceptable for the remote assessment behaviour-based interview to take longer than one hour for some registrants.

The Working Group's Recommendation:

The WG noted that it would be difficult to cut out any more questions from the interview, and that not imposing a hard time limit on the interview would make the process more supportive to registrants. It was also noted that the extra time is not likely to have a material impact on program resources.

The Working Group was in general agreement that it is acceptable for the remote assessment interview to be longer than 1 hour, and they noted the importance of communicating this clearly to registrants.

Decision Sought:

Council is asked to confirm whether it would be acceptable for the remote assessment behaviour-based interview to be longer than one hour for some registrants.

Council Meeting
September 27, 2019

Agenda # 11.2: Motion to go in camera pursuant to section 7(2) of the Health Professions Procedural Code

It is moved by

_____,

and seconded by

_____,

that:

Council move in camera pursuant to section 7(2) of the Health Professions Procedural Code.

Council Meeting
September 27, 2019

Agenda # 11.3: QA Program Review – Remote Assessment Record Review Component

It is moved by

_____,

and seconded by

_____,

that:

Council approve the recommendation that for the record review component of the remote assessment, instead of the registrant submitting one de-identified record to the College for the assessor to review, that the registrant completes a self-review of one record using the Record Keeping Standard Checklist.

Meeting Date:	September 27, 2019
Agenda Item #:	11.3
Issue:	Quality Assurance Program Review – Remote Assessment Record Review Component
Submitted by:	Joyce Huang, Strategic Projects and Policy Manager

Issue:

The QA Working Group has recommended that for the record review component of the remote assessment, instead of the registrant submitting one de-identified record to the College for the assessor to review, that the registrant completes a self-review of one record using the Record Review Checklist. Council is asked to approve this recommended change.

Background:

The College conducted focus group discussions with a group of practicing PTs to identify potential assessment criteria for the revised practice assessment process. During those discussions, the focus group participants suggested that there be a review of certain information about the PT's practice by the 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 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.

The issue was returned to the WG for further consideration in November 2018. The Working Group discussed whether the review of this information would be helpful for identifying that a registrant may require further assessment. The group believed that a review of the registrant's charting would be an effective "flag," but not a review of the other information.

The WG further discussed the implementation specifics of including a chart review and agreed that registrants should submit one patient record for review. The Working Group considered potential challenges regarding privacy and access at that time. The WG also noted that this issue should be revisited again after the College completes the pilot test of the remote assessment, to determine whether this review is an effective "flag" based on the actual results data.

Staff presented the results of the chart review from the pilot test data, the operational considerations based on the pilot test feedback, and a privacy risk that was identified during the pilot test. The WG was asked to consider whether to continue including the chart review component in the remote assessment going forward.

Chart review results data:

The assessment consultant tabulated the scores from the chart review component of the remote assessment and compared them to the results of the behaviour-based interview (BBI) component. The purpose was to determine whether the two components of the assessment discriminated between good and poor performance in a similar way. For the purpose of this analysis, the cut score averages that were obtained from the cut score study group were used.

The results of this analysis suggest that registrants who perform poorly on the chart review will likely be different than those that perform poorly on the behaviour-based interview. It should be noted that that the focus of the chart review is whether the registrant's record keeping meets the requirement in the College's Standard, without looking at the clinical reasoning demonstrated in the chart, whereas the behaviour-based interview has greater focus on assessing the registrant's clinical reasoning and decision-making.

The chart review did aid the assessors in scoring the behaviour-based interview question about patient assessment. In assessments conducted by a pair of assessors, the lead assessor who reviewed the chart had more insight into the assessment conducted compared to the assessor who did not have access to the chart. Therefore, the lead assessor did not probe to the extent they would have if they did not have access to the chart. This may have reduced the length of the assessment but potentially disadvantaged the registrant as they were not given the opportunity to elaborate on their critical thinking and decision-making.

Operational considerations:

In addition to considering the results data from the pilot test to evaluate the assessment value of the chart review component, there are several operational considerations that may be relevant, based on the experience from the pilot test.

<u>*Registrant feedback*</u>

Some comments from the registrant feedback suggest that completing this step can be quite time-consuming, as they have to choose a record that contains the required components, remove identifying information (manually or in the charting software), and upload it through the portal. If the registrant is not comfortable with technology, then it adds to the time it takes to complete this.

<u>*Assessor feedback*</u>

One of the things assessors noted in their feedback is that the assessment process from beginning to end is very time-consuming when taking into account all of the different steps. The total time required to complete the remote assessment process ranged from 85 minutes to 818 minutes, with an average of 256 minutes. Of that total, the record review step took between 10 and 135 minutes to complete, on average, it took 38 minutes.

<u>*Staff support*</u>

During the pilot test, staff often had to assist registrants with the upload of records, such as:

- Providing technical support and responding to technical questions (e.g. how to use the document upload function on the portal, providing guidance about file format and size)
- If the original upload is illegible or not clear, follow-up with the registrant to re-do the upload
- Some registrants uploaded records one page at a time by taking a picture of each page. In order to make it easier for assessors to read it, staff manually combined the pages into a single file. This has the potential to be time-consuming for staff if the record is large
- At least two health record departments (hospitals) would not permit the registrant to upload the records through the portal due to privacy concerns, and a paper copy of the record was sent to the College. QA Staff had to scan the record, upload the file and notify the registrant and the assessor that the record was available for review

It does not seem that these types of issues are unique to the pilot test process or participants, so it is likely that this support is needed on an ongoing basis.

Obtaining access through employers

Some registrants who work in hospitals or other large institutions must work with the records department to obtain a copy of a record for submission. This process can take some time to complete. Some employers require the College to send a formal request in writing or complete a request form.

During the pilot test period, the QA team received numerous inquiries from employers about privacy issues related to uploading patient records. Some questions related to the level of security of our portal, while others were about the College's authority to access this information.

A few employers sought clarification as to whether the College has the authority to request for the record to be sent to us, as opposed to accessing them on the premises. The College sought legal advice on this matter. The advice we received indicated that while the College has authority to access this information, it is not clear whether we have the ability to compel Health Information Custodians who are not registrants of the College to provide the information to us as this has not been tested in court, but that assessors could attend the practice location and review the records on-site.

After providing more information and responding to questions, almost all employers provided the records to the College, but one employer declined (which affected four registrants who were selected to participate). In addition, a few employers indicated that they would charge a fee for providing the record to us, which is a cost that we did not initially anticipate.

Privacy risk:

Even though the College's communications and resources clearly requested the record be de-identified, we still did receive some records that were not de-identified. While staff and assessors are committed to maintaining the privacy and security of this information, practically there is still a risk of privacy breaches. The reason is that in order for assessors to open and read the record, they must first download a copy of the file onto their computers, which means that in some cases, assessors will have copies of patient records saved on their computers which contain identifying information. We stress to assessors the importance of securely deleting

copies of records from their computers, including using electronic file shredding software, but it is not possible to guarantee that this is done in every case.

We sent a request for information from other health Colleges in Ontario to find out if any other College sends patient records to assessors for review, and if so, what mechanisms they use to ensure the secure transmission and destruction of the records. To date we have heard of one other regulator that transmits copies of patient records to assessors for review. They use similar technology as this College where assessors would access the records through a portal, and in the process a copy of the record is saved onto their computer.

The Working Group's Recommendation:

The WG noted that record keeping is an important competency for PTs and is critical to safe, effective care. However they also acknowledged the concerns about the operational requirements and the privacy risk associated with this activity.

During the discussion, staff also noted that other Committees that consider professional conduct matters do typically identify and address record keeping deficiencies of PTs, and the consistency of this approach across different programs should be considered.

The WG then considered a number of alternatives to assessing record keeping other than the record review, such as:
- Requiring PTs to complete the record keeping e-learning module and submit proof of completion
- Adding knowledge-based questions about record keeping to the pre-assessment questionnaire
- Relying on the chart review component of the on-site assessment to identify deficiencies
- Asking PTs to do a self-review using the record keeping checklist
- Adding a behaviour-based interview question to the remote assessment interview

The WG considered various factors related to the options, such as the purpose of the remote assessment step, the level of competence that is assessed (knows vs does), whether the activity should be more assessment or educational focused, and the operational considerations.

After lengthy discussions, the WG arrived at the consensus that chart submission and review should be replaced by a self-review of record keeping by the PT, using the checklist that has been developed. The PT would be asked to submit the completed checklist to the College for the assessor to review.

When reviewing the checklist, the assessor would be asked to indicate in their report the following:
- Confirmation that the PT completed the checklist, and
- Make note of any instances where the PT indicated that their record did not contain one or more of the required elements

Decision Sought:

That Council approve the recommendation that for the record review component of the remote assessment, instead of the registrant submitting one de-identified record to the College for the assessor to review, that the registrant completes a self-review of one record using the Record Keeping Standard Checklist.

Attachment:
- Appendix 1: Record Keeping Standard Checklist

Appendix 1:

Record Keeping Standard Checklist

Registrant Name: _____   **Registration Number:** _____

Record identification

1. _____

Scoring Key:

- **Yes (✓)** – the listed item or characteristic is always present throughout the record
- **No (☒)**– the listed item or characteristic is not always present
- **Not applicable (NA)** – the listed item does not apply to the record reviewed

If you mark item as "No" or "NA", please also add a comment to explain why.

If the record(s) you are reviewing are multidisciplinary record(s), you should only be reviewing notes related to the physiotherapy care for which the PT is responsible.

Record Keeping Standard Checklist	Yes / No / NA	Comments
Identifying information:		
Patient's demographic information (at minimum, must have the patient's full name, date of birth and contact information)		
At a minimum one (1) unique way to identify the patient (e.g. name and date of birth, unique patient number, etc.)		
The record clearly identifies who provided the physiotherapy care, by name and title, or by a unique identifier.		
Each entry is dated		
Late entries include both the date of the item being recorded and the date the entry was made, and who made the entry		
The date of every patient encounter, including missed appointments is recorded		
If the person making the entry is different from the person providing care, they are also identified by name and job title, or by unique identifier		
Understandable		
Entries are legible		
Records are written in either English or French		
If specialized terms, abbreviations or diagrams are used, they must be understood by others who may be involved in the care (e.g. the chart includes a list of what the terms or abbreviations mean)		
Notations are respectful and non-judgmental		
Changes to the entries are dated and signed or initialled by the member.		
Original entry is visible or retrievable		
Documentation of the therapeutic process		
Patient's health, family and social history		
Patient's reported subjective data		
Record of the assessment(s) conducted		
Results of tests, investigations or measures		
Reports received about the patient's care, if any		
An analysis of the collected data		
Clinical impression and physiotherapy diagnosis		
Patient goals		

Record Keeping Standard Checklist	Yes / No / NA	Comments
Treatment plan		
Treatments performed		
Details about any care that has been assigned to another person (e.g. which specific elements of the treatment plan were assigned to another person)		
Ongoing monitoring of the patient's status and progression in meeting the goals		
Any updated information about the patient's condition or relevant new information received is captured in the record		
Changes or modifications to the treatment plan		
Discussions and communications with the patient including instructions, recommendations and advice		
Discharge summary		
Reassessment findings, if appropriate		
Reason for discharge		
Recommendations and patient instructions		
Informed Consent		
Record of informed consent for assessment and treatment		
Record of informed consent for involvement of other care providers		
Care refusals		
Relevant information about the substitute-decision maker, if applicable		
Evidence the informed consent process is ongoing (e.g. when treatment has changed or diverged from the originally confirmed plan)		
Involvement of Other Health Providers		
Referral or consultation		
Note about referrals and transfers to another health provider		
Reports about the patient's care sent to another health provider, if any		
Financial records		
Invoices / receipts include:		
Name of the patient		
Date of service		
Name and title of the PT, PTA, and others who provided care under the PT's supervision		

Record Keeping Standard Checklist	Yes / No / NA	Comments
Description of the care, service or product provided		
Amount of the fee for the care, service or product		
Any payment received		

Council Meeting
September 27, 2019

Agenda # 11.4: QA Program Review – Pilot Test Participants Who Could Not Complete Record Review Component

It is moved by

_____,

and seconded by

_____,

that:

Council approve the recommendation to waive the record review component of the remote assessment for four PTs whose employer declined to provide copies of records to the College.

Meeting Date:	September 27, 2019
Agenda Item #:	11.4
Issue:	Quality Assurance Program Review – Pilot Test Participants Who Could Not Complete the Record Review Component
Submitted by:	Joyce Huang, Strategic Projects and Policy Manager

Issue:

During the pilot test, one employer declined to provide copies of records to the College for the remote assessment, which resulted in four PTs not being able to complete the record review component of their remote assessments. The QA Working Group has recommended waiving this component for these four registrants. Council is asked to approve this recommendation.

Background:

In the previous briefing, Council was provided information about the implementation of the record review component of the remote assessment.

During the pilot test, one employer declined to provide copies of patient records to the College for the assessment, which affected four registrants who were selected to participate. The College sought legal advice on this matter. The advice we received indicated that while the College has authority to access this information, it is not clear whether we have the ability to compel Health Information Custodians who are not registrants of the College to provide the information to us as this has not been tested in court, but that assessors could attend the practice location and review the records on-site.

As a result, the four members who work for this employer have not been able to complete the record review component of their remote assessment.

Staff sought the Working Group's direction on how to proceed with these four cases. Staff presented three potential options for the Working Group's consideration:
- Send an assessor to the work site to retrieve and review the records on-site
- Waive this requirement for the four PTs affected
- Ask a peer to review the records and complete the checklist

The Working Group's Recommendation:

The WG noted that the outcome of the previous discussion was to recommend that the submission of one de-identified record for assessor review be discontinued.

The WG also considered the issue of fairness to participants in the pilot test, and the WG noted that the results of the record keeping review would not affect whether the PT falls above or below the cut score, and that the four PTs affected are in this situation due to circumstances beyond their control.

The WG arrived at the consensus that the record review component should be waived for the four affected PTs.

Decision Sought:

That Council approve the recommendation to waive the record review component of the remote assessment for four PTs whose employer declined to provide copies of records to the College.

Council Meeting
September 27, 2019

Agenda # 11.5: QA Program Review – On-site Assessment Written Policies Review Component

It is moved by

_____,

and seconded by

_____,

that:

Council approve the recommendation that for the written policies review component of the on-site assessment, instead of the registrant submitting the policies to the College for the assessor to review, that the registrant completes a self-review of their policies using the checklists created for this review.

Meeting Date:	September 27, 2019
Agenda Item #:	11.5
Issue:	Quality Assurance Program Review – On-site Assessment Written Policies Review Component
Submitted by:	Joyce Huang, Strategic Projects and Policy Manager

Issue:

The QA Working Group has recommended that for the written policies review component of the on-site assessment, instead of the registrant submitting the policies to the College for the assessor to review, that the registrant completes a self-review of their policies using the checklists created for this review. Council is asked to approve this recommended change.

Background:

The College conducted focus group discussions with practicing PTs to develop a list of competency-based assessment criteria for the remote and on-site assessments. One of the assessment criteria that was identified by the focus group participants is the confirmation that PTs have in place various written policies and procedures that are required by College Standards. Those include:

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

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

In October 2018, Council considered different approaches identified by the WG for confirming that registrants have the required written policies in place and considered additional alternatives. The consensus among Council was to ask PTs in the pre-assessment questionnaire to declare whether or not they have the applicable written policies in place. In addition, for any PT who falls below the threshold after the remote assessment, they will be required to submit copies of the applicable policies to the College for review.

Separately, Council directed staff to develop specific requirements for each of the required written policies and create checklists to assist with the review and assessment of the policies that PTs will submit.

Subsequently, the WG provided additional direction that the checklists should be developed based on the minimum required elements for each type of document. Staff then completed the work to develop the relevant checklists to assist assessors with the review of the written policies. The WG reviewed and provided feedback on the draft checklists in November 2018 and April 2019. The checklists are included in Appendix 1.

Potential implementation challenges:

Based on previous decisions and direction, the implementation of the submission and review of written policies would be as follows:

- PTs are identified to participate in an on-site assessment if their remote assessment score is below a pre-determined threshold
- Those PTs must submit copies of the applicable written policies by uploading them through the College's online portal (could be up to 10 policies in total)
- The assessor would access the uploaded written policies through the College's online portal
- The assessor would review the policies and score them using checklists that reflect minimum required elements for each policy. The score would be recorded using the Mobile Assessment Tool
- If the assessor found gaps in the written policies, the assessor could suggest that the PT review relevant College resources during the on-site visit

Based on the experience with the first part of the pilot test, staff have identified some potential challenges to implementing this component of the on-site assessment.

Administrative support:

Staff time may be required to assist registrants with the upload, and to facilitate access for assessors. This may include assisting registrants with using the online portal; handling files that are too large to be uploaded; and combining documents that are uploaded in multiple files. It should be noted that the volume is not large, we anticipate that in a typical year, about 80 PTs would participate in an on-site assessment, and the assessments would be spread out over the course of the year.

Time required for registrants and assessors:

The review of up to ten written policies could be quite time-consuming for the assessor. Some policies have the potential to be very lengthy (e.g. infection control protocols for a hospital). For comparison, we found that the time it took assessors to review one patient chart ranged from 10 minutes to 135 minutes, with an average of 38 minutes. If the written policy review component is included, assessor compensation for the on-site assessment may need to be reviewed to ensure it is reasonable for the time required.[1]

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[1] Currently, the on-site assessment fee is set at $450 per assessment, which covers the review of written policies, the on-site assessment which takes up to 4 hours, report writing, and any other administrative tasks required to support the assessment. Travel costs are reimbursed separately.

Similarly, many registrants noted that it was time-consuming to select an appropriate record, to de-identify and upload it. We could expect that it could also be time-consuming to locate the relevant policies, to convert them into electronic copies, and to upload them through the portal. The process could take even longer if the PT had to work with their employer to get copies of the policies. It is also possible that some employers may decline to provide them to the College, as was the case with patient records.

Assessor knowledge:

The checklists developed to assist assessors with the review of policies involve elements that require assessors to apply their own knowledge, including:

- The written instructions [for managing adverse events when performing a rostered activity] are consistent with *current accepted-practice that are appropriate for the setting and the activity*
- The written [infection prevention and control] protocols are consistent with *current accepted-practice that are appropriate for the setting*

It would be challenging for the assessor to evaluate these components if they have a different practice background than the PT they are assessing, particularly their practice setting and which activities they are rostered for. Although efforts are made to match assessors and registrants, some registrants are rostered for multiple authorized activities and it will be difficult to ensure an assessor is rostered for the same combination of authorized activities.

The QAWG was asked to consider alternative means to implement this component. Staff presented several potential options for consideration, including:
- Asking the PT to complete the checklists themselves, and have the policies and the completed checklists submitted to the College for assessor review
- Asking the PT to complete the checklists themselves, and have the policies and the completed checklists available to the assessor during the on-site visit
- As a peer to review the policies and submit the completed checklists to the College
- Dividing up the review work to ensure that assessors with the relevant knowledge are reviewing the documents
- Only ask registrants to submit policies for review if they fall below a certain score after the on-site assessment, and the policies will be reviewed by physiotherapists on staff at the College

The Working Group's Recommendation:

The QAWG noted that the topics that the policies capture are all critical, therefore it is important for there to be some review. However they also acknowledge the operational challenges. The QAWG was in favour of adopting the option of asking the PT to review the policies, complete the checklists, and have the policies and the completed checklists available to the assessor during the on-site visit.

When reviewing the materials, the assessor would be asked to indicate in their report the following:
- Confirmation that the PT completed the checklists,
- Make note of any policies that the PT did not have that they should have, and

- Make note of any instances where the PT indicated that their policies did not contain one or more of the required elements

Decision Sought:

That Council approve the recommendation that for the written policies review component of the on-site assessment, instead of the registrant submitting the policies to the College for the assessor to review, that the registrant completes a self-review of their policies using the checklists created for this review.

Attachments:
- Appendix 1: Checklists for Written Policies Review

Appendix 1: Checklists for Written Policies Review

Checklist: Written Process for Routine Review of Fees, Billing and Accounts

Registrant Name: _____   Registration Number: _____

List materials reviewed:
1. _____
2. _____
3. _____
4. _____

Indicators:

Yes (✓) – the document(s) contains the required element.
No (X) – the document(s) does not contain the required element.
Not applicable (NA) – the listed item does not apply.

Required Element	Yes / No / NA	Source	Comments
Name and registration number of the PT conducting the reviews			
How often billing reviews will be done			
How many billings will be reviewed each time *(Note: The registrant should review a sample of billings from different funding streams, if applicable)*			
A description of what the PT will be looking for while conducting reviews of the billings			
A description of what steps will be taken if inaccuracies are found			
The written process must include a way to document when the review was conducted, the outcome of the review, and what actions were taken to address the inaccuracies			

Checklist: Written Instructions on How to Manage Adverse Outcomes When Performing a Rostered Activity

Registrant Name: _____   **Registration Number:** _____

Your rostered activities:
1.
2.
3.
4.
5.
6.

List materials reviewed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Instructions:

- For the purpose of the Quality Assurance Program, registrants are assessed only on controlled acts that are on the College roster.
- Written instructions may be available at the organization (e.g. hospital, clinic) and not specific to only physiotherapists. A PT needs to be aware of how the instructions apply to their own patient scenarios.
- The PT should review written instructions for all activities for which they are rostered (as indicated on the Public Register).

Indicators:

Yes (✓) – all of the documents contain the required element.
No (X) – one or more of the documents does not contain the required element.
Not applicable (NA) – the listed item does not apply.

Indicator	Yes / No / NA	Source	Comments
A list and/or description of adverse outcomes that can be reasonably foreseen for the rostered activity			
Signs and symptoms for each of the adverse outcomes for the rostered activity, or how to recognize an adverse outcome is occurring			
A description of what actions will be taken, when, and by whom, if an adverse outcome occurs			
A statement or indication that information related to the adverse outcome will be documented			
A description of what instructions or advice should be given to the patient regarding the event or the reoccurrence of each of the adverse outcomes			
The written instructions are consistent with current accepted-practice that are appropriate for the setting and the activity.			

Checklist: Written Communication Plan When Working with Physiotherapist Assistants

Registrant Name: _____   **Registration Number:** _____

List materials reviewed:
1. _____
2. _____
3. _____
4. _____

Indicators:

Yes (✓) – the document(s) contains the required element.
No (X) – the document(s) does not contain the required element.
Not applicable (NA) – the listed item does not apply.

Required Element	Yes / No / NA	Source	Comments
PT name and contact information (phone number, email address, or both)			
Alternate PT(s) name(s) and contact information (phone number, email address, or both)			
How often PT meets with PTA(s) to discuss each patient receiving care from the PTA(s) (e.g. daily, 2 times per week)			
Means of communication (in-person, over the phone, video conferencing, text messaging)			

Checklist: Written Protocols for Infection Prevention and Control

Registrant Name: _____   **Registration Number:** _____

List materials reviewed:
1. _____
2. _____
3. _____

Instructions:

Written protocols for infection prevention and control may be available at the organization (e.g. hospital, clinic) and not specific to only physiotherapists. A PT needs to be aware of how the protocols apply to their own patient scenarios.

Indicators:

Yes (✓) – the document(s) contains the required element.
No (X) – the document(s) does not contain the required element.
Not applicable (NA) – the listed item does not apply.

Indicator	Yes / No / NA	Source	Comments
A description of routine infection prevention and control protocols to be taken for all patients, which may include: • Instructions on hand hygiene • Instructions on cleaning, disinfecting and/or sterilizing equipment used in the practice • Instructions on environmental cleaning • Instructions on when and how to use personal protective equipment			
Where applicable, instructions on how to safely manage and dispose of body fluids, waste and sharps			
Instructions on any other additional measures that may be necessary in the practice setting			

Indicator	Yes / No / NA	Source	Comments
A description of what actions will be taken, and by whom, if infection transmission occurs			
The written protocols are consistent with current accepted-practice that are appropriate for the setting.			

Checklist: Written Process for Routine Review of Safety and Maintenance of Equipment

Registrant Name: _____   **Registration Number:** _____

List materials reviewed:
1. _____
2. _____
3. _____

Instructions:

A written process for the routine review of equipment maintenance and safety may be available at the organization (e.g. hospital, clinic) and not specific to only physiotherapists. A PT needs to be aware of how the process applies to their own patient scenarios.

Indicators:

Yes (✓) – the document(s) contains the required element.
No (X) – the document(s) does not contain the required element.
Not applicable (NA) – the listed item does not apply.

Indicator	Yes / No / NA	Source	Comments
A list of the types of equipment that the registrant uses to provide patient care that could pose a risk to patients if it is not maintained			
A description of a process to confirm that the equipment is maintained			
If applicable, a statement of how often the registrant will review the maintenance and safety of equipment			
If applicable, a description of what the registrant will check for when reviewing equipment maintenance and safety			

Indicator	Yes / No / NA	Source	Comments
A description of what action the registrant will take if it is discovered that the equipment needs servicing or maintenance			
A description of what action the registrant will take if it is discovered that the equipment is not safe			
If applicable, a method to document when the review occurred, the outcome of the review, and what actions were taken if necessary			

Council Meeting
September 27, 2019

Agenda # 11.6: QA Program Review – Revised Project Timeline and Target Assessment Volume

It is moved by

_____,

and seconded by

_____,

that:

Council approve a reduction in the target number of assessments for the current fiscal year from the previous target of 794 to 250.

Meeting Date:	September 27, 2019
Agenda Item #:	11.6
Issue:	Quality Assurance Program Review – Revised Project Timeline and Target Assessment Volume
Submitted by:	Joyce Huang, Strategic Projects and Policy Manager

Issue:

To ensure that there is sufficient time to make the necessary improvements to the QA Program based on the pilot test learnings, the timelines for the remainder of the project have been extended. This will also impact the number of registrants that can be assessed in this fiscal year. Council is asked to approve a reduced assessment volume for this fiscal year.

Background:

In the summer of 2017, the College initiated a review of the Quality Assurance Program to identify what changes to the program, if any, could increase its impact on registrants' practice without necessarily increasing costs.

In the previous iteration of the Quality Assurance Program, the College randomly selected 5% of eligible registrants to participate in practice assessments each year. The actual number of PTs selected each year would fluctuate based on the size of the registrant base and eligibility. In the most recent year of its operation, 376 PTs were selected for practice assessment.

In December 2017, Council considered a new framework for the Quality Assurance Program recommended by the Quality Assurance Working Group (QAWG). The recommended framework is based on a two-step practice assessment process. The first step is a short assessment that is done remotely, which will serve as a screening tool. The remote assessment would identify a subset of PTs who would benefit from a more in-depth look at their practice, and they would be asked to participate in the second step, which is an on-site assessment. In addition, instead of random selection, eligible PTs would be selected in sequence based on who has been in practice the longest without having been assessed.

One of the outcomes of this new model is that the College would be able to assess more PTs in a year and be able to assess all eligible PTs over a multi-year assessment cycle, while keeping program costs at a similar level as the previous program.

At that time when Council considered and approved the recommended new framework for the program, Council also approved a proposal to pause practice assessments for one year, from April 2018 to March 2019, to allow the College to spend time and resources to develop the new program. It was anticipated that the new program would be implemented starting in April 2019.

Target assessment volume for fiscal year 2019-20:

In November 2018, as part of the development of the new program, the QAWG considered how many PTs could be assessed in a year in the new program with the new two-step process. The QAWG considered Council's previous direction that the new program should have similar costs as the previous program. Based on that consideration, the QAWG considered various scenarios of assessment volumes and their respective impact on program cost, based on what was known about the new program at that time and the projected costs.

As a result of their deliberation, the QAWG recommended that 9.1% of eligible PTs be selected for assessment each year, which means that all eligible PTs would be assessed over the course of about 11 years. The QAWG recognized that the target assessment volume would be subject to review after the pilot test process, when we have more information about how the program is implemented.

In December 2018, Council considered the QAWG's recommendations regarding the target assessment volume and approved the recommendation to select 9.1% of eligible PTs (which equals 794 PTs) for assessment in the fiscal year 2019-20.

Staff then made some projections for the implementation of assessments for the fiscal year based on what was known about the program at the time:
- 250 PTs would be selected to participate in the pilot test process
- Council would approve a remote assessment cut score in June 2019
- Regular monthly selections would begin in July or August 2019
- About 60 PTs will be selected each month from Q2 to Q4 to meet the target of 794 assessments for the year

Revised target assessment volume based on new information:

The implementation of the revised Quality Assurance Program began in April 2019 as planned, starting with a pilot test process. The first part of the pilot test process, the remote assessments, is now complete. The experience with the pilot test process to date points to a new set of considerations regarding the assessment volume for this fiscal year.

- The timelines for the pilot test process were extended due to the need to postpone the cut score study activity
- The pilot test process to date have identified a number of necessary improvements to the assessment tools and the process, particularly the need to improve user experience with the technology tools
- It would be preferable to resolve the issues have been identified to date before we select more PTs to participate in the assessment process, so that we are not asking PTs to participate in a process that we know is flawed and that we plan to change
- It is not known at this time what we will learn from the on-site assessment pilot test and what improvements we may need to make, but it would be reasonable to expect that some improvements will be required, based on our experience with the first part of the pilot test
- We need to work with external vendors to implement the necessary changes to the technology tools; the timeline for this work is impacted by our current relationship with our database vendor

Based on the information that we have today, it is anticipated that:
- We will not initiate additional assessments in the program until after April 2020
- This means that only 250 PTs will be assessed in the QA program in this fiscal year, which is short of the target that Council previously approved

The Working Group's Recommendation:

The WG is in agreement with the goal that we should make the necessary improvements to the program based on what we learn from the pilot test process before full implementation of the program. They believe that this would help ensure that the assessment tools are valid and reliable, and the assessment process is efficient and supports good user experience.

The WG supports the recommendation to not conduct any more practice assessments in the current fiscal year.

Decision Sought:

That Council approve a reduction in the target number of assessments for the current fiscal year from the previous target of 794 to 250.

Agenda #12

Update on Performance Measurement Framework

Presentation by

Allison Henry and Thomas Custers

Councillor Key Learning

Submitted by: Nicole Graham

Name of Conference: Council on Licensure, Enforcement and Regulation – Sixth International Congress on Professional and Occupational Regulation

Location and Date: Vancouver, British Columbia, June 27-28, 2019

Conference website and URL link: https://clearhq.org/event-2761223

My top three key learnings from the conference:

1. Occupational regulation is under scrutiny, government challenging self-regulation as professional self-interest and protection, appointment of external reviewer to BC College of Dental Surgeons (https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf), with recommendations for increased public representation on boards. There should be an intentional approach to council composition, more diverse council which make up a well-rounded group for particular council's purpose.

2. The case of Dr. Bawa-Garba; should regulators be involved in workplace challenges (ie. understaffing, IT downtime, wellness)?

3. Algorithm for complaint risk factors, use of measurement tool. The PRONE score: an algorithm for predicting doctors' risks of formal patient complaints using routinely collected administrative data https://qualitysafety.bmj.com/content/24/6/360

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

1. When discussing issues around engaging youth/new registrants, we need to think about how to engage youth, allowing them to make decision and teach them to be accountable and take responsibility for their decision making.   The "under 30s", the youth will hold the balance of power.

2. Address wellness of registrant base perhaps through a standard

3. With new QA program, is there future opportunity to use data collected and create a risk register and address issues before complaints happen.

Additional Comments:
-Do we need to consider how retirement of baby boomers will affect our registrant base and revenues?

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

	# of Meetings		# of Cases Considered	# of Appeal Decisions Received (HPARB or Divisional Court)	Type of Outcomes		Q1 2019/20
	F2F	Tel					
Registration	0	2	5	0	Certificate Granted (with or without terms, conditions and limitations)		1
					Certificate Denied		2
ICRC	3	2	49	1	Direction provided to staff (case ongoing)		0
					Investigator appointed		8
					Referral to Discipline		2
					Incapacity Inquiry or Referral to Fitness to Practice		0
					Other decision		31
Quality Management	0	1	1	0	Practice Assessment	Successfully Completed (with or without recommendations)	1
						Practice Enhancement Required	0
					Practice Enhancement	Successfully Completed	0
						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**	7	0	5	1	**Hearings Pending**		7
					Hearing Outcomes	Revoked	0
						Suspended (with or without terms, conditions and limitations)	3
						Terms, Conditions and Limitations only	1 (A&U)
						Other Adjourned indefinitely In progress	1
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

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

ISSUES AND TRENDS

Registration – There were 2 cases wherein the Committee deferred making a decision pending additional information

ICRC – Nothing to report

Quality Assurance – Nothing to report

Discipline and Fitness to Practice – Nothing to report

Patient Relations – Nothing to report

EXECUTIVE COMMITTEE

REPORT TO COUNCIL

Date: September 27, 2019

Committee Chair: Mr. Darryn Mandel, President

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

Support Staff: Mr. Rod Hamilton
Ms. Elicia Persaud

Meetings:

Meetings held since last report:
- July 24, 2019
- September 4, 2019

JULY 24, 2019 EXECUTIVE COMMITTEE MEETING

1. **Governance and By-law Policy Review**

   The Executive Committee provided detailed feedback about section 1.1 - Definitions to section 3.13- Acclamation of the By-laws.

SEPTEMBER 4, 2019 EXECUTIVE COMMITTEE MEETING

1. **Amendment to Committee Slate**

   The Executive Committee recommended that Jane Darville be appointed to to the Inquiries, Complaints and Reports Committee.

2. **Proposed Standards Review Framework**

   The Executive Committee directed staff to explore an alternative Standard's review framework.

3. **Use of Fee Credits for Other Online Fees**

   The Executive Committee recommend changing the by-law to allow fee credits to be applied to all types of fees except for cost orders.

4. **Proposal for Fee reduction**

   The Executive Committee recommend to Council that the fees for a certificate of registration authorizing independent practice described in sections 8.4(1b) and 8.4(2a) of the College By-laws be amended from $595 to $575 to take effect on February 1, 2020.

5. **Honourary membership By-law**

   The Executive Committee directed staff to re-draft the By-law to incorporate their feedback; the revised By-law will be brought back to committee in December.

6. **Review of Council Education**

   The Executive Committee directed staff to continue to monitor the current education practices and bring forward a recommendation in the new year.

7. **Corporate Hotel: Next Steps**

   The Executive Committee agreed the college will enter into an agreement with the Chelsea Hotel as the new corporate hotel in 2020 and that councillors will be reimbursed up to a maximum amount based on the current Honoraria policy.

8. **Reserve Policy**

   The Executive Committee recommended that Council approves Finance Committee's recommended process for how to access the College's reserves.

9. **By-laws and Governance Policies Review**

   The Executive Committee provided detailed feedback on sections 3.14 – Administration to 3.20 – Documentation and Notification of Results of the By-laws.

Agenda #14

Member's Motion/s