



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

February 16, 2021

9:00am to 1:00pm

Virtual via Zoom

9:00 AM

Welcome

- 1 Approval of the Agenda**
Motion For Decision
- 2 Council Meeting Minutes of December 18 & December 21, 2020**
Motion For Decision
- 3 Revision to the Committee Slate 2020-2021**
Motion For Decision

Public member Myles MacLeod to be appointed to committees.
- 4 Priority Setting for the College 2021/2022**
Motion For Decision

Council is asked to consider the priority issues that the College should work on in the coming year and include in the budget.
- 5 Councillor Motion Land Acknowledgement**
Motion For Decision

Councillor Janet Law brought forward a member's motion in the November 27, 2020 Council meeting. Council is asked to approve the use of an Indigenous Land Acknowledgement statement at the commencement of future meetings and consider the College Position on Cultural Competency and Anti-discrimination.
- 6 By-Law & Governance Review**
Legal Review
Motion For Discussion & Decision

Council is being asked to consider recommendations for amendments to the Colleges By-Law and Governance policy proposals received from legal counsel



6.1 Operational Commitment Limits
Motion For Decision

Council is asked to approve the proposed operational commitment limit framework be incorporated into the by-law amendments in principle.

7 Registrar's Report
For Information

8 President's Report
For Information

9 Members' Motion/s

Adjournment



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 1

**Council Meeting
February 16, 2021**

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.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 2

**Council Meeting
February 16, 2021**

**Agenda #2: Approval of the Council Meeting Minutes of December 18, 2020 &
December 21, 2020**

It is moved by

and seconded by

that:

the Council meeting minutes of December 18, 2020 & December 21, 2020
be approved.



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

MINUTES

December 18, 2020

Virtually via Zoom

Zoom Attendees:

Darryn Mandel, President
Theresa Stevens, PT
Martin Bilodeau, PT
Janet Law, PT
Tyrone Skanes, Public
Sharee Mandel, PT
Sharon Switzer-McIntyre, PT
Hervé Cavanagh, PT
Nitin Madhvani, Public

Ronald Bourret, Public
Katie Schulz, PT
Jesse Finn, Public
Karen St. Jacques, PT

Regrets:

Tom McAfee, Public
Jennifer Clifford, PT

Staff on Zoom:

Rod Hamilton, Registrar
Justin Rafton
Shelley Martin
Melissa Collimore
Olivia Kisil
Barbara Hou

Recorder: Barbara Hou

Friday, December 18, 2020

9:00 am.

1.0 Approval of the Agenda

Motion It was moved by H. Cavanagh and seconded by S. Switzer-McIntyre that:

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

CARRIED.

2.0 Approval of the Council Meeting Minutes of November 27, 2020

Motion 2.0 It was moved by T. Skanes and seconded by J. Law that:

the Council meeting minutes of November 27, 2020, including the in-camera minutes be approved.

CARRIED.

3.0 Canadian Alliance Physiotherapy Regulators (CAPR)

D. Mandel, H. Cavanagh, and M. Bilodeau declared a Conflict of Interest (COI) with the agenda item, their video was turned off and they did not participate in any discussions.

3.1 CAPR Board Representative Update

Gary Rehan, CAPR board representative informed Council of the College's annual CAPR membership dues owing to remain a regulatory member and obtain services such as credentialing. Council agreed to proceed with full payment for 2021. Further discussion on the CAPR relationship was deferred for future meetings.

3.2 CAPR Governance Review



G. Rehan advised Council that the CAPR board was conducting a Governance Review in 2021, and had expressed a desire to collaborate with the College. Council will be provided with further materials to examine the challenges identified in the review process for CAPR's consideration.

3.3 Provisional Practice Extension Request

S. Switzer-McIntrye declared a COI with this part of the discussion, turned off their camera, and did not participate.

R. Hamilton, Registrar provided an overview of applicants who passed the written exam, obtained Provisional Practice Certificate, and subsequently failed the clinical component (OSCE). Due to the COVID pandemic and examination delays, failed applicants were unable to take the clinical exam and are denied provisional practice extensions.

Based on the College's public protection mandate and the explicit wording of the Registration Regulation, the Chair of the Registration Committee indicated that after considering requests for the extension of provisional practice certificates in this context, the Registration Committee does not have the authority to issue an extension of such provisional practice certificates. Nor does it recommend that Council pursue regulation changes that would give it this authority. At this time, Council agreed with this position.

4.0 Motion Quality Assurance Program-Confirmation of the Threshold for Successful Completion of the Screening Interview for 2021.

S. Martin, Manager of Quality Assurance provided Council with a presentation on the development of the new Quality Assurance Program from Summer 2017 to April 2020.

Based on data analysis findings following the Pilot program completion, the Quality Assurance Working Group (QAWG), in consultation with the Quality Assurance Committee, recommended that the threshold for successful completion of the screening interview be lowered to 85% from 88% for 2021-2022.

Council suggested that with the collection of increased data, the cut score would again be reviewed after the first year.

It was moved by S. Switzer-McIntrye and seconded by T. Skanes that:

Council approves the threshold for successful completion of the Quality Assurance Program screening interview be set at 85% for 2021-2022.

CARRIED.

5.0 Motion Dissolution of the Quality Assurance Working Group (QAWG)



In 2017, Council appointed a QAWG tasked with providing policy direction regarding the development of the new Quality Assurance Program. As the pilot was complete, any further work required would be absorbed by the Quality Assurance Committee. Council considered the recommendation of the Executive Committee that the QAWG be dissolved.

Council supported a letter of recognition for QAWG members' dedicated work towards the launch of the QA program in January 2021.

It was moved by R. Bourret and seconded by J. Law that:

CARRIED.

Council dissolve the QAWG effective December 18, 2020.

6.0 Entry to Practice Scoping Review

R. Hamilton provided Council with a high-level overview of the Entry to Practice (ETP) program review and recommendations.

Council would be provided with the full report on the review and background materials, including the original request for proposal scope of work. Further discussion on this item was deferred to a later Council meeting.

7.0 College Performance Measurement Framework (CPMF) Update

J. Rafton, Manager of Policy and Governance provided Council with a presentation on the official launch of the CPMF. It was highlighted that the completed CPMF report must be submitted to the Ministry and posted on the College website by March 31, 2021.

Council confirmed that it would be asked to consider the final content of the report prior to its submission to the government.

8.0 Virtual Practice in Physiotherapy Motion

In April 2020, amidst the early stages of the COVID pandemic, the College released a guidance document on Virtual Practice in Physiotherapy, as it related to the College's existing standards and rules. Based on this guidance, registrants have reached out to the College regarding the technologies and platforms that can be used to provide virtual care. Staff had developed further clarification, in accordance with relevant legislation.

It was moved by R. Bourret and seconded by M. Bilodeau that :

In accordance with relevant legislation, Council approves additional guidance regarding technology being incorporated into the Colleges virtual practice document.

CARRIED.



9.0 CNAR Conference Written Report

K.Schulz provided an update on key learnings from attending the CNAR conference.

10.0 President's Report

D. Mandel, President, provided an update on the following:

- Public member J. Finn had been reappointed for a three year term;
- College's pandemic response;
- All College meetings to be held virtually and may return to hybrid once lockdown is lifted;
- Recommendation for Councillors to provide feedback in post-Council survey; and
- Prospective 2021 Council meeting dates.

11.0 Registrar's Report

R. Hamilton, Registrar provided an update on the following:

- COVID vaccine rollout;
- CAPR exams;
- HPRO Working Group -Black, Indigenous and People of Color (BIPOC) racism;
- CPMF-formalized education program for Council members;
- 2021-2022 Council election nominations for 3 regions;
- Annual renewal begin February 1, 2021; and
- Executive election in March 2021

12.0 Members' Motion/s

Adjournment

It was moved by S. Mandel that the Council meeting be adjourned.

The meeting was adjourned at 2:00 p.m.

CARRIED.

Darryn Mandel, President



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

MINUTES

Special Council meeting December 21, 2020

Virtually via Zoom

Zoom Attendees:

Darryn Mandel, President
Theresa Stevens, PT
Janet Law, PT
Tyrone Skanes, Public
Sharee Mandel, PT
Sharon Switzer-McIntyre, PT
Hervé Cavanagh, PT
Nitin Madhvani, Public

Ronald Bourret, Public
Katie Schulz, PT
Karen St. Jacques, PT
Jennifer Clifford, PT
Regrets:
Tom McAfee, Public
Jesse Finn, Public
Martin Bilodeau, PT

Staff on Zoom:

Rod Hamilton, Registrar
Justin Rafton
Taylor Turner
Barbara Hou

Recorder: Barbara Hou

December 21, 2020

**6:00 pm. 1.0 Ontario Government Provincewide Shutdown Announcement
Motion**

On December 21, 2020, the Ontario government announced additional restrictions to stop the spread of COVID-19. These additional measures included a provincewide shutdown beginning Saturday, Dec 26, 2020. The restrictions will remain in place across the province until January 9, 2021, and in Southern Ontario will remain in effect until January 23, 2021.

Following a review of the public health and workplace safety measures, no further restrictions had been applied to the physiotherapy practice. Physiotherapists and other health regulated health professionals would be able to continue to operate consistent with current guidelines for regulated health professionals. Staff had developed a draft communication to provide this update to Ontario physiotherapists. Council reviewed the draft communication and agreed it should be circulated immediately.

It was moved by J. Clifford and seconded by S. Switzer-McIntyre that: Council approve the communication for immediate release to all registrants.

CARRIED.

The meeting was adjourned at 6:15pm



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de l'ONTARIO

Motion No.: 3

**Council Meeting
February 16, 2021**

Agenda # 3: Revision to the Committee Slate 2020-2021

It is moved by

and seconded by

that:

Council appoint Myles MacLeod to the Discipline and Fitness to Practise Committee, the Quality Assurance Committee, and the Patient Relations Committee.

Meeting Date:	February 16, 2021
Agenda Item #:	3
Issue:	Revision to the 2020-2021 Committee Slate
Submitted by:	Rod Hamilton, Registrar

Issue:

Council is being asked to consider some minor revisions to the 2020-2021 committee slates recommended by the Executive Committee.

Background:

The issue that this set of revisions to the committee slate needs to resolve is the recent appointment of Myles MacLeod to Council and the recent departure of Ron Bourret.

With the recent expiry of Ron Bourret's public appointment, there are now only three public members on the College's Discipline and Fitness to Practise Committee so the addition of a public member to this committee would be of significant assistance in forming panels.

Also due to the departure of Ron Bourret, the Patient Relations Committee no longer has a public member so it would be helpful to add Mr. Macleod to this committee, which has a relatively low workload.

Finally, it would be helpful to add Mr. Macleod to the Quality Assurance Committee due the fact that one of the current public members of the committee has been experiencing personal issues which have limited his ability to attend meetings.

With these considerations in mind, it is suggested that Mr. MacLeod be appointed to the Discipline and Fitness to Practise Committee, the Quality Assurance Committee and the Patient Relations Committee.

Decision Sought:

Council is asked to approve Executive's recommendation for the revised Committee Slate by appointing Myles MacLeod to the Discipline and Fitness to Practise Committee, the Quality Assurance Committee and the Patient Relations Committee.

Appendices:

- **Appendix 1:** 2020-2021 Revised Committee Slate



Appendix 1: 2020-2021 Committee Slate

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
EXECUTIVE	5 people: <ul style="list-style-type: none"> At least 3 Professional Members of Council At least 1 but not more than 2 Public Appointees Must include President and Vice President 	Darryn Mandel, President Theresa Stevens, VP Sharee Mandel Ron Bourret Tyrone Skanes	The Executive 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 Barbara Hou
INQUIRIES, COMPLAINTS AND REPORTS (ICRC)	At least 6 people, at least: <ul style="list-style-type: none"> 2 Professional Members of Council 2 Public Appointees 1 Non-Council 	Monica Clarke Theresa Stevens Jennifer Clifford Tyrone Skanes Tom McAfee Gary Rehan, Chair	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.	Allan Mak
DISCIPLINE & FITNESS TO PRACTISE	At least 10 people, at least: <ul style="list-style-type: none"> 2 Professional Members of Council 3 Public Appointees 	Sharee Mandel, Chair Janet Law Martin Bilodeau Hervé Cavanagh Jennifer Clifford Karen St. Jacques Sharon Switzer-McIntyre Theresa Stevens Katie Schulz Ron Bourret Nitin Madhvani Jesse Finn Tom McAfee Myles Macleod	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
	<ul style="list-style-type: none"> 1 Non-Council 	James Wernham Daniel Negro Sue Grebe Angelo Karalekas Nicole Graham Richa Rehan		
QUALITY ASSURANCE (QA)	At least 6 people, at least: <ul style="list-style-type: none"> 2 Professional Members of Council 2 Public Appointees 2 Non-Council 	Theresa Stevens, Chair Hervé Cavanagh Tom McAfee Nitin Madhvani <u>Myles Macleod</u> Antoinette Megens Elizabeth Bergmann	The Quality Assurance 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: <ul style="list-style-type: none"> 1 Professional Member of Council 1 Academic Member 2 Public Appointees 1 Non-Council 	Katie Schulz Martin Bilodeau Tyrone Skanes, Chair Jesse Finn Anastasia Newman	The Registration 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: <ul style="list-style-type: none"> 2 Professional Members of Council 1 Public Appointee 1 Non-Council 	Sharee Mandel, Chair Karen St. Jacques Ren Bourret <u>Myles Macleod</u> Antoinette Megens	The Patient Relations 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: <ul style="list-style-type: none"> President Vice President 	Darryn Mandel, President Theresa Stevens, VP	The Finance 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

COMMITTEE	REQUIRED COMMITTEE COMPOSITION	PROPOSED MEMBERSHIP	BRIEF DESCRIPTION OF STATUTORY COMMITTEE'S RESPONSIBILITIES	Staff Support
	<ul style="list-style-type: none"> 3 Councillors at least 1 or 2 Public Appointees 	Janet Law, Chair Jennifer Clifford Nitin Madhvani		

ADDITIONAL:

CAPR CPO Representative to the Board
 Gary Rehan – Appointed by Darryn Mandel



Motion No.: 4

**Council Meeting
February 16, 2021**

Agenda # 4: Priority Setting for the College 2021/2022

It is moved by

and seconded by

that:

Council approve the following activities as Council priorities for 2021/2022 and that they be considered in the Fiscal 2021/22 budget:

1. Develop a plan and process for any required improvements to the entry to practice program.
2. Develop improvements to College's performance on the College Performance Measurement Framework (CPMF)
3. Complete the Governance policy review and the Bylaw review
4. Identify strategic goals for the next three to five years, develop tactics to accomplish these goals and define the priority for these goals



Meeting Date:	February 16, 2021
Agenda Item #:	4
Issue:	Priority setting for the College for 2021/2022
Submitted by:	Rod Hamilton, Registrar Darryn Mandel, President Theresa Stevens, Vice President

Decision Sought:

That Council approve the recommendation of the Executive Committee that priorities be set for the 2021/2022 fiscal year and that they be included in the Fiscal 2021/22 budget.

Context:

The College's Council is set to embark on a strategic planning exercise in the fall of 2021. It is anticipated that Council will not only decide on the duration of the plan but will also set key priorities, the tactics for year one and the key performance indicators for the associated initiatives that will begin in Fiscal 2022/23.

However, in the meantime, Council is currently required to consider and approve the budget for 2021/2022. In order to do this Council needs to define its priorities for the next year. With these priorities in mind, staff will be able to assess necessary costs for this work and include these costs in the 2021/22 budget for the consideration of Council.

Environment:

There are some things happening in the external environment which will require the College's prompt attention, the most important being the Ministry of Health's College Performance Measurement Framework (CPMF).

Colleges will be required to submit the first report in March 2021. Based on an initial review of the key indicators, it is likely that the College will wish to develop actions plans to address a number of areas related to Governance /Council where the College may not fully meet the governments stated expectations. A full copy of the Framework can be found in Appendix C. The development and implementation of this required action plan is anticipated to begin in the Summer of 2021 and is expected to require substantial commitment from both staff and Council.



Council members who have been with the College for some time will also recall that the College commissioned a scoping review of the Entry to Practice program / Registration that started nearly three years ago.

This area of the College work is very complex as it must respond to statutory requirements in Ontario such as the Regulated Health Professions Act, the Physiotherapy Act, the Fair Access to Regulated Professions and Compulsory Trades Act, the regulations under these acts as well as the Canadian Free Trade Agreement governing the portability of certificates and the national qualification credentialing and examination process.

This review identified several areas that could potentially benefit from a better understanding of the issues as well as closer review and more in-depth research that Council could then consider when planning the next phases in this work.

In coming months, the Council will also be provided with an update regarding the College's IT infrastructure project, in particular the status of the implementation of additional tools to manage and track College work processes. The current infrastructure "as is" cannot support the ongoing reporting requirements and there are risks being identified as it relates to the integrity of our data and our ability to respond to requests for information given that none of the committee decisions are currently being captured in the database.

Priority Issues

The President and the Vice President have been working with staff to identify potential activities that the College could take on in 2021/2022 and have identified the following priorities.

1. Council will revisit the entry to practice scoping review report and approve a plan for how to proceed with further work in the context of this report. Given the complex interrelationships between many laws and processes in the entry to practice program and the significant risks associated with making program changes without a clear understanding of the implications and their costs, this may include additional orientation to the program elements. A copy of the Entry to Practice Scoping Review is appended.
2. Council will dedicate time and effort to the College Performance Measurement Framework (CPMF), in order to assess the College's current performance against those indicators and identify a plan to address any shortcomings once the Ministry provides its assessment of the College performance against the indicators. Issue for consideration will likely include:



- Council / Committee performance assessment and evaluation
 - Development of Key Performance Indicators
 - Council member appointments / Committee membership
 - External evaluation of Council
3. Council will complete the work associated with the Governance policy review and the Bylaw review
 4. Council will hold a Strategic Planning session later this year. It is tentatively proposed hoped that this will be an in-person session. The goal for the strategic planning exercise will be for the College to identify strategic goals for the next three to five years, develop tactics to accomplish these goals and define the priority for these goals.

The Executive Committee considered this list of priorities at its meeting on February 8 and agreed that these four priorities be proposed for Council consideration for inclusion in the fiscal year 2021/2022 budget.

The Executive Committee also recognized that in light of the notice of motion put forward by Councillor Law, and scheduled for consideration at this Council meeting, Council will need to formally consider its position as it relates to Diversity, Equity and Inclusion (DEI) and perhaps consider a Diversity, Equity and Inclusion (DEI) Assessment / Audit.

Other ongoing Council Activities

In addition to the above, it is anticipated that Council/Committee members will participate in the following education / training sessions:

- Council Values and Norm Setting exercise (fall 2021)
- New Council member training / onboarding
- Annual sexual abuse training
- HPRO Discipline Committee training for new members of the Discipline Committee
- Committee specific orientation
- Unconscious bias training
- Conflict of Interest and Bias training
- Financial Literacy training
- Chair training
- Orientation to CAPR – governance, credentials assessment and examinations

It is also anticipated that Council will, over the course of the next fiscal year, undertake priority planning on existing and proposed new standards in order to determine which current



standards are to be reviewed in what priority and whether the College will proceed with the development of some additional standards.

Each Council meeting will include an environmental scanning report (regulatory issues and cases of interest) along with a detailed program area report so that Council is aware of any challenges or risks that are being identified.

There are other activities that Council could take on however given that Council will be engaging in a strategic planning exercise in the fall many of these activities may become part of a larger plan.

These additional potential activities are attached in Appendix A

Decision Required:

That Council approve the following activities as Council priorities for 2021/2022 and that they be considered in the Fiscal 2021/22 budget:

1. Develop plan and process for any required improvements to the entry to practice program.
2. Develop improvements to College's performance on the College Performance Measurement Framework (CPMF)
3. Complete the Governance policy review and the Bylaw review
4. Identify strategic goals for the next three to five years, develop tactics to accomplish these goals and define the priority for these goals

Additional Information Available for Reference:

- Appendix A – Potential Activities that could feed into the strategic planning exercise
- Appendix B – Future Council training opportunities
- Appendix C – CPMF Reporting Tool
- Appendix D-- Entry to Practice Scoping Review



Appendix A

Activities Which Could Be Considered in the New Strategic Plan

- Defining the public interest for the purpose of regulation
- Formal review of the Practice Advisory Service (Scope and output)
- Developing a Framework for Risk Identification and Management (governance, operations, environmental)
- Patient Relations Program Review – given the legislative changes re funding
- Assessment of the College's relationship with third party organizations (provincially, nationally and internationally)
- National initiative – taxonomy to assist with data coding and reporting in program areas
- National initiative - Code of Ethics
- National initiative – Telepractice MOU (discussions happening at the national table)
- National initiative - Definition of practice hours
- National initiative – shared development of the Jurisprudence Education Module
- Council Member Mentorship Program
- Professional Misconduct Regulation – review



APPENDIX B – Future Council Training Opportunities

- Cultural Competency – our ability to understand communicate and effectively interact with people across cultures

Appendix C – CPMF



CPMF Reporting
Tool_December 2020.

Appendix D-Entry to Practice Scoping Review

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

Introduction 3

 The College Performance Measurement Framework (CPMF) 3

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?”. This information will:

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

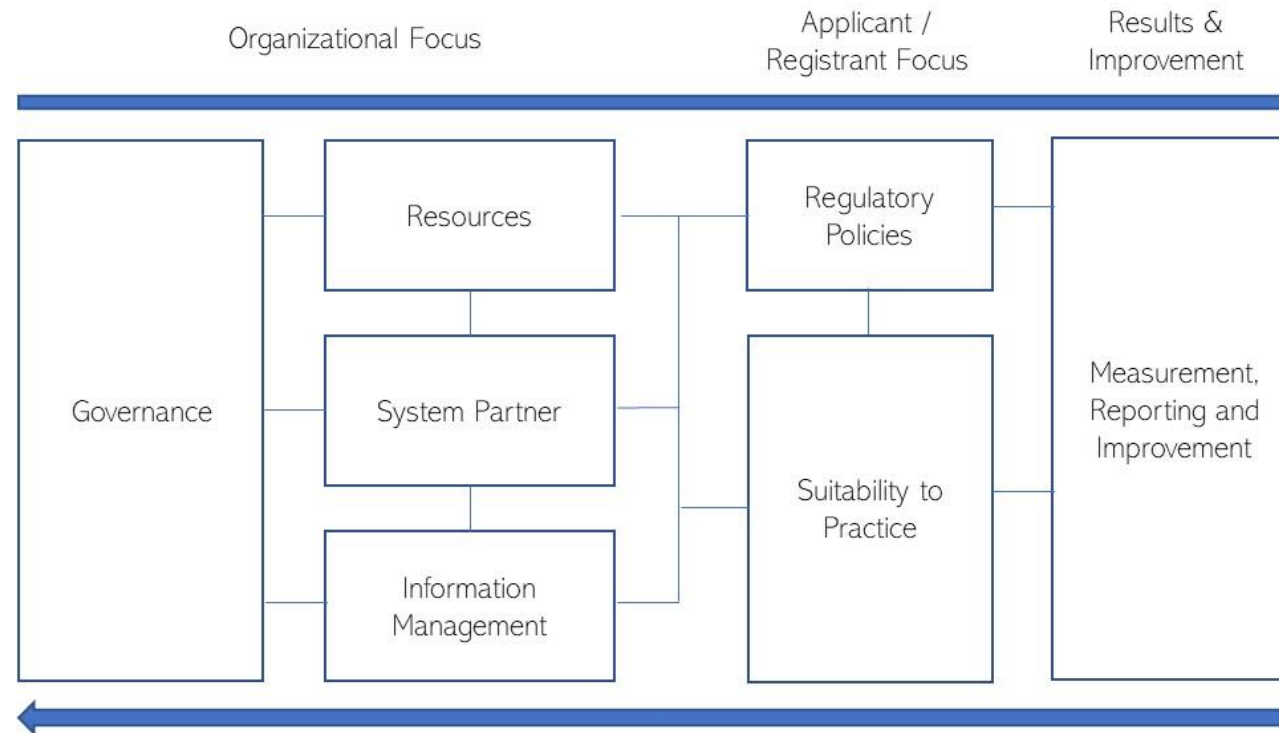
a) Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain	Areas of focus
1 Governance	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. Integrity in Council decision making. The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2 Resources	<ul style="list-style-type: none"> The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3 System Partner	<ul style="list-style-type: none"> The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4 Information Management	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5 Regulatory Policies	<ul style="list-style-type: none"> The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6 Suitability to Practice	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7 Measurement, Reporting and Improvement	<ul style="list-style-type: none"> The College continuously assesses risks, and measures, evaluates, and improves its performance. The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains, standards, measures, evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; ii. Council 	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.¹

¹ Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

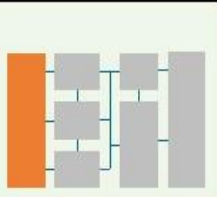
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

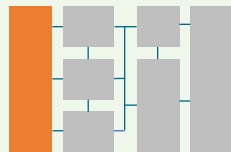
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics: <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i> Additional comments for clarification (optional):

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics: <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>

		<p><i>Additional comments for clarification (optional):</i></p>
	<p>b. Statutory Committee candidates have:</p> <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The competency / suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of each Statutory Committee orientation training: • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public OR list orientation training topics: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		<p><i>Additional comments for clarification (optional):</i></p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Year when Framework was developed OR last updated: • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link> • Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>	
<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, how often over the last five years? <insert number></i> • Year of last third-party evaluation: <insert year> 		
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>		

		<p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; • Insert a link to Council meeting materials where this information is found OR • Describe briefly how this has been done for the training provided <u>over the last year</u>. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
<p>Standard 2 Council decisions are made in the public interest.</p>		
Measure	Required evidence	College response
<p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: • Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

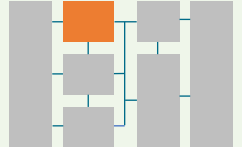
		<i>Additional comments for clarification (optional)</i>
	b. The College enforces cooling off periods ² .	<p>The College fulfills this requirement: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other <please specify> • The year that the cooling off period policy was developed OR last evaluated/updated: • How does the college define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; – insert a link to Council meeting where cooling of period has been discussed and decided upon; OR – where not publicly available, please describe briefly cooling off policy: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

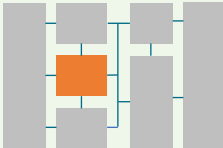
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The year when conflict of interest the questionnaire was implemented OR last evaluated/updated • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> • Insert a link to most recent Council meeting materials that includes the questionnaire: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Describe how the College makes public interest rationale for Council decisions accessible for the public: • Insert a link to meeting materials that include an example of how the College references a public interest rationale: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to webpage where Executive Committee minutes / meeting information are posted:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

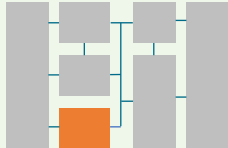
	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the College’s latest strategic plan and/or strategic objectives: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

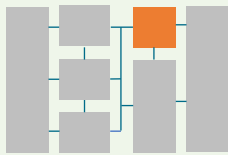
DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none"> • Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: • Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: • Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/> No <input type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

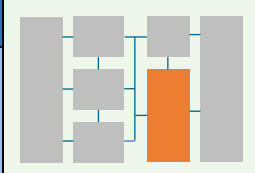
DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7 The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>	

<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> • Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. 	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i> 	
<table border="1"> <tr> <td data-bbox="701 683 1623 1414"> <p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> </td> <td data-bbox="1631 683 2491 1414"> <p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> </td> </tr> </table>	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> 	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i>
<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> 	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> 	

DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8 Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> • Insert a link to policies and processes OR provide brief description of the respective policies and processes.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (optional)</i>	
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: <ul style="list-style-type: none"> i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words.
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>		
<i>Additional comments for clarification (optional)</i>		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ³ .	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>



³ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. • Provide the date when the criteria to assess registration requirements was last reviewed and updated. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: • List the experts / stakeholders who were consulted on currency: • Identify the date when currency requirements were last reviewed and updated: • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

⁴ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: • Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If not, please provide a brief explanation:</i>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: • Is the process taken above for identifying priority areas codified in a policy: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to policy</i> • Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: • Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> – <i>Public</i> Yes <input type="checkbox"/> No <input type="checkbox"/> – <i>Employers</i> Yes <input type="checkbox"/> No <input type="checkbox"/> – <i>Registrants</i> Yes <input type="checkbox"/> No <input type="checkbox"/> – <i>other stakeholders</i> Yes <input type="checkbox"/> No <input type="checkbox"/> • Insert link to document that outlines criteria to inform remediation activities OR list criteria:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

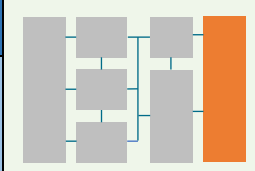
<p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process: • Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input type="checkbox"/> No <input type="checkbox"/> Does the College evaluate whether the information provided is clear and useful: Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>)
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> List all the support available for public during complaints process: Most frequently provided supports in CY 2020: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</p>		
Measure	Required evidence	College response
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: Provide the year when it was implemented OR evaluated/updated (if applicable): <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to policy OR describe briefly the policy: Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
	<i>Additional comments for clarification (if needed)</i>	
b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>



		<i>Additional comments for clarification (if needed)</i>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to College’s dashboard or relevant section of the College’s website:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

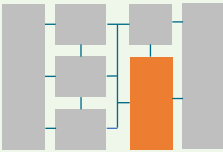
PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

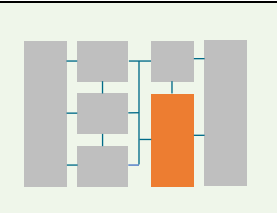
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE																							
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.																							
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:																							
Context Measure (CM)																							
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; padding: 5px;">Type of QA/QI activity or assessment</th> <th style="width: 20%; padding: 5px;">#</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">i. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">ii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">iii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">iv. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">v. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">vi. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">vii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">viii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">ix. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">x. <Insert QA activity or assessment></td><td></td></tr> </tbody> </table>	Type of QA/QI activity or assessment	#	i. <Insert QA activity or assessment>		ii. <Insert QA activity or assessment>		iii. <Insert QA activity or assessment>		iv. <Insert QA activity or assessment>		v. <Insert QA activity or assessment>		vi. <Insert QA activity or assessment>		vii. <Insert QA activity or assessment>		viii. <Insert QA activity or assessment>		ix. <Insert QA activity or assessment>		x. <Insert QA activity or assessment>		<p>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
Type of QA/QI activity or assessment	#																						
i. <Insert QA activity or assessment>																							
ii. <Insert QA activity or assessment>																							
iii. <Insert QA activity or assessment>																							
iv. <Insert QA activity or assessment>																							
v. <Insert QA activity or assessment>																							
vi. <Insert QA activity or assessment>																							
vii. <Insert QA activity or assessment>																							
viii. <Insert QA activity or assessment>																							
ix. <Insert QA activity or assessment>																							
x. <Insert QA activity or assessment>																							
<p>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases</p>																							

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 11
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

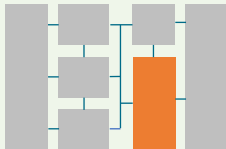
Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

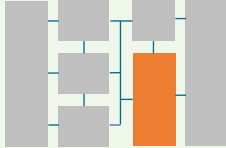
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020			<p>What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.</p> <p>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.</p>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *			

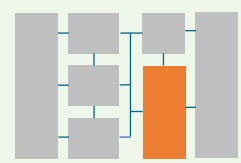
Additional comments for clarification (optional)

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	<i>What does this information tell us?</i> This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
<i>Additional comments for clarification (if needed)</i>			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.					
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:					
Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>
Themes:	#	%	#	%	
I. Advertising					
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care					
V. Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse / Harassment / Boundary Violations					
IX. Unauthorized Practice					
X. Other <please specify>					
Total number of formal complaints and Registrar’s Investigations**		100%		100%	

<p>* Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

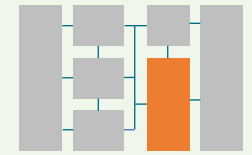
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020			
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020			
CM 9. Of the formal complaints* received in CY 2020**: I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)† II. Formal complaints that were resolved through ADR III. Formal complaints that were disposed** of by ICRC IV. Formal complaints that proceeded to ICRC and are still pending V. Formal complaints withdrawn by Registrar at the request of a complainant Δ VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	#	%	
** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint. † ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.			
What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.			

<p>△ <i>The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</i></p> <p># <i>May relate to Registrars Investigations that were brought to ICRC in the previous year.</i></p> <p>** <i>The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</i></p> <p>φ Registrar's Investigation: <i>Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</i></p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020							
Distribution of ICRC decisions by theme in 2020*		# of ICRC Decision†					
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Fraud							
VI. Professional Conduct & Behaviour							
VII. Record keeping							
VIII. Sexual Abuse / Harassment / Boundary Violations							
IX. Unauthorized Practice							
X. Other <please specify>							

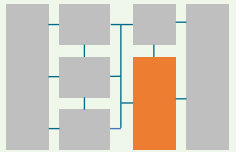
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2020.

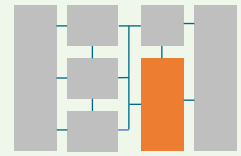
† NR = Non-reportable: results are not shown due to < 5 cases.

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

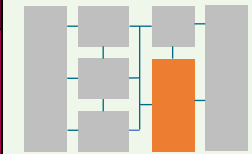
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2020		
II. A Registrar’s investigation in working days in CY 2020		
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		<input type="checkbox"/> Recommended	<input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 12. 90th Percentile disposal* of:	Days	<p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *</p> <p>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</p>	
I. An uncontested^ discipline hearing in working days in CY 2020			
II. A contested# discipline hearing in working days in CY 2020			
<p>* Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).</p> <p>^ Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.</p> <p># Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.</p>			
Additional comments for clarification (if needed)			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type	#
I. Sexual abuse	
II. Incompetence	
III. Fail to maintain Standard	
IV. Improper use of a controlled act	
V. Conduct unbecoming	
VI. Dishonourable, disgraceful, unprofessional	
VII. Offence conviction	
VIII. Contravene certificate restrictions	
IX. Findings in another jurisdiction	
X. Breach of orders and/or undertaking	
XI. Falsifying records	
XII. False or misleading document	
XIII. Contravene relevant Acts	

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

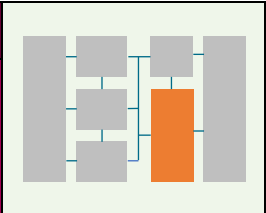
NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation ⁺	
II. Suspension [§]	
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	
IV. Reprimand [^] and an Undertaking [#]	
V. Reprimand [^]	

What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.

§ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:

- Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory college’s website.

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

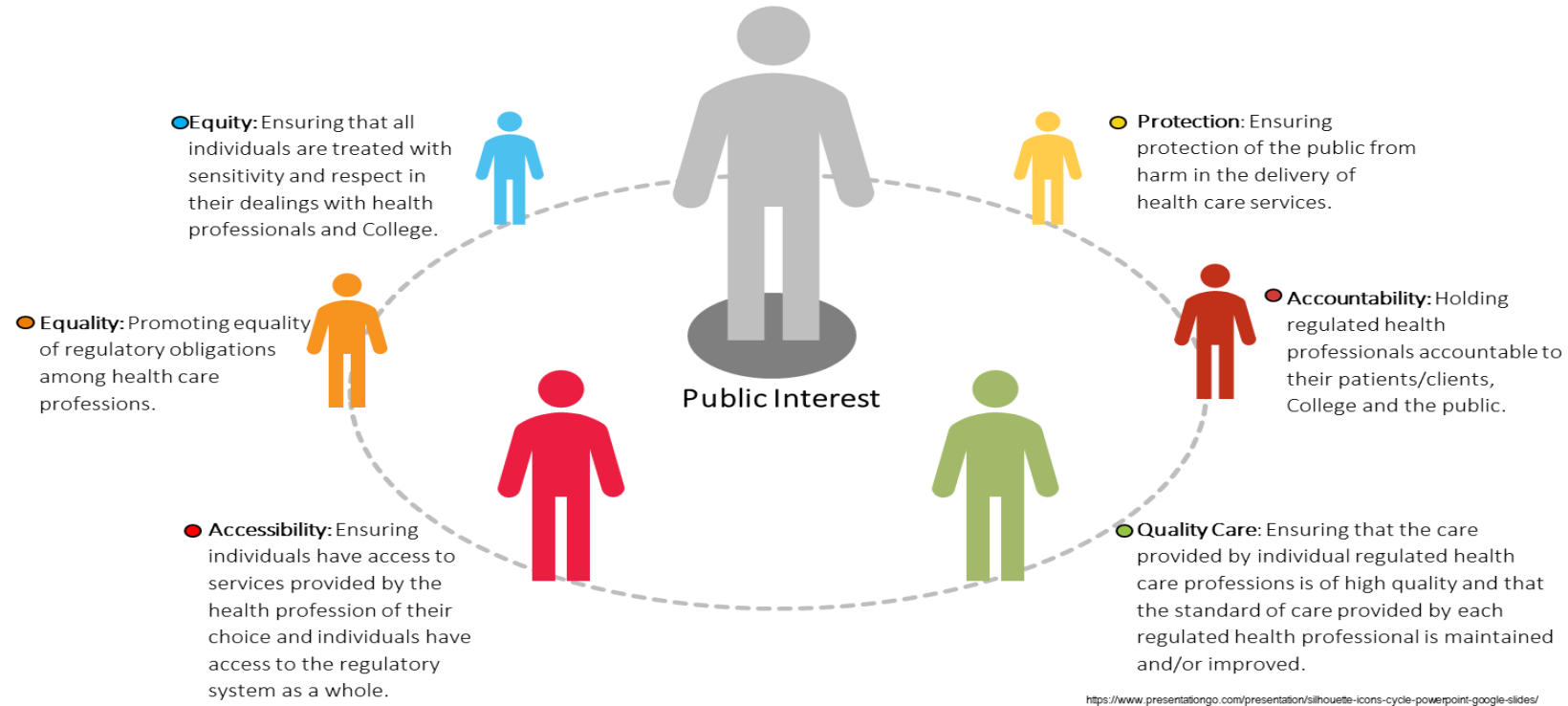
E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



Final report and detailed review plan

for the College of Physiotherapists of Ontario

FINAL – November 22, 2019



Table of contents

3	About this document
4	The College's entry to practice program
6	Summary results of the preliminary review
9	Summary results requiring action (no further review required)
10	Insurance requirements
11	Transparency and information
12	Physiotherapy assistants (PTAs)
13	Summary results requiring decisions, with recommended plans for more detailed review
14	Educational credentials
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18	Language proficiency
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22	Fees
24	Provisional practice and supervision
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28	Appendices
29	Appendix A: CPO's ETP program pathways
30	Appendix B: Considerations for assessing good character

About this document

This document summarizes the results of a preliminary review of CPO's current entry to practice (ETP) program that was undertaken to ensure the program is effective, fair, evidence-based and compliant with legal obligations. The review examined the program elements in light of obligations, effective practices identified in the literature, and current practices used by other regulatory bodies.

This final report identifies immediate actions that should be taken and decisions that need to be made, and outlines recommended plans for more detailed review to support decisions. It builds on three previous documents prepared by Cathexis, which can be referenced should additional detail be needed:

- **ETP program description** (September 13, 2019) which includes an overview of CPO's entry to practice program, overview of legal requirements, description of each component, and relationships between components.
- **Jurisdictional scan and literature review** (September 27, 2019), which identified current practices, trends and innovations in entry to practice programs across Canada; innovative practices that are being used outside of Canada; practices used by other Ontario regulatory colleges; and effective practices in entry to practice programming from the research literature.
- **Preliminary comparative analysis** (October 28, 2019), which compared CPO's current entry to practice program against obligations, effective practices identified in the literature, and current practices used by other regulatory bodies.

List of abbreviations used in this report

CAPR	Canadian Alliance of Physiotherapy Regulators
CFTA	Canada Free Trade Agreement
CPO	College of Physiotherapists of Ontario
ETP	Entry to Practice
HPARB	Health Professions Appeals and Review Board
HPRAC	Health Professions Regulatory Advisory Council
IEPT	Internationally Educated Physiotherapist
PCE	Physiotherapy Competency Exam
PT	Physiotherapist/Physiotherapy
PTA	Physiotherapist Assistant
RHPA	Regulated Health Professions Act

The College's entry to practice program

The College of Physiotherapists of Ontario (CPO) protects the public interest by regulating physiotherapists (PTs) in Ontario. Its authority comes from the *Physiotherapy Act, 1991* and the *Regulated Health Professions Act, 1991*.

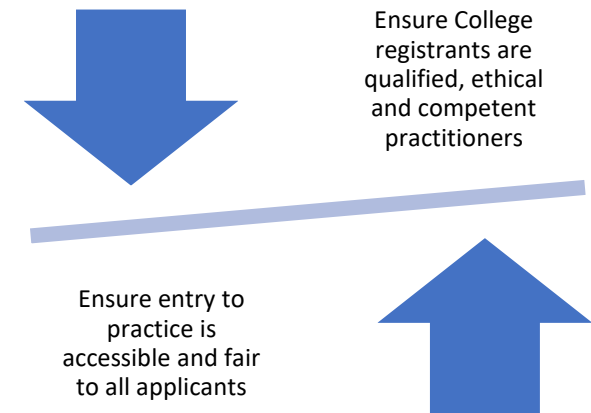
To practice PT in Ontario, individuals must hold a valid certificate of registration from CPO. CPO has established an entry to practice program to ensure that PTs who register for practice in Ontario are qualified, ethical, competent and safe practitioners. Applicants can apply for three types of certificates of registration: Provisional Practice, Independent Practice, and Courtesy. Requirements/processes may be different for internationally-educated applicants (e.g., education credentialing).

The entry to practice program includes a set of minimum registration **requirements** for becoming a PT and associated **processes** for entry-to-practice registration (listed in the table below). Some parts of the program are operated directly by CPO and some by other organizations.

The following page shows the essential elements of the CPO's entry to practice program.

<p>Registration requirements</p> <ul style="list-style-type: none"> ▪ Educational credentials^{1,2} ▪ Language proficiency ▪ Workplace or clinical experience ▪ Registration examinations³ ▪ Good character ▪ Legal status ▪ Professional liability insurance ▪ Payment of fees 	<p>Registration processes</p> <ul style="list-style-type: none"> ▪ Providing information about the requirements and processes ▪ Making registration decisions ▪ Providing timely decisions ▪ Holding internal reviews and appeals⁵ ▪ Granting applicant access to records
<p>Supporting elements</p> <ul style="list-style-type: none"> ▪ Essential competencies⁴ ▪ Standards for educational programs¹ 	

A good entry to practice program effectively balances two obligations: 1) protect the public by ensuring competent practitioners and 2) ensure that the program itself is fair and does not introduce unnecessary barriers to practice.



¹ Physiotherapy Education Accreditation Canada (PEAC) develops educational program standards and accredits Canadian physiotherapy education programs.

² The Canadian Alliance of Physiotherapy Regulators (CAPR) reviews the education and qualifications of international applicants.

³ Physiotherapy Competency Examinations (written and clinical components) are administered by CAPR. The 2020 clinical exam will use a new blueprint.

⁴ Essential competencies are prepared by the National Physiotherapy Advisory Group.

⁵ Appeals are heard by the Health Professions Appeal and Reviews Board

Essential elements of the College of Physiotherapists of Ontario's entry to practice program

Governing legislation

Physiotherapy Act, 1991
Regulated Health Professions Act, 1991

Basic mandate of the College

Protect public safety: ensure that *only* qualified individuals can register
Be fair / promote access: ensure that *all* qualified individuals can register

Types of certificates

Provisional Practice: licence to practice as a PT Resident, with monitoring

Independent Practice: full PT licence.

- **Variations:** **Cross Border** allows non-Ont. PTs to occasionally see Ont. patients. **Emergency** allows non-Ont. PTs to see Ont. patients in an emerg.

Courtesy: temporary licence for specific research or educational activity

Basic ETP pathway (see detailed pathway in Appendix A)



Alternative pathways and additional steps

Applicants trained abroad: credentialing process, language exam (if not trained in En/Fr)

Grandparenting: PTs who registered before 1994 exempt from certain requirements

Canadian labour mobility: easily transfer registration from another province/territory

Courtesy, Ind. Practice-Emergency, Ind. Practice-Cross Border certificates: limited licences, for those registered as PTs elsewhere

Key organizations involved

College of Physiotherapists of Ontario

Sets registration reqs and administers ETP program
Registrar reviews straightforward applications
Registration Committee reviews complex applications

Health Professions Appeal & Review Board

Independent body that handles appeals of application results

Office of the Fairness Commissioner of Ontario

Ensures registration practices are fair, as per legislation

Canadian Alliance of Physiotherapy Regulators

Assesses foreign credentials and language proficiency
Develops/administers Physiother. Competency Exam
Handles appeals for the above

Physiotherapy Education Accreditation Canada

Accredits PT academic programs. Contributed (with other orgs) to development of national PT competencies and curriculum guidelines

Initial registration requirements

- ✓ **Good character:** includes moral integrity, mental competence, ability to interact with patients/colleagues. Self-declaration and letters of good standing with other regulators. May soon include criminal background check (pending Council approval).
- ✓ **Insurance:** covers entire PT practice, \$5m limit, no deductibles, extends 10 years after practice ends.
- ✓ **Academic credential:** PT Master's degree from one of 15 accredited Canadian programs that follow national curriculum guidelines, or "substantially similar" foreign qualification.
- ✓ **Language proficiency:** "reasonable fluency" in spoken/written English or French.
- ✓ **Clinical experience:** 1,025 hours of hands-on experience, mostly with patients, as part of acad. program.
- ✓ **Exams:** pass the Physiotherapy Competency Exam (PCE) written component (200 multiple choice Qs) and clinical component (16 hands-on stations). 3 chances to pass. Based on PT competencies. Extensively quality-assured.
- ✓ **Legal status:** Canadian citizen or PR, or valid work permit.
- ✓ **Fees:** ~\$3,000+ for standard pathway. Cost recovery model. Cost of Master's is additional.

Renewal reqs (annual)

Fee: \$595 (cost recovery); decreasing to \$575 in 2020
Hours: 1,200 hours of clinical practice every 5 years (or detailed review through College Review Program)
Jurisprudence Education Program: online module based on essential competency profile
Good character: self-report
Insurance: continue to carry

Summary results of the preliminary review

The preliminary review found that CPO currently has a **very strong entry to practice program**. It appears to be quite **deliberately designed** with its obligations in mind, is generally **aligned** with effective practices, and is **consistent** with other regulators.

However, the context within which CPO must regulate physiotherapists is not static, but is ever-evolving. There are **a few areas that require some attention** to ensure that Ontario's physiotherapy entry to practice program continues to protect the public without overburdening practitioners and without falling behind.

In some areas, the action required is clear and straightforward. These have been summarized in Section 1. There are other areas where **additional information will be needed** to support evidence-based decisions. These have been summarized in Section 2, along with recommended plans for more detailed review.

None of the suggested actions or decisions will require legislative changes. Some changes can be accomplished operationally, and some will require change in CPO's policies.

The tables on the next two pages summarize the results of the preliminary review. Further details are included in the subsequent sections.

Summary results of the preliminary review

Program elements	CPO current practice	Summary assessment	Decisions/actions needed
Insurance requirements	<ul style="list-style-type: none"> ▪ Applicants require professional liability insurance, as follows: <ul style="list-style-type: none"> ○ Coverage: entire practice of physiotherapy ○ Liability limits: at least \$5 million for a single incident, at least \$5 million for each year. ○ Deductibles: none. ○ Tail insurance: must cover claims made up to 10 years after the member ceases practice 	<p>One change is needed. CPO should ask for proof of insurance (e.g., insurance certificate) within one year of entry, and at each renewal. This would ensure the public protection mechanism is in place, and would pose minimal burden on applicants.</p>	<ul style="list-style-type: none"> ▪ Implement mechanism to get proof of insurance ▪ Alternatively, do a random audit of sample of registrants every 3-5 years (make response mandatory to ensure 100% response rate)
Transparency and information	<ul style="list-style-type: none"> ▪ CPO is obligated to provide clear and accessible information regarding registration processes, requirements for registration, the amount of time the process usually takes, the fees charged, documentation required, and alternative documentation that is acceptable (RHPA ss.22.3,22.4(1)). CPO's website provides most of this information. 	<p>Working well but current entry to practice program manual should be updated with current practices, processes and requirements.</p>	<ul style="list-style-type: none"> ▪ Update entry to practice program/policy manual ▪ Publish entry to practice program/policy manual
Physiotherapy assistants (PTAs)	<ul style="list-style-type: none"> ▪ PT Assistants (PTAs) support PTs in delivering care to their patients; they must work under the supervision of a licensed PT ▪ PTAs are <u>not</u> regulated in Ontario. 	<p>Working well. However, CPO should continue to monitor PTA scope of practice and independence, and consider applying to HPRAC for an opinion if and when appropriate.</p>	<ul style="list-style-type: none"> ▪ Monitor PTA practice and role in healthcare
Educational credentials	<ul style="list-style-type: none"> ▪ Canadian trained applicants must have a Masters degree from an accredited Canadian PT program ▪ IEPTs (Internationally Educated Physiotherapists) must have a degree from a “substantially similar” program (as determined by CAPR’s credentialing process) and may complete a bridging program or specific courses to fill any gaps in training 	<p>Further information is required. CPO should advocate for the inclusion of telehealth and/or related competencies in academic programs so that PTs are more prepared to practice PT remotely. Additional information is needed to determine the extent and nature of the issue of cultural competence of IEPTs and the most appropriate response.</p>	<p>Determine:</p> <ul style="list-style-type: none"> ▪ How best to ensure that telehealth is included in academic programs ▪ Whether cultural competence should be assessed as part of credentialing ▪ Whether all IEPTs should be required to complete a bridging program or alternative mechanism to ensure cultural competence
Entry exams	<ul style="list-style-type: none"> ▪ All applicants must pass the Physiotherapy Competency Exam (PCE), which includes written and clinical components that are completed at separate times. ▪ The PCE is developed and administered by CAPR. 	<p>Working well. The PCE fills important safeguarding and screening functions, but the timing and/or frequency of clinical component may not be sufficient. In addition, some IEPTs who initially register in Quebec are able to practice in Ontario without having passed the PCE.</p>	<p>Determine:</p> <ul style="list-style-type: none"> ▪ Whether to add a third clinical testing date each year, or whether to adjust the timing of the clinical test dates to minimize the time between program graduation and independent practice. ▪ Whether IEPTs who initially register in Quebec pose any risk to public safety, and, if so, how to mitigate this risk while complying with the Canada Free Trade Agreement (CFTA).
Language proficiency	<ul style="list-style-type: none"> ▪ Applicants trained in Canada, Australia, France, New Zealand, Ireland, South Africa, UK or the United States are assumed to be proficient in English or French. ▪ The language proficiency of other IEPTs is determined by CAPR as part of the credentialing process. It is assessed through generic third party examinations which are not specific to PT. 	<p>Further information is required. The current approach to language proficiency assessment is consistent with other provinces (except Quebec), but Ontario PT communication skills continue to be a concern despite the 2012 increase in cut scores. It is not clear whether the current requirements are sufficient.</p>	<p>Determine:</p> <ul style="list-style-type: none"> ▪ Whether to continue using generic language proficiency tests or move to a PT-specific language test. ▪ Whether to adjust cut scores. ▪ Whether there is a better way to assess language proficiency for the purpose of delivering PT care.

Program elements	CPO current practice	Summary assessment	Decisions/actions needed
Good character	<ul style="list-style-type: none"> ▪ Self-declaration (13 questions re: criminal history, mental fitness) ▪ Letter of good standing from most recent regulator, if the applicant was previously licensed in another jurisdiction or profession ▪ CPO is making changes to its good character assessment ▪ CPO may implement criminal background checks, pending Council approval 	<p>Changes are needed. The current approach to assessing good character is not onerous for applicants, but does not effectively screen for criminal background, mental fitness, dishonesty, or academic integrity.</p>	<p>Determine:</p> <ul style="list-style-type: none"> ▪ What aspects of good character to assess, how to assess them and whether verification is required ▪ Whether to require a criminal background check, and if so, what level and how often ▪ What alternatives to allow for IEPTs who cannot obtain criminal background checks
Fees	<ul style="list-style-type: none"> ▪ Application fees for all types of registration is \$100, which is waived for emergency certificates ▪ Annual registration fees are \$595 for independent practice (with plans to decrease this to \$575), \$100 for cross border, and \$75 for provisional practice ▪ There are other costs for applicants during the registration process, including at least \$2,815 for the PCE ▪ IEPTs may also incur additional expenses: \$1,077 for credentialing, \$250-\$300 for a language exam and up to \$13,000 for an optional bridging program 	<p>Working well. CPO's registration fees seem reasonable and are reviewed annually.</p> <p>The national coordinator function that CAPR serves seems valuable and costs less than CPO would pay to fill the same function itself. However, there does appear to be a tension in CPO's relationship with CAPR as a result of the funding and governance models. Withdrawing from CAPR would be more complex than appears on its surface, so potential consequences should be carefully considered.</p>	<p>Determine:</p> <ul style="list-style-type: none"> ▪ Whether the benefits of CAPR membership are worth the costs. ▪ Whether alternative CAPR funding and/or governance models are desirable.
Provisional practice & supervision	<ul style="list-style-type: none"> ▪ Provisional practice certificate allows applicants to work as PT Residents for a limited time after they pass the PCE written component and before they take the PCE clinical component ▪ PT Residents must be monitored (possibly remotely) by one or more fully registered PTs, who assess the Resident's abilities regularly and report to CPO only if requested or if they have concerns ▪ If the PT Resident fails the PCE clinical component, the provisional practice certificate is revoked. 	<p>Changes are required. Closer supervision of provisional PTs may be warranted. Alternatively, if there is a desire to remove provisional practice altogether, the timing of the PCE clinical component will need to be reviewed (additional sittings will need to be considered).</p>	<p>Determine:</p> <ul style="list-style-type: none"> ▪ Whether CPO should continue to offer provisional practice certificate ▪ If so, whether supervision/monitoring requirements for provisional practice should be adjusted and/or there should be additional restrictions/limitations for provisional practice ▪ If not, how the ripple effects will be addressed (e.g., need for more frequent clinical exams)
Registration decisions	<ul style="list-style-type: none"> ▪ The CPO Registrar makes affirmative decisions about straightforward applications, where the applicant clearly meets all of the requirements ▪ More complex applications are referred to the Registration Committee for adjudication. ▪ The applicant is informed of the decision in writing. If the applicant disagrees with the result, they can appeal to the Health Professions Appeals and Review Board (HPARB) ▪ The Registration Committee includes 5 members (3 PTs and two publicly-appointed councillors who are not PTs; 1-year term/9-year tenure). 	<p>Working well with opportunities for improvement in the term and tenure of Registration Committee membership. However, any changes will need to consider implications of broader governance structures and processes (e.g., the three-year election cycles of Council and the appointment processes for committees).</p>	<p>Determine:</p> <ul style="list-style-type: none"> ▪ Whether to extend the term of Registration Committee membership to 2-3 years. ▪ Whether to reduce the maximum tenure of Registration Committee membership to 6 years. ▪ Whether to adjust the size or composition of the Registration Committee

Section 1: Summary results requiring action (no further review required)

Insurance requirements: preliminary findings

What does CPO currently require?

Applicants require professional liability insurance, as follows:

- Coverage: entire practice of PT
- Liability limits: at least \$5 million for a single incident, at least \$5 million for each year.
- Deductibles: none.
- Tail insurance: must cover claims made up to 10 years after the member ceases practice

Does it adequately protect the public?

Not fully. The purpose of insurance is to protect the public by ensuring that financial assistance is available if something goes wrong. However, this non-exemptible requirement is currently enforced only through self-declaration. The applicant declares that they have insurance and provides the policy number, but this is not checked.

Is it reasonable and fair to applicants?

Yes. The required coverage is relatively inexpensive as far as professional liability insurance goes (\$250 to \$300 per year), and should not pose an undue burden for a practicing PT.

Does it align with effective/common practices?

Yes. \$5 million liability limit is aligned with common practices. Most other Canadian PT regulators, as well as most Ontario regulators, require similar levels of coverage.

Were any other considerations or concerns identified?

No.

Summary assessment

One change is needed. CPO should ask for proof of insurance (e.g., insurance certificate) within one year of entry, and at each renewal. This would ensure the public protection mechanism is in place, and would pose minimal burden on applicants.

Action needed

- Implement mechanism to get proof of insurance
- Alternatively, do a random audit of sample of registrants every 3-5 years (make response mandatory to ensure 100% response rate)

Additional information required

None.

Transparency and information: preliminary findings

What does CPO currently do?

- CPO is obligated to provide clear and accessible information regarding registration processes, requirements for registration, the amount of time the process usually takes, the fees charged, documentation required, and alternative documentation that is acceptable (RHPA ss.22.3,22.4(1)). CPO's website provides most of this information.

Does it adequately protect the public?

Information about process is intended for use by applicants and is not applicable to public protection.

Is it reasonable and fair to applicants?

Yes. Information is meant to be clear, accurate, complete and easy to find. The CPO website contains all of the information that the vast majority of applicants would require. There are additional details that are harder to find (e.g., applicant's access to their records or exemptions to requirements for letters of professional standing for certain IEPTs), but these are only relevant to a small proportion of applicants

Does it align with effective/common practices?

Not fully. The websites of some other regulators (e.g., College of Nurses of Ontario) have more comprehensive information all in one place.

Were any other considerations or concerns identified?

Yes. The most recent comprehensive entry to practice program manual is from 2014. Since then, a number of processes and requirements have changed, and some registration practices are only known by staff and not fully documented.

Summary assessment

Working well but current entry to practice program manual should be updated with current practices, processes and requirements.

Action needed

- Update entry to practice program/policy manual.
- Publish entry to practice program/policy manual.

Additional information required

None.

Physiotherapy assistants (PTAs): preliminary findings

What does CPO currently do?

- PT Assistants (PTAs) support PTs in delivering care to their patients; they must work under the supervision of a licensed PT
- PTAs are not regulated in Ontario.

Does it adequately protect the public?

Yes. As long as PTAs operate alongside, and not independently of, PTs and PTs remain responsible for patients' care, there is minimal risk to the public.

Is it reasonable and fair to applicants?

This has no impact on applicant registration.

Does it align with effective/common practices?

Yes. PTAs are unregulated in every other jurisdiction we examined except for the United States, where they are regulated by the same body that regulates PTs.

The literature emphasizes that professional regulation can erect unnecessary barriers to entry, restrict public access, and raise the cost of care. Ontario's HPRAC has stated that regulation is only justified when there is a risk to public safety and there is no other adequate mechanism to mitigate this risk. In Ontario, assistant-type professions are only regulated when they provide service independently (e.g., paralegals, pharmacy technicians, registered practical nurses).

Were any other considerations or concerns identified?

Yes. As demand for PT services increases (and to keep costs down), PTAs are providing more PT care to patients, potentially with greater independence.

Summary assessment

Working well. However CPO should continue to monitor PTA scope of practice and independence, and consider applying to HPRAC for an opinion if and when appropriate.

Action needed

Monitor PTA practice and role in healthcare

Additional information required

None.

Section 2: Summary results requiring decisions, with recommended plans for more detailed review

Educational credentials: preliminary findings

What does CPO currently require?

- Canadian trained applicants must have a Masters degree from an accredited Canadian PT program
- IEPTs must have a degree from a “substantially similar” program (as determined by CAPR’s credentialing process) and may complete a bridging program (see box at bottom right) or specific courses to fill any gaps in training

Does it adequately protect the public?

Unknown. The low PCE pass rates for IEPTs may indicate that the credentialing process is not as effective as it could be at ensuring that IEPTs have training equivalent to their Canadian counterparts. This is important because so many new applicants are IEPTs: in 2018, almost half (44%) of the newly-registered PTs were trained outside of Canada.

CAPR credentialing ensures that applicants trained elsewhere would have equivalent qualifications, and that they are knowledgeable about the practice of PT in Canada. CAPR engages in a review of the credentialing process every 5 years to ensure it meets best practice and legal requirements. However, the high IEPT fail rates on the entry exam suggest there is something important not being assessed in the process.

Is it reasonable and fair to applicants?

Yes. The requirement is straightforward for Canadian-trained applicants. For IEPTs, the credentialing process takes longer and is more expensive, but is comparable to similar requirements for most other regulated health professions, and is done in a reasonable amount of time (5-12 weeks). IEPTs who choose to participate in a bridging program to fill gaps in their credentials may invest even more time and money (see box to the right).

Does it align with effective/common practices?

Yes. All Canadian PT regulators require a Masters degree from an accredited PT program, and all use the CAPR process for credentialing IEPTs.

Canadian program accreditation is done by Physiotherapy Education Accreditation Canada (PEAC) based on national guidelines (2009) that specify topics that must be covered, and taking into account the Competency Profile for Physiotherapists in Canada (2017), which outlines what PTs must learn to practice competently. Accredited Canadian PT programs must include the competencies required for a PT to practice competently, as well as 1,025 supervised clinical hours.

Were any other considerations or concerns identified?

Yes. PT academic programs may not prepare students to practice PT remotely (telehealth), which may become an essential competency in coming years and a key method of ensuring public access to PT.

Some concern has been raised about the cultural competence of IEPTs. It has been suggested that all IEPTs should complete a bridging program to ensure that they have the cultural competence, language abilities, and knowledge of Canadian and Ontario laws and conventions (e.g., billing practices) needed to practice competently in Ontario. Currently, bridging programs are not mandatory.

Summary assessment

Further information is required. CPO should advocate for the inclusion of telehealth and/or related competencies in academic programs so that PTs are more prepared to practice PT remotely. Additional information is needed to determine the extent and nature of the issue of cultural competence of IEPTs and the most appropriate response.

Bridging programs are optional programs designed to fill gaps in training for foreign-trained applicants. They may also support the development of cultural competence for IEPTs.

These programs can be time-consuming and expensive (up to \$13,000), and there is only one bridging program for PTs in Ontario (University of Toronto).

Requiring all IEPTs to complete a bridging program could constitute a major barrier for IEPTs, as it would make their entry to the profession considerably more time-consuming and expensive. This should only be considered if there is reason to believe that current measures are insufficient to address risks.

The UK has a “period of adaptation”, which is supervised practice or training for an IEPT to make up for any shortfalls identified during the application. A similar model is used in Quebec.

Educational credentials: recommended plans for additional review

Decisions to be made

- How best to ensure that telehealth is included in academic programs
- Whether cultural competence should be assessed as part of credentialing
- Whether all IEPTs should be required to complete a bridging program or alternative mechanism to ensure cultural competence

Additional information required

- Whether telehealth requires a distinct set of competencies
- Whether lack of cultural competence poses a significant risk to competent PT practice
- Examine effective practices in assessing cultural competence
- Feasibility and impact of mandating a bridging program or cultural competence course/workshop for all IEPTs

Additional review activity
<p>Telehealth inclusion</p> <ul style="list-style-type: none"> ▪ Conduct literature review focused on telehealth practice and competencies ▪ Approach CAPR and/or PEAC to coordinate and advocate for any needed changes to competencies and/or program guidelines
<p>Identify significant cultural competence-related challenges</p> <ul style="list-style-type: none"> ▪ Define “cultural competence” and determine significant cultural competence challenges and their impacts on PT practice (via literature and consultation with experts, CAPR, Ontario PT Association, employers etc.) ▪ Mine/analyze complaints and disciplinary decisions to determine the extent and nature of the risk (if any) posed by lack of cultural competence ▪ Update complaints codes to include a flag for potential cultural competence issues ▪ Optional: If there is insufficient information in complaints and decisions, consider selecting a small number of complaints (e.g., 10) to follow up with to gather more detailed information (via interviews with key stakeholders)
<p><i>If it is determined that cultural competence poses a significant risk, then...</i></p> <p>Assessing and screening for cultural competence</p> <ul style="list-style-type: none"> ▪ Consult literature and experts for effective practices in assessing cultural competence in health professions as well as building cultural competence ▪ Assess the feasibility of effective practices identified ▪ Draft summary of findings and recommendations for program changes to assess for cultural competence and support development of cultural competence

Entry exams: preliminary findings

What does CPO currently require?

- All applicants must pass the Physiotherapy Competency Exam (PCE), which includes written and clinical components that are completed at separate times.
- The PCE is developed and administered by CAPR.

Does it adequately protect the public?

Yes. The PCE is designed to assess the competencies required to practice PT at an entry level. CAPR has extensive quality assurance processes to ensure the reliability and validity of the PCE.

The PCE fills an important safeguarding function. Despite the extensive accreditation process for Canadian PT programs, individuals may still graduate from the programs without having all the requisite competencies, as evidenced by the fact that not all Canadian-trained applicants pass the PCE (2018 pass rates are 94% for the written component and 84% for the clinical component).

The PCE serves an even greater function for screening IEPTs: the 2018 pass rates for IEPTs were 53% for the written component and 55% for the clinical component.

Is it reasonable and fair to applicants?

Not fully. The test itself seems to be fair and reasonable, and all applicants must complete the same exam. The frequency of the clinical component is not always reasonable – it is only offered twice a year (June and November), so applicants may have to wait up to six months after graduating before they are eligible for entry to independent practice. (In this interim period, they may practice under a provisional practice certificate.) Offering the clinical examination more often, however, would likely increase costs for all applicants.

Applicants pay \$1,002 to write the PCE written component and \$1,813 to take the clinical component. The exam fees are mid-range relative to other regulated health professions in Ontario. Expenses also mount for candidates who fail and retake the PCE components.

Does it align with effective/common practices?

Yes. It is best practice to have a certification exam at arm's length from the educators and educational programs that provide the training. This reduces testing bias (ISO 17024, Standard 5, 2012; NCCA Standard 3: Education, Training & Certification, 2016). CAPR's quality assurance processes are well-aligned with effective practices in measurement.

There doesn't appear to be agreement about whether an exam is needed to assess professional competencies. While all Canadian PT regulators except Quebec use the PCE, many regulators outside of North America do not require a competency examination, except in some cases for IEPTs. However, the PCE fail rates in Canada support the need for an exam.

Were any other considerations or concerns identified?

Yes. Some IEPTs may be able to practice in Ontario without having passed the PCE. In Quebec, instead of writing the exam, IEPTs can undergo a detailed assessment of practice within two years of registering. Once certified in Quebec and before undergoing the assessment, they can transfer to Ontario. Ontario must treat the Quebec certificate as a full practice certificate. These applicants would neither need to write the PCE nor have a detailed assessment of practice.

Summary assessment

Working well. The PCE fills important safeguarding and screening functions, but the timing and/or frequency of clinical component may not be sufficient. In addition, some IEPTs who initially register in Quebec are able to practice in Ontario without having passed the PCE.

Entry exams: recommended plans for additional review

Decisions to be made

- Whether to add a third clinical testing date each year, or whether to adjust the timing of the clinical test dates to minimize the time between program graduation and independent practice.
- Whether IEPTs who initially register in Quebec pose any risk to public safety, and, if so, how to mitigate this risk while complying with the CFTA.

Additional information required

The following information is needed to make informed decisions:

- Explore the feasibility and cost (to all stakeholders) of changes to the clinical testing schedule
- Identify optimal timing for clinical exam so it best aligns with graduation timing
- Assess whether IEPTs who initially register in Quebec (and do not sit the PCE) pose a risk to public safety
- Consult with Quebec's PT regulator to determine how to mitigate the above risk (if any identified) while complying with the CFTA, which specifies that members of regulated professions must be able to transfer their registration from one Canadian jurisdiction to another without impediment.

Additional review activity

Timing and/or frequency of clinical component

- Communicate with CAPR to find out how frequency and timing of clinical examination was determined (i.e., CAPR may have already done the following activities)
- Analyse patterns and timelines of exam completion using one or both of the following options:
 - **Option 1:** Determine common pathways to independent practice by analysing patterns and timelines of exam completion (e.g., one pathway is to do the written component prior to graduating and the clinical component the first sitting after graduation)
 - **Option 2:** For each clinical exam sitting, analyse the length of time between graduation and clinical exam completion (frequency distributions)
- Determine whether length of time to independent practice is acceptable, especially from the perspective of new members, through member survey or other consultation ("acceptability" may be influenced by availability of provisional practice certificate)
- Determine optimal timing for clinical exam so it best aligns with graduation timing, with consideration to findings from the previous two activities, in collaboration with CAPR
- Assess the implications and feasibility of changing the clinical testing schedule through discussions with CAPR (e.g., about logistics, costs, change in examination fees)
- Draft report with recommendations for CAPR about adjusting timing and/or frequency of clinical examination, if warranted

IEPTs who initially register in QC and do not sit the PCE

- Review existing data over the last three years to determine the frequency and extent of this issue, as well as complaints data to determine the extent to which it poses a risk to public safety
- Consult with Quebec's PT regulator to determine how to mitigate the above risk (if any identified) while complying with the CFTA (e.g., explore possibility of Quebec offering this group provisional practice certificate instead).

Language proficiency: preliminary findings

What does CPO currently require?

- Applicants trained in Canada, Australia, France, New Zealand, Ireland, South Africa, UK or the United States are assumed to be proficient in English or French
- The language proficiency of other IEPTs is determined by CAPR as part of the credentialing process. It is assessed through third party examinations (TOEFL, IELTS, CANTest, or TestCAN), which are not specific to PT.

Does it adequately protect the public?

Unknown. Language proficiency is assessed using generic third-party language proficiency exams. Cut scores on these exams were raised in 2012 following an external review. It is not known whether the new cut scores have addressed the concerns, since the effect of the higher cut scores has not yet been evaluated.

Is it reasonable and fair to applicants?

Unknown. Language requirements are one of the most common areas where charges of discrimination can arise, as unnecessarily high score thresholds on language exams may make the profession de facto inaccessible to non-native speakers. It is an open question as to whether the scores required are reasonable and necessary (i.e. high enough to ensure PT competence, but not so high as to constitute discrimination).

Does it align with effective/common practices?

Not fully. The third-party language exams used by CAPR are generic: they do not test knowledge of PT-specific vocabulary or communication skills, so may not ensure that applicants can communicate adequately with patients and colleagues (including, crucially, PTAs) in a PT practice context. Some regulators use profession-specific language examinations. There is an English examination specific to PT, the [Occupational English Test \(OET\) - Physiotherapy](#), used in Ireland, Australia, and New Zealand.

Regulators in jurisdictions outside of Canada sometimes include language proficiency assessment as an element of their licensing exam. This may not be the best approach in Canada because the exam is expensive, and it is not reasonable to expect applicants to complete it until their language proficiency is determined to be adequate.

Cut scores for standard language tests differ across regulators and professions, so there is no clear “best practice” cut score.

Were any other considerations or concerns identified?

Yes. CPO continues to receive complaints about PTs’ communication skills. In addition, close to 50% of IEPTs fail the PCE written and clinical components. There is a perception that poor language proficiency contributes to the high failure rates among this group. If this is the case, current language tests and cut scores may be inadequate.

Summary assessment

Further information is required. The current approach to language proficiency assessment is consistent with other provinces except Quebec, but Ontario PT communication skills continue to be a concern despite the 2012 increase in cut scores. It is not clear whether the current requirements are sufficient.

Language proficiency: recommended plans for additional review

Decisions to be made

- Whether to continue using general language proficiency tests or move to a PT-specific language test.
- Whether to adjust cut scores.
- Whether there is a better way to assess language proficiency.

Additional information required

The following information is needed to make informed decisions:

- Identify the most significant language / communication challenges faced by IEPTs
- Evaluate the effect of the higher cut scores (pre and post 2012)
- Explore the efficacy of profession-specific vs. general language proficiency tests
- Explore interest and opportunities for a PT-specific language test (e.g., with CAPR and other Canadian PT regulators)

Additional review activity

Identify significant language-related challenges

- Determine significant language-related challenges and their impacts on PT practice (via literature and consultation with experts, CAPR, Ontario PT Association, employers etc.)
- Examine the impact of the change in cut-scores by reviewing examination pass rates of IEPTs pre and post 2012
- Mine/analyze complaints and disciplinary decisions to determine the extent and nature of the risk (if any) posed by language proficiency issues
- Update complaints codes to include a flag for potential language issues
- **Optional:** If there is insufficient information in complaints and decisions, consider selecting a small number of complaints (e.g., 10) to follow up with to gather more detailed information (via interviews with key stakeholders)

If it is determined that language proficiency poses a significant risk, then...

Options for assessing language proficiency

- Consult literature and experts regarding effective practices in assessing language proficiency in health professions (e.g., profession-specific vs. general language assessment; other options for assessing language proficiency)
- Assess the feasibility of effective practices
- Draft summary of findings and recommendations for program changes to assess language proficiency

Good character: preliminary findings

What does CPO currently require?

- Self-declaration - 13 questions re: criminal history, mental fitness (see bottom right box)
- Letter of good standing from most recent regulator, if the applicant was previously licensed in another jurisdiction or profession
- CPO is making changes to its good character assessment
- CPO may implement criminal background checks, pending Council approval

Does it adequately protect the public?

Not fully. Self-declaration, on its own, is not an effective way to screen for dishonesty or mental fitness to practice.

Is it reasonable and fair to applicants?

Yes. Self-declaration is very low-burden (maximizes access to the profession). Only previously-licensed applicants need to provide a letter of good standing; this can be waived if it will be too challenging to obtain.

Does it align with effective/common practices?

Unknown. There is no agreed-upon “best practice” for assessing good character. Other Ontario regulators and CAPR are also trying to figure out how to assess good character effectively.

All regulators we examined use self-declaration to assess good character. Some also take more rigorous approaches, e.g., requiring declaration under oath and/or requiring additional verification (criminal records check, medical examination, reference letters).

CPO’s requirements cover all of the good character elements that are commonly considered by other regulators (criminal history, standing with professional regulatory bodies and physical/mental fitness to practice. Some regulators also include elements not covered by CPO, including academic conduct, employer discipline, and work-related civil proceedings in their good character assessment.

Were any other considerations or concerns identified?

Yes. Any additional requirements (e.g., criminal background check, declaration under oath) would increase fees and/or processing time for decisions.

Summary assessment

Changes are needed. The current approach to assessing good character is not onerous for applicants, but does not effectively screen for criminal background, mental fitness, dishonesty, or academic integrity. CPO should explore, in particular, the implementation of criminal background checks.

Current self-declaration questions

1. Have you ever been refused a certificate of registration from a regulator such as a College or Board?
2. Are you currently the subject of a complaint or investigation by a regulator in any jurisdiction?
3. Has there ever been a formal decision or finding made against you of professional misconduct, incompetence, or incapacity?
4. Have you ever had a certificate of registration or licence suspended, revoked or restricted?
5. Do you currently have a medical condition that could affect your ability to practice physiotherapy?
6. Have you ever been found guilty of malpractice?
7. Have you ever been found guilty of negligence?
8. Have you ever been found guilty of any offence under the law?
9. Are you currently the subject of bail conditions?
10. Have you ever faced criminal charges?
11. Have you ever been found guilty of criminal charges?
12. Have you ever faced charges under the Health Insurance Act?
13. Have you ever been found guilty of charges under the Health Insurance Act?

Good character: recommended plans for additional review

Decision(s) to be made

- What aspects of good character to assess, how to assess them and whether verification is required
- Whether to require criminal background checks
- What level of criminal background check to require
- How often to require criminal background checks
- What alternatives to allow for IEPTs who cannot obtain criminal background checks

Additional information required

The following information is needed to make informed decisions:

- Identify which elements of good character are critical for public protection
- Determine if the elements of good character in the self-declaration are sufficiently comprehensive (e.g., should academic integrity be considered?)
- Determine which elements can be reliably assessed through self-declaration and which require additional verification (e.g., criminal background check, oath)
- For elements requiring additional verification, determine what verification approaches strike the best balance between public protection and fairness

Additional review activity

Assessment of good character

- Review past complaints and disciplinary decisions (from the last five years) to identify themes related to criminal history, dishonesty, physical and mental fitness, academic integrity, and standing with other professional associations, as well as other character-related concerns.
- Review and discuss findings of the above, along with the 2017 recommendations of CAPR's Good Character Working Group (see Appendix B) with a CPO committee or panel to determine:
 - What (if any) areas of character pose sufficient risk that they should be included in the self-declaration (if they are not already)
 - Which require additional verification due to their importance
 - For elements requiring additional verification, what verification approaches strike the best balance between public protection and fairness (including whether to require a criminal background check, level of criminal background check required, and frequency)

Fees: preliminary findings

What does CPO currently require?

- Application fees for all types of registration is \$100, which are waived for emergency certificates
- Annual registration fees are \$595 for independent practice (decreasing to \$575 in 2020), \$100 for cross border, and \$75 for provisional practice
- There are other costs for applicants during the registration process, including at least \$2,815 for the PCE
- IEPTs may also incur additional expenses: \$1,077 for credentialing, \$250-\$300 for a language exam and up to \$13,000 for an optional bridging program

Does it adequately protect the public?

Yes. Registration fees allow CPO to provide supports to practicing PTs that serve a protective function (e.g., practice advice). They also support CPO's complaints and discipline processes.

Is it reasonable and fair to applicants?

Yes. Current fee levels charged by CPO are based on a cost-recovery model. They are reviewed every year, and do not seem unduly burdensome for a practicing PT (they represent less than 1% of the average salary for PTs in Ontario).

Additional costs for the PCE or for IEPTs can add up and may pose a barrier for some applicants. This could be explored further if it is a concern.

Does it align with effective/common practices?

Yes. The 2010 ETP review found that the fees are "reasonable, fair, objective, impartial, and transparent," and in line with fees charged by comparable regulatory bodies in Canada and abroad. Ontario PT application fee is on the low end (other Canadian PT regulators reviewed charge between \$40 and \$200). Registration fees are on the low end compared with other Ontario health regulators. While Ontario PT registration fees are on the high end compared with other Canadian PT regulators (the range is \$200 to \$805), this may be due to the relatively high level of service offered by CPO and the complexity of Ontario's *Regulated Health Professions Act*.

Were any other considerations or concerns identified?

Yes. A portion of the registrant fees (\$20 each) fund CPO's membership in CAPR. This is distinct from the fees applicants pay for examinations or credentialing, and covers CAPR's national coordination function. Questions have been raised about the benefits of CAPR membership. CPO has one representative and one vote. Although all provinces are charged the same price per registrant, because CPO has more registrants, the total amount it pays is substantially more than most other provinces. Withdrawing from CAPR would mean that CPO would not have representation at the national table (to learn from and/or influence other Canadian PT regulators or to influence the exam content). In addition, CPO may incur expenses if it needs to undertake additional research or advocacy activity.

Summary assessment

Working well. CPO's registration fees seem reasonable and are reviewed annually.

The national coordinator function that CAPR serves seems valuable and costs less than CPO would pay to fill the same function itself. However, there does appear to be a tension in CPO's relationship with CAPR as a result of the funding and governance models. Withdrawing from CAPR would be more complex than appears on its surface, so potential consequences should be carefully considered.

Fees: recommended plans for additional review

Decisions to be made

- Whether the benefits of CAPR membership are worth the costs.
- Whether alternative CAPR funding and/or governance models are desirable.

Additional information required

The following information is needed to make informed decisions:

- Whether CAPR would consider alternative funding and/or governance models
- A comprehensive cost-benefit analysis that takes into account the value of CAPR membership, the risks of ending CAPR membership (to CPO and to CAPR), and the costs to CPO of taking on any essential functions formerly filled by CAPR.

Additional review activity

CAPR membership

- Carry out a comprehensive cost-benefit analysis that includes the following steps:
 - Take stock of the benefits of CAPR membership, including influence over exam content, having a forum to discuss issues with other provincial regulators, influencing policy recommendations, sharing best practices, etc.
 - Determine replacement cost: assign monetary value to each of the benefits identified (i.e., annual cost to CPO if it were to carry out these activities itself). This will have to be done carefully to ensure that important costs aren't missed.
 - Calculate the net value of CAPR membership by subtracting the price of membership from the total value of the benefits
 - For benefits that CPO could not replace (e.g., influence on exam content), determine the potential risks associated with losing this benefit (e.g., implications of exam not reflecting Ontario context or needs), and determine if this is something CPO can live with
- Examine whether there are ways to better leverage the value of CAPR membership, through interviews with select CPO board members and staff.
- With information from the above cost-benefit analysis in mind, consult/negotiate with CAPR to identify opportunities for alternative funding and/or governance models (e.g., two representatives from Ontario)

Provisional practice and supervision: preliminary findings

What does CPO currently do?

- Provisional practice certificate allows applicants to work as PT Residents for a limited time after they pass the PCE written component and before they do the PCE clinical component
- PT Residents must be monitored (possibly remotely) by one or more fully registered PTs, who assess the Resident's abilities regularly and report to CPO only if requested or if they have concerns
- If the PT Resident fails the PCE clinical component, the provisional practice certificate is revoked

Does it adequately protect the public?

Not fully. Supervision standards have been relaxed over time. Originally, on-site supervision was required. In 2004, the standard became monitoring (remote or on-site) with regular reporting to CPO. Then, in 2017, reporting requirements were relaxed. The impact of these changes on public protection does not appear to have been systematically assessed. However, we know that in 2018, the PCE clinical component had a failure rate of 30% (after passing the written component), suggesting that some PT Residents who aren't fully competent are practicing with minimal oversight.

Is it reasonable and fair to applicants?

Yes. This is a stopgap measure to mitigate the fact that applicants may need to wait a long time before completing the PCE clinical component, allowing them to work during this time. The relaxed supervision requirements give them more choice of workplaces, including private clinics where they may be the only PT.

Does it align with effective/common practices?

Not fully. Supervision requirements for Ontario PT Residents are lower than in most other Canadian jurisdictions. All Canadian PT regulators offer a time-limited interim certificate for provisional or supervised practice, but the level of supervision varies considerably across jurisdictions (e.g., BC – five hours per week; NL – 100% fully supervised).

Were any other considerations or concerns identified?

Yes. It is in everybody's best interest to get newly graduated PTs working as quickly as possible, to increase access to PT services in Ontario, to keep new graduates' knowledge and skills fresh, and to enable them to earn a living while waiting for the clinical exam.

Summary assessment

Changes are required. Closer supervision of PT Residents may be warranted. Alternatively, if there is a desire to remove provisional practice altogether, the timing of the PCE clinical component will need to be reviewed (additional sittings will need to be considered).

Provisional practice and supervision: recommended plans for additional review

Decisions to be made

- Whether CPO should continue to offer provisional practice certificate
- If so, whether supervision/monitoring requirements for provisional practice should be adjusted and/or there should be additional restrictions/limitations for provisional practice
- If not, how the ripple effects will be addressed (e.g., need for more frequent clinical exams)

Additional information required

The following information is needed to make informed decisions:

- Determine optimal level of supervision to minimize risk to the public and barriers to the profession
- Assessment of the follow-on consequences of eliminating the provisional practice certificate, and what might be required in the alternative

Additional review activity

Optimal level of supervision for provisional practice

- Determine best practices and/or optimal levels of supervision (via literature and/or expert consult)
- Examine trends in complaints and disciplinary decisions when different supervision models have been in place (pre 2004, 2004-2017, after 2017), comparing complaints involving provisional certificates with those involving independent practice certificates
- Assess feasibility and implications of increasing supervision requirements, through consultation with stakeholders (e.g., member survey)

Consequences of eliminating provisional certificate

- Identify the consequences of eliminating the provisional practice certificate, and implications for members (via member survey)
- Consultation with CAPR, other Canadian PT regulators and Ontario PT Association to identify implications of eliminating the provisional certificate and what might be required in the alternative (e.g., additional sittings of the PCE clinical component, or revised timing of the sittings).

Decision to continue or eliminate provisional practice

- Briefing note summarizing what will be required to maintain the provisional practice certificate; what will be required to eliminate it; and a recommended course of action

Registration decisions: preliminary findings

What does CPO currently do?

- The CPO Registrar makes affirmative decisions about straightforward applications, where the applicant clearly meets all of the requirements
- More complex applications are referred to the Registration Committee for adjudication.
- The applicant is informed of the decision in writing. If the applicant disagrees with the result, they can appeal to HPARB
- The Registration Committee includes five members (3 PTs and two publicly-appointed councillors who are not necessarily PTs).

Does it adequately protect the public?

Yes. Where there is any uncertainty, decisions are made by a panel of at least 3 people rather than by a single person.

Is it reasonable and fair to applicants?

Yes. The Registration Committee is a tightly regulated body with formalized rules and procedures that are specified in the Regulation. Registration Committee members receive yearly orientation to their role, including training on fairness, bias, consistency of decisions, human rights, and conflict of interest.

Registration decisions are made within two weeks (straightforward applications) to ten weeks (for more complex applications). CPO uses a variety of mechanisms to minimize decision times.

Does it align with effective/common practices?

Not fully. CPO's decision timelines are well within the range of other comparable regulators. However, the size and terms of the Registration Committee do not align with effective practice.

Registration committees should be small enough to allow for good communication and easy scheduling, but large enough to encompass a range of skills, perspectives, and backgrounds.^{1,2} CPO's 5-member committee seems to align with this suggestion.

It is important to balance *continuity* of registration committee membership (longer terms and maximum tenure length) with *healthy turnover* (shorter terms and maximum tenure length).^{1,2} CPO's 1-year term for the Registration Committee members appears to be on the short end (reducing continuity) while its maximum tenure of 9 years appears to be on the long end (thereby reducing turnover). Few Registration Committee members serve more than one term.

Were any other considerations or concerns identified?

No.

Summary assessment

Working well with opportunities for improvement in the term and tenure of Registration Committee membership. However, any changes will need to consider implications of broader governance structures and processes (e.g., the three-year election cycles of Council and the appointment processes for committees).

1. Professional Standards Authority 2015. Rethinking regulation. Retrieved September 13, 2019 at <https://tinyurl.com/yxr4zv4h>
2. Flynn, C. (2015). Identifying risk: Right touch regulation. Presented at INPTRA 2015.

Registration decisions: recommended plans for additional review

Decisions to be made

- Whether to extend the term of Registration Committee membership to 2-3 years.
- Whether to reduce the maximum tenure of Registration Committee membership to 6 years.
- Whether to adjust the size or composition of the Registration Committee.

Additional information required

The following information is needed to make informed decisions:

- Explore reasons that Registration Committee members do not serve more than one term.
- If changes in the term or tenure of Registration Committee membership are desired, would need to consider implications of/for the broader CPO governance structures, including the three-year election cycles of Council and the appointment processes for committees.
- Determine if a committee of five members ensures a sufficient mix of skills, knowledge, perspectives and backgrounds required, using a skills and diversity matrix to identify any gaps.

Additional review activity

Registration Committee term and maximum tenure

- Explore Registration Committee member tenure and turnover patterns over the last 10 years
- Poll past Registration Committee members to get information about reasons they served as long as they did, and feedback about future options
- Draft summary of findings with recommendations for term length and maximum tenure

Registration Committee size and composition

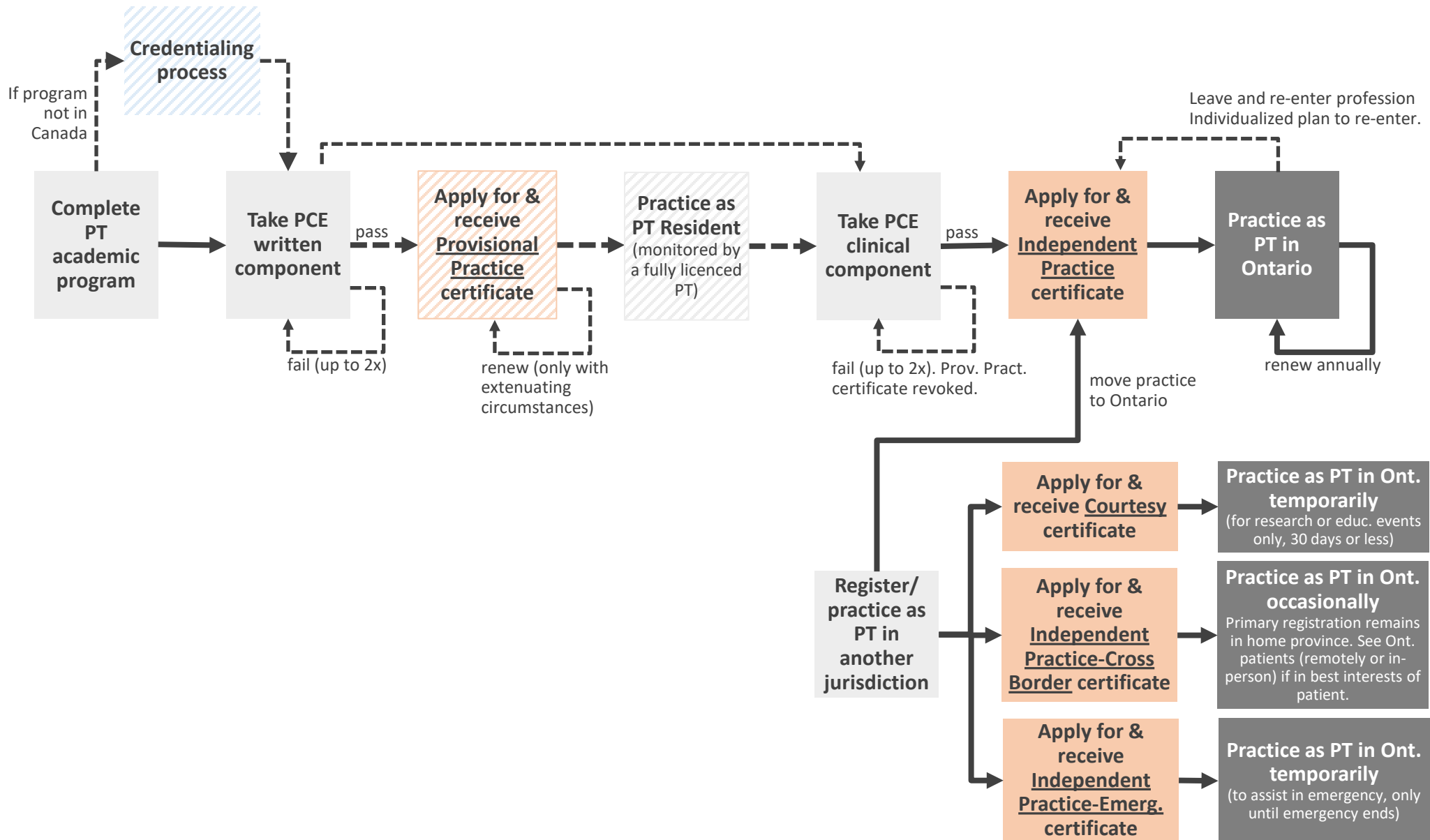
- Determine the requisite mix of skills, knowledge and perspectives for the Registration Committee, in light of the types of issues that arise and decisions that are required by the Committee (via review of minutes and consultation with current/past committee members, and considering findings from preliminary review jurisdictional scan)
- Take stock of the current mix of skills, knowledge and perspectives and identify any gaps
- Draft summary of findings with recommendations about future size and composition of the Registration Committee and/or adjustments to recruitment of members

Appendices

- Appendix A: CPO's ETP program pathways
- Appendix B: Considerations for assessing good character

Appendix A: CPO's ETP program pathways

This diagram outlines the most common pathways to enter the PT profession in Ontario.



Appendix B: Considerations for assessing good character

CPO is considering a number of changes to the way it assesses good character, based on recommendations made by CAPR’s Good Character Workgroup

Issue	Considerations	What the College currently does	Recommendations of CAPR’s Good Character Workgroup
What does good character mean?	Good character is hard to define, and may include elements beyond just moral integrity.	Defined by legislation to include moral integrity as well as mental competence and ability to interact with patients/colleagues.	Adopt the definition of the UK’s Council for Healthcare Regulatory Excellence: good character means the person will protect the public good, not undermine public confidence in the profession, act in accordance to the standards expected in the profession, and is honest/trustworthy.
What self-report questions should be asked regarding past conduct?	Questions must encompass all relevant situations, but must not be so numerous as to constitute a burden.	Thirteen questions – listed on the previous page.	Replace the thirteen questions with a smaller number of higher-level questions, standardized with other Canadian regulators. It appears that these questions are still to be determined.
Should a criminal background check be required? What kind?	A criminal background check is more reliable than self-report. Under the <i>Police Record Checks Reform Act, 2015</i> there are three kinds: in ascending order of comprehensiveness, they are criminal record check ; criminal record and judicial matters check ; and vulnerable sector check . They vary in what they reveal (e.g. pardoned offenses, outstanding charges, discharges, probation, court orders, convictions as a minor, etc.).	No criminal background check is required, only self-report questions.	<p>Require a criminal background check at initial application. The type of criminal background check (see ‘considerations’ to the left) is to be determined.</p> <p>There is also discussion about criminal background checks at renewal of registration. Options under discussion include requiring a background check every 5 years, and requiring a self-declaration each year with random selection for verification.</p> <p>The <i>Police Record Checks Reform Act</i> (in force as of 2018) will need to be taken into account. The College has not yet received legal advice regarding the implications of the Act for requiring various kinds of criminal background checks for PTs.</p> <p>There does not appear to be any discussion about requiring criminal background checks from foreign countries that the applicant has lived in, which means crimes committed abroad would not be flagged.</p>
What kinds of past offenses/crimes should result in an application being denied?	Not all offenses/crimes may indicate a propensity to practice physiotherapy unsafely or unscrupulously.	This is left up to the discretion of the Registration Committee.	Consider the following criteria in assessing whether a past offense/crime should result in an application being denied: whether it indicates a propensity to harm patients, undermine public confidence in the profession, violate standards of the profession, or be dishonest; the time period of the offense/crime; the seriousness of the offense/crime; the relevance of the offense/crime to Physiotherapy; and any indication of rehabilitation (as indicated by insight, remorse, following through with sanctions, making a sustainable character change, etc.)
How old can letters of good standing be?	A letter of good standing from e.g. one year ago would not capture more recent wrongdoing, but it is not possible to have all letters dated the same day as the application.	Letters can be up to 6 months old, but the thirteen questions fill the gap by asking about conduct up to the date of the application.	Require letters of good standing to be no more than 3 months old. Also require the applicant to state “I understand that I must notify the College of any changes to information on this application as soon as it occurs.”
Must letters of good standing be sent directly to the College from the regulator?	If the applicant can send letters of good standing to the College, there is the possibility of forgery.	Applicants can request letters of good standing to be sent to them, then send them on to the College.	Obtain applicant’s regulatory history information <i>directly</i> from the other regulator, by email with enough information in the signature line to verify the sender.
How is it determined whether a profession is regulated in a foreign jurisdiction (and therefore requires a letter of good standing)?	There are a very large number of jurisdictions in the world, information can be inconsistent, and even professionals themselves are not always aware that their profession is regulated in their jurisdiction.	Maintains an informal, incomplete list of jurisdictions where Physiotherapy is believed/known to be regulated.	<p>Adopt a common list (shared with other Canadian regulators) of jurisdictions where Physiotherapy is regulated. The World Confederation for Physical Therapy (WCPT) keeps such a list, but it is not fully up to date.</p> <p>Require applicants who are from a jurisdiction known to be regulated to provide a Regulatory History form for that jurisdiction even if they say they were not registered there.</p>



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 5

**Council Meeting
February 16, 2021**

Agenda # 5: Councillor Motion Land Acknowledgement

It is moved by

and seconded by

that:

Council approve the use of an Indigenous land acknowledgement statement at the commencement of future meetings and develop a College's position on equity including:

- consideration of a College position statement, and
- a commitment to create a roadmap to support diversity and culturally competent care.

Meeting Date:	February 16, 2021
Agenda Item #:	5
Issue:	Notice of Motion: Indigenous Land Acknowledgement Consideration of College Position on Cultural Competency and Anti-discrimination
Submitted by:	Evguenia Ermakova, Policy Analyst

Issue:

During Council's November 27, 2020 meeting, Councillor Janet Law noted her intention to bring forward a member's motion proposing that Council includes a Land Acknowledgment as a component of each Council meeting.

Councillor Law suggested that such a land acknowledgement should exist within a broader framework of cultural competency and anti-discrimination and also asked that Council explore the College's position on equity including consideration of the development of a College position statement and a commitment to create a roadmap to support diversity and culturally competent care.

Council is being asked to approve a motion regarding:

- the use of an Indigenous land acknowledgement statement at the commencement of future meetings, and
- development of a College position on equity including:
 - consideration of a College position statement and,
 - a commitment to create a roadmap to support diversity and culturally competent care.

Background:

A land acknowledgement is a statement given at the beginning of an event or gathering which honours the traditional, ancestral, and unceded Indigenous lands that the meeting takes place on. The intention is to promote thought and reflection around the history of these lands and how we came to inhabit them. Land acknowledgements were first inspired by the [94 Calls to Action included in the Truth and Reconciliation Committee \(TRC\)'s June 2015 report](#) and they have since emerged as a practice around Canada's public and non-profit institutions.

The member's motion proposed during the November 2020 Council meeting was delivered with the goal of expanding and affirming the College's position on managing inequities.

A land acknowledgement was proposed as the starting point for a roadmap around anti-discrimination, diversity, and culturally competent care. A land acknowledgement would serve as the formal basis through which the College can begin to develop a commitment to addressing systemic racism and the health disparities it often causes.

The duty of protecting the public interest underscores the need for the College to prioritize reconciliation and anti-discrimination. Creating a safe, welcoming, and culturally sensitive environment for Indigenous groups is essential to meeting the public protection mandate. Given the ongoing disparities in health outcomes between Indigenous and non-Indigenous groups, health regulators have an important role to play in advancing meaningful change.

A land acknowledgement represents an important first step in demonstrating a firm commitment towards improving patient outcomes and driving systemic change. By acknowledging that the lands the Council meets on have Indigenous history, roots, and ownership, the College is helping to undo decades of Indigenous erasure. A focus in this area would help to build trust in the College and the healthcare system more broadly.

Some Ontario Colleges have begun to use land acknowledgements as a gesture of commitment towards reconciliation. [The Ontario College of Pharmacists](#) and [the College of Occupational Therapists of Ontario](#) are two notable examples.

Next Steps:

In response to this motion, staff has created a sample land acknowledgement statement for the College as well as a preliminary backgrounder which outlines some questions and considerations about land acknowledgements. Both documents may be amended as additional input is provided. They are attached here respectively as Appendix 1 and Appendix 2.

If Council supports the motion proposing the implementation of a land acknowledgement as well as a broader directive to address ethnic and racial inequities, the next steps may include:

- Review [Appendix 1: Proposed Land Acknowledgement](#) and make changes where customization is encouraged. This can be used to begin each future Council meeting.
- Post the land and treaty acknowledgement statement to the physical College space.
- Develop and ultimately publish a communication around the College's commitment to reconciliation and the College's priority to address other systemic barriers for racialized communities.
- Staff will continue to explore other avenues through which the College can manage inequities.



Decision sought:

That Council:

- approve the use of an Indigenous land acknowledgement statement at the commencement of future meetings, and
- develop a College position on equity including:
 - consideration of a College position statement and,
 - a commitment to create a roadmap to support diversity and culturally competent care.

Appendices:

- Appendix 1: Proposed College of Physiotherapists Land Acknowledgment
- Appendix 2: Land Acknowledgement Backgrounder

Appendix 1

College of Physiotherapists Sample Land Acknowledgement

Please note: a land acknowledgement is highly versatile and personal. Components (2) and (3) can be amended and do not have to be included. Those delivering the acknowledgement are encouraged to tailor their statement to fit their own priorities.

1. Description of territories and treaties (Can be kept as is)

Before we begin, we would like to acknowledge with respect that the land on which we gather is the traditional territory of many nations including the Mississaugas of the Credit, the Anishinabek, the Chippewa, the Haudenosaunee, and the Huron-Wendat. These lands are now home to many diverse First Nations, Inuit, and Métis. We also recognize that the meeting place of Toronto, traditionally known as Tkaronto, is covered by Treaty 13 with the Mississaugas of the Credit and is within the lands of the Dish With One Spoon covenant.

2. Context of acknowledgement (Customizable)

We are honouring these lands as part of a deeper commitment to the Indigenous community. As health regulators, we have a large role to play in reconciliation to meet the broader goal of public protection.

3. Moment of reflection (Customizable)

We would like to encourage you to reflect on the lands you call home and how you came to inhabit them, and on the Indigenous communities who have a traditional kinship with these lands. Those of us joining virtually outside of Toronto are doubly encouraged to learn more about the traditional keepers of their territory.

Appendix 2

Land Acknowledgement Statements: A Backgrounder

This backgrounder is merely a first step in a continual process of learning and self-reflection in an effort at honest reconciliation.

What is a land acknowledgement?

A land or territory acknowledgement is a formal statement recognizing the lasting relationship between Indigenous communities and their traditional lands. Its purpose is to acknowledge the host Indigenous communities of the lands we now inhabit. The statement is intended to promote thought and reflection around how we came to inhabit these lands and honouring their traditional and ancestral roots.

Where does a land acknowledgement go?

A land acknowledgement is generally given at the beginning of an event or gathering to recognize the Indigenous communities on whose territory the gathering takes place. They may be posted to physical spaces, such as libraries, offices, schools, and community centres. Land acknowledgements have also been embedded into other less common settings such as general announcements, e-mail signatures, and business cards.

The decision of where to include a land acknowledgement will vary with the institution or organization. It is important to remember that land acknowledgements derive their meaning through sincerity, so they should be included where it is meaningful for the organization and where the message will be delivered the most effectively. There is no rigidity as to where the statement belongs.

How do we write a land acknowledgement statement?

A land acknowledgement has no set template or script. However, the following components are helpful to keep in mind when creating one:

1. The names of the which Indigenous territories the land where the meeting is held is currently on and the treaties that are covered
2. An explanation of why you are acknowledging the land and why it is important (personalizing the acknowledgement)
3. Addressing the relevance of Indigenous rights to the subject matter of the event or meeting.

Why is a land acknowledgement important?

To 'acknowledge' means to accept or admit existence or truth. Through colonialism and its systems of oppression, Indigenous communities in Canada have been stripped of their governance, self-determination, and ownership of their traditional territories. One of the challenges that Indigenous groups face is that they are often regarded as relics of the past. Their struggles are historicized, which takes away the need to create actionable change for the future. An acknowledgement of traditional Indigenous territories serves as a reminder that the challenges of Indigenous communities persist to this day and that we have a continued responsibility to these important groups. Contextualizing Indigenous groups in the present helps, albeit humbly, to undo decades of erasure.

A land acknowledgement is a small but important step to bringing awareness to the space we inhabit, to cultivating strong relationships with Indigenous communities, and to advancing meaningful and honest reconciliation. It serves as a demonstration of recognition and respect for Indigenous peoples and their traditional lands and represents a firm commitment to continue learning and growing with respect to these important issues.

How does a land acknowledgement apply to healthcare regulation?

As healthcare regulators, we have a duty to protect the public interest. This endeavor is impossible without ensuring safe, welcoming, and inclusive spaces for members of Indigenous communities. This is especially true considering the disparate health outcomes seen in Indigenous and other racialized groups. A land acknowledgement helps ensure that we maintain responsibility and accountability to Indigenous communities, and it reminds us that we have an important role to play in advancing reconciliation.

How do we make a land acknowledgement meaningful?

As land acknowledgements become more commonplace, they face an inherent risk of losing their meaning. Our goal is to deliver a more thorough exploration into the purpose of a land acknowledgement to ensure that the meaning behind it is not lost. Below are some ways the College can weave meaning and purpose into the fabric of its land acknowledgement.

- **Engaging in reflective practice.** We can develop a meaningful relationship with our land acknowledgement through reflective practice. This can include learning about local Indigenous history and asking self-reflective questions. It is important to note that a reflective practice is personal rather than organizational and should be done on an ongoing basis.

Questions to consider may include: Why are we doing this land acknowledgement? What do we hope to achieve by delivering a land acknowledgement? How is our land acknowledgement in service of Indigenous communities?

- **Encouraging participant reflection.** Including a 'call to action' for our attendees within the acknowledgement, such as reflecting on their own connection to the land we are meeting on, will help to promote audience engagement and carry the intention of the acknowledgement beyond the gathering and into everyday practice.
- **Avoiding scripted phrasing.** Though land acknowledgements are sometimes delivered in a 'boilerplate' manner, some groups have [cautioned against scripted phrasing](#) as it is not conducive to the important element of honest reflection. We can encourage those delivering the acknowledgement (traditionally the organizer of the event) to add their own personal thoughts or insights to the statement.

How can the College commit to reconciliation efforts beyond a land acknowledgement?

A deeper commitment to reconciliation beyond a land acknowledgement is necessary to meet the broader goal of elevating Indigenous societies, governance, and institutions. While it is important to remember that best practices evolve over time, below are some ideas on how to get started:

- **Develop a formal commitment to action.** The College could release a communication outlining Indigenous relations and cultural competency as priorities to improve patient outcomes. The [commitment developed by the BC Health Regulators](#) serves as a great example.
- **Direct staff to pursue further learning as part of a broader cultural competency framework.** The College can support staff in this area by disseminating resources, modules, and suggestions for next steps.
- **Identify how the College can support Indigenous groups in the healthcare setting.** There is a growing awareness of healthcare disparities among Indigenous groups and addressing these should be a College priority. For example, [Indigenous communities in rural spaces have been found to be need of additional support](#), as territorial acknowledgements, consultation efforts, and overall activism of Indigenous issues are far less common than in urban spaces. How can the College uplift rural areas to uphold its mandate of accountability to all Ontarians?
- **Provide resources and trainings around cultural competency for physiotherapists.** Culture plays a major role in the delivery of healthcare services. Posting resources and trainings to the College website for physiotherapists would help to ensure a greater understanding of culturally sensitive care among the College's members. For example, the BC Provincial Health Services Authority [currently provides Indigenous cultural safety trainings](#) for healthcare professionals.

What are some questions we should consider for further reconciliation work?

1. How can we better understand the historical displacement of Indigenous communities?

2. What will be our contribution to righting historical harms?
3. How can we build real, authentic relationships with Indigenous communities and involve their voices into our work?

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COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 6

**Council Meeting
February 16, 2021**

Agenda # 6: By-Law & Governance Review-Legal Opinion

It is moved by

and seconded by

that:

Council approve the Executive Committee's additional recommended changes to the by-laws and governance policies in principle.

Staff will engage legal counsel to make the appropriate revisions to the by-laws and governance policies. Following that process, the College is required to circulate by-laws for comment before final approval.

Meeting Date:	February 16, 2021
Agenda Item #:	6
Issue:	By-law & Governance Review <ul style="list-style-type: none">• Legal Opinion
Submitted by:	Rod Hamilton, Registrar Justin Rafton, Manager, Policy and Governance

Legal Opinion

Issue:

In December 2018, Council approved a proposal to conduct an in-depth review of the College's by-laws and governance policies and designated the Executive Committee to act as the working group for this review.

The Executive Committee brought forward the by-laws and governance policies with its recommended changes for Council's consideration at their October 2020 meeting. The proposal was approved in principle, pending a legal review and circulation to stakeholders. The legal review is now presented to Executive for their consideration.

Background:

For many years the College has had in place a process in which staff conducts an annual review of the College's by-laws and governance policies to identify needed changes and updates based on process gaps identified at the staff level. The proposed changes are then considered by the College's Executive Committee and then forwarded on to the Council for consideration and approval.

While this process has been useful, it has not normally included the step of having the Council itself consider governance issues from a broad perspective, identifying needed changes to the College's by-laws and governance policies stemming from this kind of high-level review, and then reviewing the by-laws and governance policies closely to identify needed changes and bring forward proposed amendments to address these changes.

In late 2018, the College Council, prompted in part by the departure of the former registrar, determined that the College governance framework could potentially benefit from this kind of detailed consideration.

As a result, at their December 2018 meeting, Council approved a proposal to conduct a more in-depth review of the College's by-laws and governance policies than the typical annual review process and designated the Executive Committee to act as the working group for this review.

It was proposed that potential topics for discussion during the review would include, but were not limited to:

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

The Executive Committee completed their review in mid-2020 and presented the by-laws and governance policies with its recommended changes for Council's consideration at the October meeting. Council accepted the proposed amendments in principle, pending a legal review and consultation.

Legal Review:

The College engaged Julia Martin of Julia Martin Law to conduct the legal review of the proposed amendments to the College by-laws and governance policies. Julia Martin is a leading lawyer in this field with over 25 years working in the area of professional regulation and advising Colleges on governance matters.

The review and legal opinion follow this briefing note as Appendix 1. The opinion has been broken down into 2 parts.

Part 1 – Legal Review. Ms. Martin was asked to:

- Ensure legality of the proposed changes in accordance with the College by-law authority powers and consistency with legislation;
- Identify recommended changes that require consultation, as per 94(2) of the Code;
- Update and confirm the new numbering/order to be consistent throughout both documents; and
- Ensure amended content being presented is clear and concise (consistency of terminology, spelling/grammar, and the non-classification of gender throughout the document).

Part 2 – Governance Recommendations. Ms. Martin was asked to:

- Given her experience advising Colleges on governance matters and current trends, identify any general governance recommendations for further consideration

- Based on the College Performance Measurement Framework (CPMF) and the specific standards, identify any recommendations for further consideration

The revised amendments, based on the legal review, are included as Appendix 2 & 3.

Executive Committee – Further Review and Recommendations:

The Executive Committee reviewed and discussed the legal opinion at their February 2021 meeting. As the first part of the opinion involved a legal review, the acknowledged changes to ensure legality of the document and consistency with statute would be incorporated.

The focus of the Committee's discussion centered on the second part of the opinion: the governance recommendations. After deliberation on the key areas relating to governance practices and the College Performance Measurement Framework (CPMF), the Executive Committee recommend the following changes be incorporated as part of the ongoing by-laws and governance policies review project:

- A. Nine Year Consecutive Term Limit & Cooling Off Period
 - By-law addition – Explicitly outline a nine-year consecutive term limit for both Council and committee service, with a one year cooling off period after reaching the limit.
 - This change would however provide Council with flexibility to make a committee appointment beyond the consecutive term limit in exceptional circumstances.
- B. Orientation Prior to Council Election/Committee Appointment
 - By-law addition – Candidates to complete a mandatory orientation prior to being eligible for Council election or committee appointment.
- C. Executive Committee Information
 - By-law addition – College to post and make available the following information about Executive Committee meetings on the website:
 - Meeting date;
 - Rationale for meeting;
 - Report on discussions/decisions when Executive Committee acts as Council or discusses matters to be brought forward to Council; and
 - If decisions will be ratified by Council
- D. Council Meeting Notice & Materials
 - By-law addition – Notice of Council meetings and materials are available at least a week in advance (*already done in practice – now codified in by-laws*)
- E. Discipline Hearing Notice & Allegations
 - By-law addition – Notice of discipline hearings and allegations are available at least a week in advance (*already done in practice – now codified in by-laws*)

For the remaining governance recommendations, the Executive Committee noted that they did not wish to proceed at this time or directed staff to further review College policies and processes:

- A. Lifetime Term Limits for Councillors, Officers and Committee Members



- Executive Committee does not recommend the College institute life-time term limits for councillors, officer and committee members at this time.
- B. Competency/Suitability Criteria for Councillors and Committee Members
 - Executive Committee does not recommend the College develop a further competency/suitability framework for councillors and committee members than is already provided for in the by-laws at this time.
- C. Third Party Review of Council/Council Meetings
 - Staff to review current governance policy on Council evaluation and consider logistics for incorporating a third-party review framework in the future
- D. Conflict of Interest Questionnaire
 - The College has a thorough conflict of interest process built into the existing by-laws, and an additional annual questionnaire is not recommended at this time.

Decision Sought:

That Council approve the Executive Committee's additional recommended changes to the by-laws and governance policies in principle.

If Council approves the additional changes, staff will engage legal counsel to make the appropriate revisions to the by-laws and governance policies. Following that process, the College is required to circulate by-laws for comment before final approval.

Attachments

- Appendix 1: College By-law & Governance Review – Legal Opinion by Julia Martin
- Appendix 2: College By-laws with Proposed Amendments (Updated February 8, 2021)
- Appendix 3: Governance Policies with Proposed Amendments (Updated February 8, 2021)

Appendix 1 CPO By-law & Governance Review-Legal Opinion Julia Martin

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January 2, 2021

Via Email

Rod Hamilton, Registrar
Justin Rafton, Policy and Governance Manager
College of Physiotherapists of Ontario
375 University Avenue, Suite 800
Toronto ON
M5G 2J5

Dear Rod and Justin:
Re: By-law and Policy review

I have completed my review of the By-laws and Governance Policies. The review was comprised of two parts: a legal review and the review for governance recommendations.

Part 1 – Legal Review

I am attaching my tracked changes versions of the By-laws and the Governance Policies where I have addressed the issues requested by Justin in his email to me of November 25, 2020. I have made changes and provided comments within both documents to address the issues. The following are my general comments about the issues I was asked to address:

1. *Ensure legality of the proposed changes in accordance with the College by-law authority powers and consistency with legislation.*

In general, I found that the By-laws and the Governance Policies were consistent with each other and consistent with the College's by-law making authority set out in subsection 94(1) of the Health Professions Procedural Code as well as the *Regulated Health Professions Act, 1991*.

I provided a few comments within each document where I think changes should be made. In the By-laws for example, I do not think that the College should ask for the registrant's gender unless the registrant can indicate that they prefer not to answer. Another option is to ask which pronouns they use. In the current climate, asking this question may cause a human rights complaint.

Another issue that was asked of me was to specifically consider whether section 2.9 of the By-laws, dealing with the College's membership in CAPR, can be deleted and whether the College can withdraw from CAPR. Regarding the deletion of this section, it can and should be deleted as this does not need to be in the By-laws. Council has the authority to pass a resolution to join an external organization and does not require a by-law to do so. For me to provide an opinion regarding whether the College can withdraw from CAPR, I need to review the contract or memorandum of understanding between the College and CAPR and/or the College and the other regulators and CAPR, if they exist, as well as the CAPR By-laws. If you send me these documents I can provide an opinion on this.

One important change that needs to be made in the Governance Policies at Policy #1.7 is where it has been amended such that the Registrar is an employee of Council. The Council is not a legal entity able to hire staff. The Registrar is an employee of the College but reports directly to Council. I have therefore reworked the wording in Policy #1.7.

Also in the Governance Policies, regarding the terms of office in Policy #1.2, the period of time between the nine year consecutive limit needs to be defined. This can be called a cooling off or a waiting period.

2. *Identify recommended changes that require consultation, as per 94(2) of the Code.*

The changes that require circulation to the membership as per paragraphs (l.2), (l.3), (s), (t), (v), (w), and (y) of subsection 94(2) of the Code are changes that deal with the information to be contained in the register, members' home addresses and other information about their practices, fees, penalties, and professional liability insurance. Obviously, where no changes to a particular provision are being proposed, there is no need to circulate it.

Using the current numbering, the following provisions in the By-laws need to be circulated to the membership: sections 8.1 and 8.2 regarding information in the register, sections 8.5 and 8.6 regarding fees, and section 9.2 regarding fees for professional corporations. Although these sections have not been completely amended, I recommend circulating the entire section so that the registrants can see the amendment in the context of the provision as opposed to circulating only the paragraph that has been amended.

3. *Update and confirm the new numbering/order to be consistent throughout both documents.*

In the By-laws I updated the numbering where I made changes that will not require your input. However, where I need to discuss a change with you, I did not update the numbering. Once you have approved of my revisions, I will update the By-laws accordingly.

In the Governance Policies I updated some of the policy numbers. Once the By-law numbering is fixed, I will review the Policies again to ensure accuracy of the numbering.

4. *Ensure amended content being presented is clear and concise (consistency of terminology, spelling/grammar, and the non-classification of gender throughout the document).*

In the By-laws I have edited the wording in a few places for clarity, I removed provisions that are repetitive, corrected references to provisions within the By-laws and legislation, corrected a few typos and corrected a few non-gender neutral references that had been missed.

Fewer changes were needed in the the Governance Policies but I did make some edits, corrected several references and a few gender neutral references that had been missed.

Part 2 – Governance Recommendations

You have also asked me to provide governance recommendations based on two sets of criteria. My recommendations are as follows:

1. *Given your experience advising Colleges on governance matters and current trends, identify any general governance recommendations or improvements for further consideration.*

a. Nine year consecutive limit and a cooling off/waiting period should be set out in the By-laws

I strongly recommend that the nine consecutive year limit for Councillors be set out in the By-laws and that a cooling off/waiting period be defined and also set out. The By-laws define the rules and working of an organization and are the document that people turn to understand how it functions. And, all the rules about terms of office should be set out in one place within the By-laws. In addition, paragraph (d.2) of subsection 94(1) of the Health Professions Procedural Code specifically grants the College authority to pass by-laws regarding terms of office for members of Council.

b. Overall/Lifetime Term limits for Councillors, Officers and Committee Members

In my experience with other colleges and based on my knowledge of governance trends generally in not-for-profit corporations, what is happening and recommended is that individuals not be permitted to serve indefinitely on boards and councils. There are pros and cons of imposing overall term limits which are described in the literature on governance. Some cons are that there could be a loss of corporate memory and experience, the potential loss of cohesiveness of the Council, and the need to devote more time to recruitment of new members. Some pros are that it encourages diversity by allowing new members an opportunity to participate, it prevents the concentration of power amongst long-standing members, and provides fresh perspectives for the Council.

I am aware through my work for another college that a jurisdictional scan of the other health colleges revealed that while the College of Physicians and Surgeons of Ontario (“CPSO”) is the only college to impose overall or lifetime term limits, other colleges are considering imposing term limits on members of council, committees and officers.

I recommend therefore that the College impose overall or lifetime limits on the terms of office for Councillors, officers and committee members. The College could adopt the same term limits as the CPSO which are a nine year lifetime limit as a Councillor, a nine year limit on any one committee, and a lifetime limit of eighteen years for committee involvement.

2. *Based on the College Performance Measurement Framework (CPMF) and the specific standards, identify any recommendations for further consideration.*

The College By-laws and Governance Policies already satisfy many of the governance standards raised in the CPMF. However, there are a few changes that can or should be made since the College will have to provide proof that it currently complies with the CPMF (by providing links to policies and procedures) and if does not explain how it intends to comply over the next reporting period in 2021. Note that I am only commenting here on the first Domain of the CPMF which is Governance. There are a total of 6 Domains and the College will need to make other changes to comply with them for example, drafting a financial reserve policy under Domain 4 – Resources.

a. Standard 1 paragraph 1 requires that Councillors and members of statutory committees have knowledge, skill and commitment. They must meet competency and suitability criteria which need to be publicly available, and *before* they stand for election or sit on a statutory committee they must attend an orientation about the College's mandate and their role and responsibilities. Public appointees also need to attend orientation training prior to their first meeting.

The eligibility criteria in the By-laws likely sufficiently address suitability to stand for election/appointment to a statutory committee but do not really address competency. The candidates, other than those for Academic Councillor positions, only need to be members in good standing and need not satisfy any particular competency requirement. In my view, changes should be made to require that candidates meet something more than just being a regular member in good standing of the College. Candidates for Council and statutory committees will also have to complete an orientation prior to standing for election or appointment, and public appointees prior to their first meeting. This change will have to be made to the By-laws, not to mention the orientation training developed.

b. Standard 1 paragraph 2 requires the development and implementation of a framework to evaluate the effectiveness of Council and Council meetings. Every three years this evaluation must be conducted by a third party. This does not need to be added to the By-laws but the College will need a policy to address this.

c. Standard 2 deals with conflict of interest and the By-laws cover this well already however, annual questionnaires must now be completed by Council members. In addition, the questionnaire must be attached as an appendix to the Council meeting package for completion by members and must contain the definition of conflict of interest and identify areas of risk for conflict of interest for the profession. This requirement need not be in the By-laws but should be incorporated into a Governance Policy.

d. Standard 3 requires transparency of decisions made and actions taken by the College. The measures at paragraph 4 deal with ensuring transparency of Council decisions. In particular, paragraph 4.a. requires that Council minutes be posted and paragraph 4.b. imposes the requirements for meetings of the Executive Committee. When the Executive Committee acts between meetings as Council, its decisions must be available to the public. Paragraph 4.b. requires the following:

4.b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).

- i. the meeting date;
- ii. the rationale for the meeting;
- iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
- iv. if decisions will be ratified by Council.

This is something that should be done regardless of a requirement to do so by the CPMF. When the Executive Committee acts in the place of Council, since Council decisions and meetings are public, the information stemming from such meetings of the Executive Committee should be publicly available. And, given that this is a requirement of the CPMF, it should be added now to the By-laws since the College will have to update the Ministry of the changes it has made to comply with the CPMF in 2021.

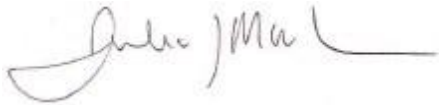
e. The measure at paragraph 5.a. of Standard 3, requires that the information provided by the College is accessible and timely. The requirement here is that notice to the public of Council meetings be given at least one week prior to the meeting and that the materials also be made available at that time.

I know that the College provides notice of meetings more than one week in advance and I expect that the materials are also available at least one week in advance, however given the requirement I recommend that this be added to the By-laws at section 4.4, Notice of Meetings.

f. Similarly regarding Discipline Hearings, I know that the College posts notices of hearings and the specified allegations that have been referred, however this is not currently in the By-laws. It is a requirement of the CPMF at paragraph 5.b. of Standard 3 that this information be made publicly available. I recommend that this be added to the By-laws too.

Please let me know if you have any questions and if you would like to arrange a time to discuss my review of the documents and opinion.

Yours truly,

A handwritten signature in cursive script, appearing to read "Julia Martin", followed by a horizontal line extending to the right.

Julia Martin



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

2017

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

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

Approved by Council March 22, 2017, Revised December 14, 2017,
Revised March 20, 2018

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

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Official By-Laws of the College of Physiotherapists of Ontario

Revised March 22, 2017, Revised December 14, Revised March 20, 2018.

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

Part 1—Definitions

DEFINITIONS

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

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

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

Part 2—College Administration

SEAL



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

BANKING

- 2.2. (1) Council shall appoint one or more Canadian banks chartered under the Bank Act (Canada) for the use of the College.

- (2) All money belonging to the College shall be deposited in the name of the College, at such banks without deduction for any purpose whatsoever.
- (3) A staff member designated by a Signing Officer of the College may endorse a negotiable instrument for collection on account of the College through the bank or for deposit to the credit of the College with the bank.

BORROWING

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

INVESTMENT

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

CONTRACTS AND EXPENDITURES

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

OTHER DOCUMENTS

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

AUDIT

- 2.7. (1) Council shall appoint annually one or more Auditors who are licensed under the *Public Accounting Act, 2004* to audit the College's financial statements.
- (2) Financial statements for the College shall be prepared at the close of each Fiscal Year and audited financial statements, together with the Auditor's report, shall be presented annually to Council.
- (3) The Auditor shall serve for a term of one year, but if an appointment is not made the Auditor shall continue to serve until a successor is appointed.
- (4) The Auditor may be re-appointed provided that the Auditor does not serve for more than five consecutive one-year terms.
- (5) If the Auditor is unable to continue ~~his or her~~ their duties or in the event Council is dissatisfied with the Auditor, Council may appoint a new Auditor. At a minimum, the College will issue tenders for audit services every five years, which does not preclude the current audit firm from submitting a proposal.
- (6) Council shall cause the performance of the Auditor to be evaluated on an annual basis and shall take such evaluation into account when considering the re-appointment of the Auditor.
- (7) Council shall ~~set the remuneration of the Auditor and~~ confirm the appointment and remuneration of the Auditor in writing.
- (8) The Auditor has a right of access at all reasonable times to all records, documents, books, accounts and vouchers of the College and is entitled to require from the Councillors, officers and employees and relevant payees of the College such information as in ~~his or her~~ their opinion is necessary to enable ~~him or her~~ them to report as required by law or under this section.
- (9) The Auditor is entitled to attend any meeting of Council and to be heard at any such meeting that ~~he or she~~ they attends on any part of the business of the meeting that concerns ~~him or her~~ them as Auditor. The Registrar shall provide reasonable notice of every Council meeting to the Auditor for this purpose.

BY-LAWS

- 2.8. (1) The making, amending or revoking of a by-law shall be determined by a majority vote of the Councillors present and voting. Advance notice is required for all motions or resolutions applying to the making, amending or revoking of a by-law.

- (2) Proposed ~~By~~by-laws made under the authority of clauses (l.2), (l.3), (s), (t), (v), (w) or (y) of subsection 94 (1) of the Code shall be circulated to every Member at least 60 days before they are approved by Council.
- (3) Every by-law shall be signed by the President ~~or Vice-President~~ and by the Registrar.
- (4) Every by-law, including every amendment and revocation, shall be maintained in the College's records.
- (5) The College shall ~~provide copies of~~make the By-laws available to the Minister and each Member and make them available to the public during normal business hours as set out in section 94 of the Code.

MEMBERSHIP ~~IN ASSOCIATIONS WITH~~ EXTERNAL ORGANIZATIONS

- 2.9. ~~(1)~~ The College shall maintain membership in the Canadian Alliance of Physiotherapy Regulators ~~(CAPR) to ensure opportunity for networking and issue development related to national physiotherapy regulatory matters. This shall include,~~
- ~~(a) payment of the annual or other fees,~~
 - ~~(b) regular representation at business meetings by a person designated in accordance with the governance policies of the College, and~~
 - ~~(c) representation on working groups and at meetings by College members, College staff and Councillors as permitted by the by-laws of the Alliance CAPR and in keeping with conflict-of interest provisions.~~
- ~~(2) The membership referred to in subsection (1) shall not include representation on the Evaluation Services Committee or any related subcommittees.~~

~~The College may maintain memberships in any organizations that are of benefit to the College, and shall pay the annual fees and other fees required for the memberships.~~

THE REGISTRAR

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

~~(7)~~(6) An interim Registrar has all of the ~~powers~~ authority and responsibilities and shall perform all of the duties of the Registrar.

MANAGEMENT OF COLLEGE PROPERTY

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

~~RELATIONSHIPS WITH EXTERNAL ORGANIZATIONS~~

~~**2.12.** (1) Any proposal for a relationship with an external organization, grant proposal or funding request made by the College shall be consistent with the RHPA, the Act, the Regulations and the By-laws and the policies approved by Council.~~

~~(2) The Registrar shall assume responsibility for monitoring relationships with external organizations and for the use of any grant or other money received.~~

Part 3—Election or Appointment of Councillors

ELECTIONS

Electoral Districts

- 3.1.** (1) The following electoral districts are established for the purpose of the election of members to Council:
- (a) Electoral district 1 (the south western electoral district): composed of the counties of Bruce, Elgin, Essex, Grey, Huron, Lambton, Middlesex, ~~and~~ Oxford and Perth, and the municipality of Chatham-Kent.
 - (b) Electoral district 2 (the central western electoral district): composed of the counties of Dufferin and Wellington, the regional municipalities of Niagara and Waterloo, and the municipalities of the City of Hamilton, Haldimand County, Norfolk County, the County of Brant, and the City of Brantford.
 - (c) Electoral district 3 (the central eastern electoral district): composed of the counties of Haliburton, Northumberland and Peterborough, the regional municipalities of Durham and York, and the municipality of the City of Kawartha Lakes.
 - (d) Electoral district 4 (the eastern electoral district): composed of the counties of Frontenac, Hastings, Lanark, Lennox and Addington, Renfrew, Leeds and Grenville, Prescott and Russell and Stormont, Dundas and Glengarry, and the municipalities of the City of Ottawa and Prince Edward County.
 - (e) Electoral district 5 (the northern electoral district): composed of the city of Greater Sudbury, the districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming and the District Municipality of Muskoka.
 - (f) Electoral district 6 (the Toronto west electoral district): composed of the City of Toronto to the west of the centre of Yonge Street.
 - (g) Electoral district 7 (the Toronto east electoral district): composed of the City of Toronto to the east of the centre of Yonge Street.
 - (h) Electoral district 8 (the central electoral district): composed of the county of Simcoe and the regional municipalities of Halton and Peel.
- (2) If it is unclear to which electoral district a Member should be assigned, the Registrar may assign the Member to one of the electoral districts.
- (3) The counties, regional municipalities, districts, district municipalities, and single-tier municipalities described in this section are those that existed as of ~~October 19, 2016~~August 13, 2020, and the geographical territory of each electoral district shall be interpreted to ensure that all parts of Ontario fall into one of the above counties, united counties, regional municipalities, district municipalities, cities and districts. For greater certainty, separated

municipalities found within the geographical territory of counties will fall within the electoral district of the county.

Entitlement to Vote

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

Number of Members Elected

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

Term of Office

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

Election Date

- (7) (a) There shall be an election,
- ~~(i) for south western and central western electoral districts, in 2019 and every third year thereafter,~~
 - ~~(ii)~~(i) for central, eastern and northern electoral districts, in 2017-2020 and every third year thereafter, and
 - (ii) for central eastern and Toronto east and west electoral districts, in 2018-2021 and every third year thereafter.
 - (iii) for south western and central western electoral districts, in 2022 and every third year thereafter
- (b) An election shall be held on the third Wednesday in April.
- (c) If there is an interruption ~~in Mail service or~~ in access to the electronic voting system during a nomination or election, the Registrar shall extend the holding of nominations and the election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.

Eligibility for Election

- (8) A Member is eligible for election to Council for an electoral district if:

- (a) the Member is entitled to vote in an election in accordance with subsection (4);
- (b) at all times between the 90th day before the election and the date of the election:
 - (i) the Member continues to be registered with the College
 - ~~(ii) the Member continues to for~~ practise or reside in Ontario;
 - ~~(iii)~~ the Member's home address registered with the College continues to be in the electoral district for which the election is being held or, if the Member resides outside Ontario, the Member's primary business address is in the electoral district for which an election is being held;
 - ~~(iv)~~ the Member is not in default of any obligation to the College under the Regulations or the By-laws; and
 - ~~(v)~~ the Member is not the subject of Discipline or Fitness to Practise proceedings;
- (c) the Member has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated in the six years before the election;
- (d) ~~the Member's certificate of registration has not been revoked or suspended for professional misconduct, incompetence or incapacity at any time in the six years immediately before the election;~~
 - (d) the Member has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
- (e) the Member's certificate of registration has not been subject to a term, condition or limitation other than a term, condition or limitation prescribed by the Regulations in the six years before the election;
- (f) the Member has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Member's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
- (g) the Member has not been disqualified or removed from Council in the three years before the election;
- (h) the Member is not and has not been in the 12 months before the election, a director, officer, committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
- (i) the Member does not hold and has not held in the 12 months before the election, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
- (j) the Member is not a participant (other than on behalf of the College) in a legal action or application against the College;
- (k) the Member does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
- (l) the Member is not and has not been in the 12 months before the election an employee of the College; and

- (m) the Member discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Councillor or has agreed to remove any such conflict of interest before taking office.
- (9) Any disputes about a person's eligibility for election shall be determined by the Executive Committee. If the Executive Committee determines that a Member is ineligible for election, the Member may appeal that decision to Council and Council's determination shall be final, without appeal.

Notice of Election and Nominations

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

Nomination Procedure

- (11) (a) A Member who is eligible for election to Council may be nominated for election in an electoral district if the Member:
 - (i) is nominated by a Member who is entitled to vote in the election and if the nomination is:
 - (A) in the form and manner required by the Registrar; and
 - (B) received by the Registrar no later than two o'clock in the afternoon Eastern ~~Standard~~-Time on the date set by the Registrar; and
 - (ii) consents to the nomination.
- (b) A candidate in an election may withdraw ~~his or her~~their candidacy by notifying the Registrar of the withdrawal in writing no later than two business days before voting starts, within ten days of the date set by the Registrar.
- (12) (a) At the close of the nomination period, if no candidates eligible to be nominated in an electoral district have been nominated, the Registrar shall establish a new election schedule, including, where necessary, a new date for the election.
- (b) The new election schedule may permit two additional calls for nomination, after which time the office of the Councillor will be declared vacant in accordance with subsection (23).

Acclamation

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

Administration

- (14) (a) The Registrar shall supervise the nomination and election of Elected Councillors.
- (b) The Registrar shall appoint an independent electronic voting organization to administer the voting process and the counting of electronic ballots.

- (c) All questions arising in the counting of ballots, the recording of results or the determination of the result shall be decided by the Registrar.
- ~~(d)~~ (d) When a candidate withdraws from the election during the voting period, the Registrar shall inform all voters of the withdrawal and the option to re-cast their votes.
- ~~(d)(e)~~ (e) Where the By-laws do not address an issue, the Registrar shall use ~~his or her~~ their best judgment to ensure that the election is fair and democratic.

Voting

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

Counting Votes

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

By-election Where a Tie Occurs

- (19) (a) If following the recount in subsection (18) (b), two or more candidates have received the same number of votes in an election, the Registrar will hold a by-election in the electoral district in which the tie occurred.
- (b) The candidates in the by-election shall be only those candidates who were tied.
- (c) The by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.
- (d) In the event that the by-election results in a tie, the Registrar and the President shall select by random draw one name from the names of the candidates who were tied and the Registrar shall declare that person to be elected.

Documentation and Notification of Results

- (20) (a) Promptly after receiving the report of the voting results from the electronic voting organization, the Registrar shall:
- (i) sign a copy of the report and retain the report in the College's records;
- (ii) declare the name of the candidate elected in each election; and
- (iii) inform:
- (A) The President of the results of the election;
- ~~(A)~~(B) The elected candidate and other ~~each~~ candidates of the results of the election and the right to seek a review of the validity of the voting and counting process report from the electronic voting organization in accordance with subsection (21);
- ~~(B)~~(C) Council and the Members of the results of the election; and
- ~~(C)~~(D) each ~~Each~~ elected candidate of the time and place of the first regular Council meeting following the election.
- ~~(b) For each election, the Registrar shall require the electronic voting organization to retain an electronic record of all electronic ballots.~~
- ~~(c) Unless the results of an election are challenged, the Registrar shall require the electronic voting organization to retain an electronic record of all electronic ballots, direct the electronic voting organization to destroy all ballots and other material from the election until 31 days after the election.~~
- (b) The Registrar shall direct the electronic voting organization to destroy the electronic record of all electronic ballots and other material from the election as follows:
- (i) where there is no challenge of the results of the election, 31 days after the election; and
- (ii) where there is a challenge of the results of the election once the process in subsections (21) and (22) has been completed.-

Validity of Election and Inquiries

- (21) (a) The Registrar shall provide to all candidates a report of the results of the election as

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

Vacancies

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

Filling Vacancies

- (24) (a) If the office of an Elected Councillor is declared to be vacant and the remainder of that Councillor's term is less than one year, Council shall:
 - (i) leave the office vacant; or
 - (ii) appoint a successor from among the Members who would be eligible for election if an election were held.
- (b) If the office of an Elected Councillor is declared to be vacant as a result of lack of nominations during an election ~~as described in~~ subsection (23) (b), Council shall appoint a successor from among the Members who would be eligible for election if an election were held.
- (c) If the office of an Elected Councillor is declared to be vacant ~~as a result of~~ when an elected Councillor dies, resigns, is disqualified or is otherwise removed from Council as described in subsection (23) (a) and the remainder of the term of the Councillor whose office became vacant is more than one year, the Registrar shall hold a by-election for the electoral district.
- (d) A by-election to fill a vacancy on Council shall be held on a date set by the Registrar and the President.

- (e) A by-election shall be held in accordance with the procedures for a general election, with necessary modifications as determined by the Registrar.

Disqualifications

- (25) (a) The following are grounds for disqualification for an Elected Councillor sitting on Council~~An Elected Councillor is disqualified from sitting on Council if the Councillor:~~
- (i) ceases to be a Member;
 - (ii) no longer practises physiotherapy in Ontario ~~or~~and is no longer a resident of Ontario;
 - (iii) is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;
 - ~~(iv)~~ (iv) ~~becomes the subject of Discipline or Fitness to Practise proceedings;~~ is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
 - ~~(v)~~ (v) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Elected Councillor's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - ~~(vi)~~ (vi) ~~remains or~~ becomes a director, officer, committee member, employee, or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - ~~(vii)~~ (vii) is found to be mentally incompetent under the *Substitute Decisions Act, 1992* or *Mental Health Act*;
 - ~~(viii)~~ (viii) ~~continues to hold or~~ assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - ~~(ix)~~ (ix) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
 - ~~(x)~~ (x) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - ~~(xi)~~ (xi) fails to attend two consecutive regular meetings of Council without good reason in the opinion of Council; or
 - ~~(xii)~~ (xii) fails, in the opinion of Council, to discharge properly or honestly any office to which ~~he or she has~~they have been elected or appointed.
- (b) An Elected Councillor does not become disqualified from sitting on Council merely because ~~his or her~~their home address registered with the College ceases to be in the electoral district for which ~~he or she was~~they were elected.
- (c) Subsections (25) (a) (i), (iv), (v), (vi), (vi), (vii) and~~(viii), and (ix)~~ shall result in automatic disqualification.
- (d) Subsections (25) (a) (ii), (iii), ~~(vii), (ix), (x), (x)~~, (xi), and (xii) ~~and (xiii)~~ shall result in a vote by Council regarding disqualification of the Councillor.

Suspension

- (26) If an Elected Councillor sitting on Council becomes the subject of Discipline or Fitness to Practise proceedings, they shall be suspended from sitting on Council until the matter is resolved.

ACADEMIC COUNCILLORS

- 3.2. (1) For the purposes of ~~section paragraph~~ 6 (1) (c) of the Act, two Members who are members of a faculty of physiotherapy or physical therapy of a university in Ontario shall be selected in accordance with this section to serve on Council as Academic Councillors.
- (2) A Member is eligible to serve on Council as an Academic Councillor if:
- (a) the Member holds a certificate of registration authorizing independent practice;
 - (b) the Member is not in default of any obligation to the College under the Regulations or the By-laws;
 - (c) the Member is not the subject of a Discipline or Fitness to Practise proceeding;
 - (d) the Member has not been found guilty of professional misconduct, to be incompetent, or to be incapacitated at any time in the six years before the date of the selection;
 - (e) ~~the Member's certificate of registration has not been revoked or suspended for professional misconduct, incompetence or incapacity at any time in the six years immediately before the selection;~~
 - (f) the Member has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992* or the *Mental Health Act*;
 - (g) in the six years before the selection, the Member's certificate of registration has not been subject to a term, condition or limitation other than one prescribed by regulation;
 - (h) the Member has not been found guilty of an offence under the Criminal Code or the Health Insurance Act that is relevant to the Member's suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
 - (i) the Member has not been disqualified or removed from Council in the three years before the selection;
 - (j) the Member is not and has not been in the last 12 months before the appointment a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - ~~(j.1) the Member does not hold and has not held in the last 12 months before the appointment, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;~~
 - (k) the Member is not a participant (other than on behalf of the College) in a legal action or application against the College;
 - (l) the Member does not have a current notation on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
 - (m) the Member does not hold and has not held in the last 12 months before the appointment a ~~responsible~~ position with any organization or group whose mandate or interests conflict with the mandate of the College; and

- (n) the Member discloses all potential conflicts of interest in writing to the Registrar within five business days of being nominated and either does not have a conflict of interest to serve as a Councillor or has agreed to remove any such conflict of interest before taking office.
- (3) One Member shall be selected from a university mentioned in Column 1 of the following Table in the corresponding years indicated in Column 2:

Column 1	Column 2
University of Toronto	2020 and thereafter every 8-7 and 7-8 years alternatively
University of Western Ontario Western University	2014-2021 and thereafter every 7-8 and 8-7 years alternatively
McMaster University	2015-2023 and thereafter every 8-7 and 7-8 years alternatively
Queen's University	2017-2024 and thereafter every 7-8 and 8-7 years alternatively
University of Ottawa	2018-2026 and thereafter every 8-7 and 7-8 years alternatively

- (4) An Academic Councillor shall be selected by Council in accordance with the above schedule at the first regular Council meeting following an election of Council and the Academic Councillor shall serve for a three-year term of office.
- (5) In a selection year for a university, the physical therapy or physiotherapy faculty at that university shall submit for Council approval the name of a Member who is willing and eligible to serve as a Councillor. The candidate may be any member of the physical therapy or physiotherapy faculty. If the university does not submit a name of an eligible candidate for Council's approval in accordance with this section, Council may nevertheless select a Member that meets the above eligibility requirements from any faculty of physiotherapy or physical therapy of a university in Ontario. The College encourages universities to consider applicants who are tenured faculty, and who are a member of one of the employment equity groups (women, aboriginal peoples, persons with disabilities, and members of visible minorities).
- (6) If an Academic Councillor dies, resigns, is disqualified or otherwise removed from Council, an eligible replacement shall be selected to serve the remainder of the term of office from among the members of the faculty of physiotherapy or physical therapy from which the former Academic Councillor was selected.
- (7) ~~An Academic Councillor selected under this section is disqualified from sitting on Council if the Academic Councillor~~The following are grounds for disqualification for an Academic Councillor sitting on Council:
- ceases to be a Member with a certificate of registration authorizing independent practice;
 - no longer is a member of the faculty of physiotherapy or physical therapy from which ~~he or she was~~they were selected;
 - is in default of any obligation to the College under the Regulations or the By-laws for over 60 days;

- ~~(d)~~ — becomes the subject of a Discipline or Fitness to Practise proceeding;
- ~~(e)~~(d) is found guilty of professional misconduct, to be incompetent, or to be incapacitated;
- ~~(f)~~(e) is found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the Academic Member’s suitability to serve as a Councillor, unless a pardon or record suspension has been granted with respect to the finding;
- ~~(g)~~(f) ~~remains or~~ becomes a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
- ~~(h)~~(g) is found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
- ~~(i)~~(h) ~~continues to hold or~~ assumes a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
- ~~(j)~~(i) becomes a participant (other than on behalf of the College) in a legal action or application against the College;
- ~~(k)~~(j) has a notation posted on the register of an interim order, caution, undertaking or specified continuing education or remediation program directed by the Inquiries, Complaints or Reports Committee;
- ~~(l)~~(k) fails to attend two consecutive regular meetings of Council without good reason in the opinion of Council; or
- ~~(m)~~(l) fails, in the opinion of Council, to discharge properly or honestly any office to which ~~he or she has~~ they have been selected or appointed.
- (8) Subsections (7)(a), (b), (d), (e), (f), (g), ~~and~~ (h), and (i) shall result in automatic disqualification.
- (9) Subsections (7)(c), ~~(g), (i), (j), (j),~~ (k), and (l) ~~and (m)~~ shall result in a vote by Council regarding the disqualification of the Councillor.

Suspension

- (10) If an Academic Councillor sitting on Council becomes the subject of Discipline or Fitness to Practise proceedings, they shall be suspended from sitting on Council until the matter is resolved.

DECLARATION OF OFFICE

- 3.3 (1) A person elected, appointed or selected to be a Councillor or non-Council Committee member must sign for the records of the College a declaration of office in the form attached as Appendix A.
- (2) A person cannot act as a Councillor or non-Council Committee member unless and until ~~he or she~~ they signs the declaration of office.

- (3) Any suspected or actual breach by a Councillor or non-Council Committee member of the declaration of office shall be addressed in the same manner as the College addresses a breach or suspected breach of the Code of Conduct.

REMUNERATION OF COUNCILLORS AND COMMITTEE MEMBERS

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

INDEMNIFICATION

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

Part 4—Meetings of Council and Committees

COMPOSITION AND DUTIES OF COUNCIL

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

REGULAR MEETINGS

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

SPECIAL MEETINGS

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

NOTICE OF MEETINGS

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

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

MEETINGS HELD BY TECHNOLOGICAL MEANS

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

WRITTEN RESOLUTIONS

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

MINUTES

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

RULES OF ORDER

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

Part 5 — Conduct of Councillors and Committee Members

CONFLICT OF INTEREST - COUNCIL AND COMMITTEE MEMBERS

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

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

CODE OF CONDUCT FOR COUNCILLORS AND NON-COUNCIL COMMITTEE MEMBERS

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

~~SEXUAL ABUSE PREVENTION~~ COUNCILLOR ORIENTATION AND TRAINING

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

Part 6—Election of Executive Committee

ELECTION OF PRESIDENT AND VICE-PRESIDENT

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

ELECTION OF REMAINING EXECUTIVE COMMITTEE MEMBERS

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

DUTIES AND POWERS OF PRESIDENT AND VICE-PRESIDENT

- 6.3. (1) The duties of the President are to:
- (a) be cognisant of the affairs of the College;
 - ~~(b)~~(a) give or cause to be given notice of all meetings of Council and the Executive Committee;
 - ~~(c)~~(b) preside or ensure that a designate presides at all meetings of Council and meetings of the Executive Committee;

- ~~(d)~~(c) ensure that the College is represented at all relevant meetings;
 - ~~(e)~~(d) oversee the implementation of all orders and resolutions of the Executive Committee and Council;
 - ~~(f)~~(e) act as a liaison between the College and other professional organizations as appropriate; and
 - ~~(g)~~(f) perform other duties as outlined in the College’s governance policies as approved by Council.
- (2) The duties of the Vice-President are to,
- (a) act on behalf of the President in the President’s absence; and
 - (b) perform other duties as outlined in the College’s governance policies as approved by Council.
- (3) The President is the most senior official and representative of the College and the Vice-President shall assist the President in the discharge of the President’s duties.

Part 7—Statutory and Non-statutory Committees

STATUTORY COMMITTEES

The Executive Committee

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

The Registration Committee

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

The Inquiries, Complaints and Reports Committee

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

The Discipline Committee

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

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

The Fitness to Practise Committee

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

The Quality Assurance Committee

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

The Patient Relations Committee

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

EXECUTIVE DELEGATION

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

NON-STATUTORY COMMITTEES

The Finance Committee

- 7.3.** (1) The Finance Committee shall be composed of at least five Councillors, being:
- (a) the President and Vice-President; and

- (b) at least three other Councillors, at least one whom shall be a Publicly-Appointed Member.
 - (2) The Finance Committee shall have the duties set out in the College's governance policies as approved by Council.
- 7.4. Council may, by resolution, establish non-statutory committees, task forces and advisory groups. For each non-statutory committee, task force or advisory group, Council shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.

APPOINTMENT OF NON-COUNCIL COMMITTEE MEMBERS

- 7.5. (1) Council may appoint persons who are not Councillors to serve on both statutory and non-statutory Committees.
- (2) A Member is eligible for appointment to a Committee under this section if, on the date of the appointment, the Member meets the eligibility requirements set out in subsection 3.1.(8) of these By-laws and any other criteria set out in the governance policies as approved by Council.
 - (3) A person who is not a Member is eligible for appointment to a Committee under this section if, on the date of the appointment:
 - (a) the person resides in Ontario;
 - (b) the person is not the subject of a discipline or fitness to practise proceeding before any regulator;
 - (c) the person has not been found guilty of professional misconduct, to be incompetent or to be incapacitated by any regulator in the preceding six years;
 - ~~(d)~~ the person has not had a certificate of registration revoked or suspended for professional misconduct, incompetence or incapacity at any time in the six years immediately before the appointment;
 - ~~(e)~~(d) the person has not been found to be mentally incompetent under the *Substitute Decisions Act, 1992*, or the *Mental Health Act*;
 - ~~(f)~~(e) the person has not been found guilty of an offence under the *Criminal Code* or the *Health Insurance Act* that is relevant to the person's suitability to serve as a Committee member, unless a pardon or record suspension has been granted with respect to the finding;
 - ~~(g)~~(f) the person has not been disqualified or removed from Council or a Committee in the preceding three years;
 - ~~(h)~~(g) the person is not and has not been in the 12 months before the appointment, a director, officer, committee member, employee or holder of any position of decision-making influence of any organization of physiotherapists that has as its primary mandate the promotion of the physiotherapy profession;
 - ~~(i)~~(h) the person does not hold and has not held in the 12 months before the appointment, a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College;
 - ~~(j)~~(i) the person is not an employee of the College;

- ~~(k)(j)~~ the person is not a participant (other than on behalf of the College) in a legal action or application against the College; and
- ~~(k)~~(k) the person meets any other criteria set out in the governance policies as approved by Council.
- (4) A Non-Council Committee Member who is a member is disqualified from serving on a Committee based on the grounds for disqualification as set out in subsection 3.1 (25).
- (5) A Non-Council Committee Member who is not a Member is disqualified from serving on a Committee if the person:
- (a) ~~ceases to meet the requirements in subsection paragraphs (2) or (3) (c), (d), (e), (g), (h), or (j), above, which shall result in automatic disqualification or if the person;~~
- ~~(a)~~(b) ceases to meet the requirements in paragraph subsection (3) (a), (i), or (k) above, which shall result in a vote by Council regarding disqualification of the Non-Council Committee Member;
- ~~(b)~~(c) fails to attend two consecutive meetings of the Committee without good reason in the opinion of Council; or
- ~~(c)~~(d) fails, in the opinion of Council, to discharge properly or honestly any office to which ~~he or she has they have~~ been appointed.
- (56) If a Non-Council Committee Member who is not a Member becomes the subject of a discipline or fitness to practise proceeding before any regulator, they shall be suspended from serving on a Committee until the matter is resolved.
- (7) The determination of Council as to whether a person is eligible for appointment or becomes disqualified under this section is final and without appeal.

SELECTION OF STATUTORY AND NON-STATUTORY COMMITTEES AND COMMITTEE CHAIRS

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

STATUTORY AND NON-STATUTORY COMMITTEE PROCEDURES

- 7.7. (1) Each Committee shall meet from time to time at the direction of Council ~~or the Executive Committee~~ or at the call of the Chair at a place in Ontario and at a date and time set by the Chair.

- (2) Subject to subsection (3), unless otherwise provided in the RHPA, the Act or the Regulations, a majority of members of a Committee, or of a panel of a Committee, including at least one Publicly-Appointed Councillor constitutes a quorum.
- (3) Unless otherwise provided in the RHPA, the Act or the Regulations, in exceptional circumstances, the Chair of a Committee may determine that a Committee meeting may proceed without the presence of at least one Publicly-Appointed Councillor.
- (4) The Chair or a designate shall preside over meetings of the Committee.
- (5) Every question which comes before the Committee may be decided by a majority of the votes cast at the meeting (including the Chair's) and, if there is an equality of votes on a question, the question shall be deemed to have been decided in the negative.
- (6) Every appointment to a Committee shall be made in accordance with the College's governance policies as approved by Council.
- (7) A Non-Council Committee Member is eligible for re-appointment to a Committee annually, except that a Non-Council Committee Member may not serve for more than nine consecutive years.
- (8) Where one or more vacancies occur in the membership of a Committee, the Committee members remaining in office constitute the Committee as long as any composition or quorum requirements in the RHPA, the Act or the Regulations are satisfied.
- (9) In addition to other provisions in these By-laws that permit the removal of a Committee member in specific circumstances, any Committee member may be removed from the Committee, with or without cause, by a two-thirds majority vote of the Councillors present at a Council meeting duly called for that purpose.

Part 8 — Members' Obligations

THE REGISTER

- 8.1. (1) (a) A Member's name in the register shall be the Member's full name and shall be consistent with the documentary evidence of the Member's training.
- (b) The Registrar may direct a Member's name in the register to be different than the documentary evidence of the Member's training if the Member applies and satisfies the Registrar that the Member has validly changed ~~his or her~~their name since ~~his or her~~their training and that the use of the newer name is not for an improper purpose.
- (c) The Registrar may give a direction under paragraph (b) before or after the initial entry of the Member's name in the register.
- (2) In addition to the information referred to in subsection 23 (2) of the Code, the following information shall be kept in the register:
- (a) the Member's name and any changes in the Member's name since ~~his or her~~their training;
- (b) the ~~last two digits of the~~ Member's registration number;
- (c) if the Member ceases to be a Member or has died, a notation of the reason the registration terminated or a notation that the Member has died and the date of death if known;
- (d) information on a former Member that was on the register just before the registration terminated (including due to death);
- (e) the name of the school from which the Member received ~~his or her~~their degree or diploma in physiotherapy and the date the Member received the degree or diploma;
- (f) all classes of certificate of registration held by the Member and the dates that each started and terminated;
- (g) the name, business address, and business telephone number of each current and previous Place of Practice of the Member on or after April 1, 2018;
- (g.1) whether each current Place of Practice of the Member is barrier free;
- (h) a notation of which business address is the Member's primary Place of Practice;
- (i) *Rescinded March 20, 2018*;
- (j) for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved:
- (i) a notation of that fact, including the date of the referral; and
- (ii) the status of the Fitness to Practise hearing;
- (k) a notation of the fact and status of any appeal from a decision of the Discipline Committee or the Fitness to Practise Committee and the anticipated date of the hearing, if the date has been set;

- (l) any information jointly agreed to be placed on the register by the College and the Member;
- (m) where the Member’s certificate is subject to an interim order under section 25.4 or section 62 of the Code, a notation of that fact, the nature of the order and date that the order took effect;
- (n) where the Member’s certificate of registration is subject to a suspension for failure to pay a fee, the reason for the suspension and the date of the suspension in addition to the fact of the suspension;
- (o) *Rescinded, March 20, 2018;*
- (p) the Member’s name as used in their Place(s) of Practice;
- (q) the language(s) in which the Member is able to provide physiotherapy services;
- (r) the Member’s area(s) of practice and categories of patients seen;
- (s) ~~details of~~ the controlled acts (except performing the controlled act of communicating a diagnosis) and other statutorily authorized acts (such as procedures described in subsection 6 (2) of the *Healing Arts Radiation Protection Act* and procedures authorized to Members in regulations made under the *Laboratory and Specimen Collection Centre Licensing Act*) that the Member performs in the course of practising physiotherapy;
- (t) where there have been charges laid against a Member under the *Criminal Code* or the *Health Insurance Act*, made on or after July 1, 2015, or the *Controlled Drugs and Substances Act* made on or after May 1, 2018, and if the person against whom the charges were laid was a Member at the time of the charges, and if the charges are known to the College, a brief summary of:
 - (i) the charges;
 - (ii) the date the charges were laid; and
 - (iii) the status of the proceedings against the Member where known to the College;

provided that any such summary shall be removed upon the written request of the Member if the charges do not result in a finding of guilt against the Member;
- (u) a summary of any existing restriction imposed on or after July 1, 2015, on a Member by a court or other lawful authority and of which the College is aware that, in the reasonable discretion of the Registrar, may restrict or otherwise impact the Member’s right or ability to practise, may prompt a regulatory action on the part of the College or is connected to an existing or ongoing regulatory action by the College. The summary shall include the name of the court or other lawful authority that imposed the restriction and the date on which it was imposed;
- (v) where there has been a finding of guilt against a Member under the *Criminal Code* or the *Health Insurance Act*, made on or after July 1, 2015, or the *Controlled Drugs and Substances Act* made on or after May 1, 2018, if the person against whom the finding was made was a Member at the time of the finding, and if the finding is known to the College, a brief summary of:
 - (i) the finding;
 - (ii) the sentence, if any;

- (iii) where the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of; and
- (iv) the dates of (i) – (iii), where known to the College;
provided that any such summary shall be removed upon the written request of the Member if the finding is reversed on appeal or if the Member receives a pardon or record suspension;
- (w) whether, on or after July 1, 2015, the Member uses the services of physiotherapist assistants (whether employees or independent contractors) in the course of practising physiotherapy;
- (x) on or after July 1, 2015, information about the Member’s registration with any other regulated professions inside or outside of Ontario;
- (y) on or after July 1, 2015, information about the Member’s registration in any other jurisdictions as a physiotherapist or physical therapist;
- (z) where the College is aware, on or after July 1, 2015, that a finding of professional misconduct or incompetence or similar finding has been made against the Member by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal:
 - (i) information on the finding;
 - (ii) the name of the governing body that made the finding;
 - (iii) a brief summary of the facts on which the finding was based;
 - (iv) the penalty and any other orders made relative to the finding;
 - (v) the date the finding was made; and
 - (vi) information regarding any appeals of the finding;

provided that where a decision referred to in paragraph (z) is no longer available to the public in the originating jurisdiction, the information on the finding under paragraph (z) shall be removed from the register upon the written request of the Member.
- (aa) when a decision of the Inquiries, Complaints and Reports Committee, relating to a complaint or report made against the Member on or after July 1, 2015, includes or is contingent upon an undertaking to perform certain obligations given by the Member (except for an undertaking relating to the Member’s capacity):
 - (i) the undertaking;
 - (ii) a summary of the decision; and
 - (iii) where applicable, a notation that the decision has been appealed;

provided that where a decision referred to in paragraph (aa) is overturned on appeal or review, the summary under paragraph (aa) shall be removed from the register.
- (bb) when a decision of the Inquiries, Complaints and Reports Committee, relating to a complaint or report made against the Member on or after July 1, 2015, includes a caution:
 - (i) a summary of the decision; and

- (ii) where applicable, a notation that the decision has been appealed;
provided that where a decision referred to in paragraph (bb) is overturned on appeal or review, the summary under paragraph (bb) shall be removed from the register.
- (cc) when a decision of the Inquiries, Complaints and Reports Committee, relating to a complaint or report made against the Member on or after July 1, 2015, includes a requirement that the Member participate in a specified continuing education or remediation program:
 - (i) a summary of that decision;
 - (ii) where applicable, a notation that the decision has been appealed; and
 - (iii) a notation, if and when applicable, that the requirements of the specified continuing education or remediation program have been fulfilled or completed by the Member;
 provided that where a decision referred to in paragraph (cc) is overturned on appeal or review, the summary under paragraph (cc) shall be removed from the register.
- (3) All the information contained in the register is designated as public for the purposes of subsection 23 (5) of the Code.
- (4) (a) The Registrar may give any information contained in the register that is designated as public to any person in printed or oral form.
- (b) The Registrar may refuse to allow a person to obtain some or all of the information contained in the register that is designated as public if the Registrar has reasonable grounds to believe that the disclosure of the information may jeopardize the Member's safety.

INFORMATION TO BE PROVIDED BY MEMBERS

- 8.2.** (1) A Member shall provide the following to the College when requested to do so by the Registrar:
- (a) information required to be contained in the register by subsection 23 (2) of the Code;
 - (b) information required to be contained in the register by section 8.1 of these By-laws;
 - (c) information that the College is required to collect for the purpose of health human resource planning by the Minister by section 36.1 of the RHPA;
 - ~~(c)~~(d) information that members are required to report under sections 85.6.1, 85.6.2, 85.6.3, and 85.6.4 of the Code;
 - ~~(d)~~(e) the Member's date of birth;
 - ~~(e)~~ ~~the Member's electoral district;~~
 - (f) the Member's home address;
 - (g) the Member's home telephone number, if available;
 - (h) the Member's mobile telephone number, if available;
 - (i) an email address for the Member that is distinct from the email address of any other Member;

- (j) the mailing address, and if different, the street address of each current and previous Place of Practice of the Member (provided that no client home address is required where the Member provides home care) and if available, the business facsimile number of each current Place of Practice;
- (k) the Member's employment information including the name and business address (including the email address) of the Member's employer, the name and business address (including the email address) of the Member's direct supervisor, the Member's job title, the Member's area and focus of practice, the Member's sector of practice, the Member's employment status (such as full or part-time status), and a description of the Member's place(s) of employment;
- ~~(k).1~~ the street address of any location or facility where records related to the Member's practice are located;
- (l) the Member's practice hours, including the percentage of time spent in each area of practice;
- (m) whether the Member's preferred language of communication with the College is English or French;
- (n) the following information about any finding of professional misconduct or incapacity or similar finding that has been made against the Member by a body that governs a profession, inside or outside of Ontario, provided that the finding has not been reversed on appeal:
 - (i) information on the finding;
 - (ii) the name of the governing body that made the finding;
 - (iii) the date the finding was made;
 - (iv) a summary of any order made; and
 - (v) information regarding any appeals of the finding;
- (o) whether the Member successfully completed the examination required for registration and if so, the date;
- ~~(p) information required under section 85.6.1 of the Code about any finding of guilt of any offence against the Member made after June 3, 2009;~~
- ~~(q) information required under section 85.6.2 of the Code about any finding of professional negligence or malpractice by a court against the Member made after June 3, 2009; and~~
- ~~(r)(p)~~ information about any post-secondary education (full or partial degree, certificate or program courses) the Member has completed through a college or university, together with evidence of completion;
- ~~(s)(q)~~ the following information about charges laid against the Member under the *Criminal Code* or the *Health Insurance Act*:
 - (i) the charges;
 - (ii) the date the charges were laid; and
 - (iii) the status of the proceedings against the Member;

~~(t)~~(r) the following information about any restriction imposed on the Member by a court or other lawful authority:

- (i) the name of the court or other lawful authority that imposed the restriction;
- (ii) the date on which it was imposed;

~~(u)~~(s) the following information about a finding of guilt against the Member under the *Criminal Code*, or the *Health Insurance Act*, or the *Controlled Drugs and Substances Act*:

- (i) the finding;
- (ii) the sentence, if any;
- (iii) where the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of; and
- (iv) the dates of (i) – (iii), where known to the College; and

- (2) A Member shall notify the Registrar in writing of any change to any previously provided information within 30 days of the change.

PROFESSIONAL LIABILITY INSURANCE

- 8.3.**
- (1) All Members who provide patient care in the practice of physiotherapy, whether in a paid or volunteer capacity, must hold professional liability insurance in accordance with this section.
 - (2) The professional liability insurance coverage referred to in subsection (1) may be obtained by the Member directly or may be provided through the policy of an employing agency so long as it covers the Member's entire practice of physiotherapy.
 - (3) The professional liability insurance referred to in subsection (1) must have:
 - (a) a liability limit of at least \$5,000,000 for any one incident; and
 - (b) a \$5,000,000 minimum for the annual policy period for each insured individual.
 - (4) The professional liability insurance referred to in subsection (1) must not be subject to a deductible.
 - (5) The professional liability insurance referred to in subsection (1) must provide coverage for incidents that occurred during the Member's physiotherapy practice and must provide coverage for claims made up to 10 years after the Member ceases practice.
 - (6) The professional liability insurance referred to in subsection (1) shall be subject only to such exclusions and conditions and terms as are consistent with standard insurance industry practices.
 - (7) Within 30 days of any request by the College, a Member required to hold the professional liability insurance referred to in subsection (1) shall provide current documentary proof, acceptable to the Registrar, that ~~his or her~~their professional liability insurance coverage complies with the requirements set out in this section.

FEES – REGISTRATION

- 8.4. (1) (a) Upon application for registration, every applicant shall pay a non-refundable application fee and a non-refundable registration fee.
- (b) The application and registration fees are as follows:

Application fee	For an initial application or re-application	\$100.00
Certificate of Registration Authorizing Independent Practice	For a certificate issued until the next March 31 (the College may in its discretion pro-rate registration fees for part year certificates or may bank registration fees for the future credit of a Member for part year certificates in accordance with Appendix B)	\$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)	\$575.00
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- (3) (a) The renewal fee is due on or before March 31 in each membership year.
 (b) If a Member holding a certificate of registration authorizing independent practice fails to pay a renewal fee on or before the day on which the fee is due, the Member shall pay a penalty in addition to the renewal fee, as follows:

Certificate of Registration Authorizing Independent Practice – Penalty	\$225.00
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- (4) If the Registrar suspends a Member’s certificate of registration for failure to pay a prescribed fee in accordance with section 24 of the Code, the Registrar shall terminate the suspension on:
 - (a) completion of a new application form (in the form of an initial application form) and payment of a new initial application fee; and
 - (b) payment of:
 - (i) all outstanding amounts owing to the College, including the current renewal fee; and
 - (ii) any applicable penalties relating to such outstanding amounts.
- (5) In addition to the amounts set out in subsections (1), (2) and (3), any outstanding fees owing to the College in respect of any decisions made by a Committee and any fees payable under these By-laws will be added to and included in the annual renewal fees.

FEES – REINSTATEMENT

- 8.5.** A person whose certificate of registration was suspended or revoked by a panel of the Discipline Committee or the Fitness to Practise Committee and who applies for reinstatement of his or hertheir certificate of registration pursuant to section 72 of the Code shall pay:
- (a) if the person’s certificate of registration was suspended or revoked by a panel of the Discipline Committee, at the time the person makes the first such application, a fee of 1.5 times the fee for a certificate of registration authorizing independent practice;
 - ~~(a)~~(b) if the person’s certificate of registration was suspended or revoked by a panel of the Fitness to Practise Committee, at the time the person makes the first such application, the fee for a certificate of registration authorizing independent practice; and
 - ~~(b)~~(c) at the time the person makes the second or any subsequent application, a fee of 3 times the fee for a certificate of registration authorizing independent practice.

FEES – GENERAL

- 8.6.** (1) The Registrar may charge a fee for anything he or she isthey are required or authorized to do under the RHPA, the Code, the Act, the Regulations or the By-laws.
- (a) The fees for anything the Registrar is required or authorized to do, except for the fees for those things that are set out in these By-laws, are the fees set by the Registrar.
 - (b) ~~The fee for a report regarding the results of a Council election from the electronic voting organization is \$150.00.~~
 - (c) The fee for a copy of any College information or documents required to be provided under sections 3.1(2) or 23(12) of the Code shall be the actual costs to the College of providing the copies.
 - (d) The fee for a letter of Professional Standing is \$50.00.
 - (e) The fee for a returned cheque is \$50.00.
 - (f) The fee for an official certificate of registration with embossed gold logo (also known as a “wall certificate”) is \$25.00.

- (2) The Registrar may charge Members a fee for anything that a Committee is required or authorized to do under the RHPA, the Code, the Act, the Regulations or the By-laws.
- (a) The fees for the following programs or services that Committees are:
- (i) for the College Review Program – the actual cost of the program to a maximum of \$500.00;
 - (ii) for an Onsite Assessment – the actual costs of the assessment to a maximum of ~~\$500.00~~\$1000 (this does not apply to those Members who are ~~randomly~~ selected or volunteer for the annual Quality Assurance Program Competency Assessment process, or who are at the completion of a first cycle of remediation or enhancement at the direction of the Quality Assurance Committee);
 - (iii) for the first ten hours of the first cycle of any specified continuing education or remediation or enhancement program that a Member volunteers for or undertakes at the direction of the Quality Assurance Committee – no charge. All successive hours are billed at the rate of \$100.00 per hour;
 - (iv) for any course or program the College provides to a Member pursuant to an order of the Discipline Committee, Fitness to Practise Committee or Registration Committee – the cost associated with providing the program to the Member;
 - (v) for a specified continuing education or remediation program as required by the Inquiries, Complaints and Reports Committee – the cost associated with providing the program to the Member, and
 - (vi) for fees that the Member agrees to pay in relation to an Acknowledgement & Undertaking– the cost specified in the written agreement.

Part 9 – Professional Corporations

THE REGISTER

- 9.1.** (1) In addition to the information referred to in subsection 23 (2) of the Code, the following information shall be kept in the register,
- (a) the name of the professional corporation as registered with the Ministry of Government and Consumer Services;
 - (b) any business names used by the professional corporation,
 - (c) the name, as set out in the register, and registration number of each shareholder of the professional corporation;
 - (d) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;
 - (e) the primary business address, telephone number, and email address of the professional corporation, and if available, the facsimile number;
 - (f) the address and telephone number of all other locations, other than residences of clients, at which the professional services offered by the professional corporation are provided; and
 - (g) a brief description of the professional activities carried out by the professional corporation.
- (2) The information specified in subsection (1) is designated as public for the purposes of subsection 23 (5) of the Code.
- (3) Every Member of the College shall, for every professional corporation of which the Member is a shareholder, provide in writing the information required for the register in subsection (1) on the application and annual renewal forms for a certificate of authorization, upon the written request of the Registrar within 30 days and upon any change in the information within 30 days of the change.

FEES – PROFESSIONAL CORPORATION

- 9.2.** (1) The application fee for a certificate of authorization, including on any reinstatement of a certificate of authorization, for a professional corporation is \$700.00.
- (2) The fee for the annual renewal of a certificate of authorization is \$250.00.
- (3) The fee for an official certificate of authorization with embossed gold logo is \$25.00.

Part 10 — Council Approval

COUNCIL APPROVAL

APPROVED BY COUNCIL ON March 22, 2017 as confirmed by the signatures of the President and Vice-President of the College.

President

Vice-President

Appendix A

DECLARATION OF OFFICE FOR COUNCILLORS

I, _____, (Name of Councillor) hereby agree that I will:

- Accept the office as a duly elected, selected or appointed Councillor or non-Council Committee member of the College of Physiotherapists of Ontario;
- Act at all times, while serving as a Councillor or non-Council Committee member, to fulfil the statutory duty of the Colleges “to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals” (Section 2.1 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*);
- Act at all times, while serving as a Councillor or non-Council Committee member, to fulfil the statutory duty of the College to serve and protect the public interest while carrying out the objects of the College (Section 3 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*. A copy of the objects are set out in Schedule 1 to this Declaration);
- Comply with the College’s Code of Conduct, as amended by Council from time to time, including the confidentiality obligations contained therein; and
- Comply with the other policies of the College applicable to Councillors and non-Council Committee members, as amended by Council from time to time.

[Councillor Signature]

Witness Signature

Date

Name of Witness

SCHEDULE 1 TO THE DECLARATION OF OFFICE FOR COUNCILLORS – OBJECTS OF THE COLLEGE

The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
- 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.

Appendix B

REGISTRATION FEES DISCRETION

Pro-Rated Fees

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

Fee Credits - Effective April 1, 2014

- Physiotherapists who resign more than three months before the end of the registration year (that is a resignation that occurs prior to December 31st in any registration year) will be eligible to receive a fee credit if they are resigning for any of the following reasons:
 - Education leave;
 - Health-related leave;
 - Compassionate/Bereavement/Family-related leave;
 - Maternity/Parental leave
 - 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 the following fees, up to one year from the date of resignation or 18 months in the case of a maternity or parental leave:
 - Fees for online requests (letters of professional standing and wall certificates)
 - Renewal fee
 - application fee
 - initial registration fee
 - late renewal fee.
- 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.

Appendix C

CODE OF CONDUCT

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

Purpose

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

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

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

Performance Expectations

In performing [his/hers/their](#) role, each Councillor and Committee member will:

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

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

Sanctions

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

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

Procedural and Other Safeguards

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



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

2018

Governance Manual



Governance Manual

March 2018

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STATUS¹

Confirmed, December 2011
Revised, February 2013
Revised, February 2013
Revised, February 2013
Revised, March 2014
Revised, March 2014
Revised, February 2013
Approved, March 20, 2018

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Approved, September 2010

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- 4.1 [Honoraria and Expenses](#)
- 4.2 [Signing Officers](#)
- 4.3 [Investments and Investment Strategy](#)
- 4.4 [Insurance](#)
- 4.5 [Capital Assets](#)

Revised, December 2017
Revised, March 2014
Confirmed, September 2011
Confirmed, December 2011
Confirmed, September 2011

Section 5.0 Policy

- 5.1 [College Policy Review Schedule](#)
- 5.2 [Approval of Official Positions](#)
- 5.3 [Elected Officers](#)

Revised, March 2014
Revised, September 2010
Approved, February 2013

Section 6.0 Stakeholders

- 6.1 [Intellectual Property and Related Uses](#)

Revised, March 2011

¹ This refers to the date of the most recent approval or revision or whether it is under review



Section 7.0 General

7.1	<u>Strategic Planning Cycle</u>	Revised, February 2013
7.2	<u>Succession Planning</u>	Revised, March 2014
7.3	<u>Public Member Representation on College</u>	Confirmed, September 2010
7.4	<u>Public Member Attendance at Committee Meetings</u>	Revised, September 2010
7.5	<u>Selection of Individuals to Committees, Task Forces and Advisory Groups</u>	Revised, March 2014
7.6	<u>Performance Review Process for Registrar</u>	Revised, March 2015
7.7	<u>Emergency Management Plan</u>	Approved, March 2011
7.8	<u>Election Campaign</u>	Revised, February 2013
7.9	<u>External Award Program</u>	Revised, March 2014
7.10	<u>Council Education</u>	Revised, March 2013
7.11	<u>Council – Staff Relations</u>	Revised, March 2014
7.12	<u>Appointment of a Task Force and/or an Advisory Group</u>	Approved, March 2010
7.13	<u>Specialty Designation</u>	Approved, March 2012
7.14	<u>Council <i>In Camera</i> Minutes – Storage and Access</u>	<i>Proposed</i>

Section 8.0 Evaluation

8.1	<u>Measurement and Reporting</u>	Revised, March 2015
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Summary of changes:

- Update the “Primary Function” section to align with the mandate of the College and duties of Council as defined in the Health Professions Procedural Code.
- Other changes for clarity and to align with current practice.

<u>Section:</u>	Roles & Responsibilities	Policy #1.1
Title:	Role of Council	
Date approved:	June 2002	
Date revised:	June 2006, June 2007, December 2009	
Date confirmed:	December 2011	

Legislative References

1. Physiotherapy Act: 6
2. Health Professions Procedural Code: 2.1, 3, 4, 5, 6, 7, 8, 9, 10
3. Regulated Health Professions Act, 1991: 2, 3, 4, 5, 6

Definition

The Council of the College is its board of directors and consists of appointed and elected members as defined in the Physiotherapy Act.

Primary Function

Council is the College’s board of directors who manages and administers its affairs.

It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.

The College’s objects are defined in s. 3 of the Code.

Specific Responsibilities

In carrying out its role, the College Council will:

1. Fulfill the legislated responsibilities in the *Regulated Health Professions Act*, the *Code* and the *Physiotherapy Act* and ensure that all other statutory responsibilities of the College, its committees and its employees are upheld.
2. Understand the objects of the College and ensure that it achieves them.
3. Establish rules of order for use during Council and committee meetings.



4. Review and approve College governance policies, regulations, by-laws, standards, position statements, Council policies and Committee policies.
5. Establish and promote the College's mission, vision and values.
6. Develop and approve the strategic direction of the College and monitor the work of Council and its committees to ensure achievement of goals.
7. Use the College's strategic plan to direct its activities and allocate its resources by setting budget priorities, and approve budgets based on these priorities.
8. Receive reports from all statutory committees, non-statutory committees, task forces, the President and the Registrar.
9. Consider and recommend the legislative changes necessary for the College to meet its mandate.
10. Appoint the College Registrar and receive regular reports on the Registrar's performance.
11. Appoint the College auditor.
12. Annually elect the President, Vice President, and members of the Executive Committee, and appoint the Chair and members of each College committee.
13. Establish non-statutory committees and task forces.
14. Develop, monitor and evaluate the governance, financial management and reporting frameworks of the College.
15. Monitor and evaluate on an ongoing basis whether the College is meeting its statutory mandate.
16. Make decisions respecting the appropriate sanctions for violation of the College's Code of Conduct.

Summary of changes:

- Added the requirement to be available to mentor and assist new Council member, based on the Working Group's earlier recommendation to move that content from the Code of Conduct into the governance policies.
- Removed the section related to conflict of interest as that is already addressed in detail in By-law 5.1.
- Removed the reference to committee term limits. Instead, the Working Group suggested that term limits be included in the Terms of Reference for each Committee.

Section:

Roles & Responsibilities

Policy #1.2

Title:

Role of a Council Member

Date approved:

June 2002



Date revised: June 2006, June 2007, September 2009, February 2013

By-law references:

1. By-law sections 3, 5, Appendix A, Appendix C

Definition

Council members are either physiotherapists or members of the public. Physiotherapists are elected by their peers through district elections for the purpose of carrying out the self-regulatory function. Two academic members are selected by the academic community. Public members are appointed by the Lieutenant Governor in Council to bring the public perspective to Council discussions.

Primary Function

Council members are committed to the mandate of the College and bring individual perspective to collective decision making in the public interest. A council member is responsible for contributing fully to debates and decisions of Council and those committees on which they serve.

Specific Responsibilities

1. Serve on Council and at least one statutory committee to which they are appointed.
2. Serve on additional committees or task forces as required.
3. Attend required orientation(s).
4. Review all materials sent in advance for Council and Committee meetings and demonstrate a reasonably comprehensive knowledge of it.
5. Acquire and apply a working knowledge of the statutory requirements and policies related to their specific Statutory Committee(s).
6. Develop and maintain knowledge of the regulatory framework of the College and current issues facing Council.
7. Be available for meetings and attend them.
8. Be available to mentor and assist new Council members.
9. Contribute to Council and Committee discussions.
10. Raise issues in a respectful manner that encourages open discussion.
11. Demonstrate independent judgment through their willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.
12. Understand, respect and adhere to the rules of order and the Code of Conduct as prescribed by Council.



13. Acquire a working knowledge of health system issues and financial issues relevant to the role of a Council member.
14. Raise matters arising in the broader environment for Council consideration for action.
15. Publicly support the decisions of Council providing rationale as requested.
16. Redirect matters to the President as appropriate.

Terms of Office

1. Elected Council members are eligible to serve a maximum of three years in one term, to a maximum of nine consecutive years.
2. The appointment of Academic Council members is determined by By-law 3.2(4).
3. Public appointees serve terms as approved by the Lieutenant Governor.
4. Appointment to a statutory committee is one year and renewable annually .



Summary of changes:

- Various changes for clarity and to align with current practice.

Section:	Roles & Responsibilities	Policy #1.3
Title:	Role of a Committee Chairperson	
Date approved:	June 2002	
Date revised:	June 2006, September 2007, September 2009, February 2013	

By-law references:

1. By-law sections 7.6, 7.7

Primary Function

The Committee Chairperson is a member of a statutory Committee, non-statutory Committee or task force and is appointed by Council to serve as Chairperson.

The Chairperson provides leadership and direction to the Committee or task force to ensure it fulfills its mandate. The Chairperson is accountable to Council through regular reporting on Committee activity and progress. The Chairperson collaborates with an identified senior staff person to facilitate the ongoing management of the Committee's work.

Specific Responsibilities

Committee or Task Force Chairpersons are expected to:

1. Provide direction and guidance to the Committee in keeping with its Council approved terms of reference and any related legislative responsibilities.
2. Utilize the Council selected rules of order, approved by-laws, code of conduct and governance policies in overseeing Committee meetings.
3. Collaborate with appropriate staff to:
 - a. orient new Committee members;
 - b. develop the agenda;
 - c. identify policy issues for consideration by Council where appropriate;
 - d. prepare Committee reports and recommendations for presentation to Council;
 - e. develop objectives and long range plans for Committee consideration; and
 - f. identify budget and business plan implications for the Registrar.
4. Encourage broad respectful debate amongst members in achieving decisions or direction on Committee matters.



5. Manage Committee function and introduce strategies to resolve conflicts when they arise. When the issues are not manageable, consult with the President.
6. Act as the principal spokesperson for the Committee in reporting to Council at all meetings.
7. Raise matters arising in the broader environment related to committee mandate for Council consideration for action.
8. Conduct regular evaluation of Committee members and processes to ensure high levels of performance.
9. Where a committee chair identifies a performance issue or concern with a committee member, inform the President in order to facilitate the ability of the President to manage the issue or concern appropriately.
10. Attend required orientation(s).
11. Be available to mentor and assist new Committee members.
12. To authorize a committee member to claim additional preparation time above what is allowed in the Honoraria and Expenses Policy.

Terms of Office

1. Committee Chairs are nominated by the Executive Committee and appointed annually by Council members at the annual general meeting. The number of times a Council member can be appointed as a Chair to any particular Committee is nine times.
2. Committee members may serve as Chair when it is in the best interest of the continuity of the ongoing work of the Committee.



Summary of changes:

- Changes to create consistency with Policy 1.2 (Role of a Council member).
- Change to Item 9 in recognition that not all matters discussed and decided at Committee are confidential in nature.

Section:	Roles & Responsibilities	Policy #1.4
Title:	Responsibility of a Non-Council Committee Member / Member of a Task Force and Advisory Groups	
Date approved:	June 2002	
Date revised:	June 2006, June 2007, March 2010, February 2013	

By-law references:

1. By-law section 7.5

Definition

Committee members and members of a Task Force or an Advisory Group are appointed in accordance with College By-laws and established selection criteria.

Primary Function

Committee members and members of a Task Force or an Advisory Group are working participants of Council statutory committees, task forces and advisory groups and facilitate the achievement of desired outcomes as approved by the Council.

Specific Responsibilities

1. Serve on the Committee, Task Force or Advisory Group to which they are appointed.
2. Attend required orientation(s).
3. Review all materials sent in advance of meetings.
4. Acquire and apply a working knowledge of the statutory requirements, terms of reference, and policies related to the Committee, Task Force or Advisory Group.
5. Be available for meetings and attend them.
6. Be available to mentor and assist new Committee members.
7. Raise issues in a respectful manner that encourages open discussion.
8. Demonstrate independent judgment through their willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.
9. Understand, respect, and adhere to the rules of order and the Code of Conduct.



10. Maintain confidentiality of matters discussed and decisions made at Committee that are confidential in nature.



Summary of changes:

- Several changes to the President's duties to reflect their role as the senior most official of the College, and corresponding changes to how the President will work together with the Registrar.
- The Working Group suggested that the President's role in nominating a person to serve as a director of the CAPR board be incorporated into this policy.
- In the Working Group's discussion about Policy 8.2: Succession Planning, it was noted that a President can reach out to a past President for information and advice, the past President does not need to be a member of Council or Executive Committee for that to happen. The option to reach out to a past President should be articulated in the policy about the Role of the President.

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

By-law references:

1. **6.3(1) and (3)**

Primary Function

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

Term

The President serves a one year term and is elected annually in March and takes office at the Annual General Meeting. An individual may hold this office twice during any period of consecutive service on Council. These appointments may be consecutive for a maximum of 6 years given the 9-year limit for serving on Council.

Specific Responsibilities

In addition to duties outlined in subsection 6.3(1) of the By-laws the President shall:

1. Provide direction to the Registrar on behalf of Council in between meetings of Council.
2. Promote, in conjunction with Registrar, the establishment and evaluation of the College's strategic plan.



3. In coordination with the Registrar, to identify issues, develop objectives and establish priorities to be deliberated by the Council and oversee the planning, chairing and evaluation of all Council meetings including the annual meeting.
4. Act as a signing authority for by-laws, regulations, contracts and cheques on behalf of the College as required.
5. Serve as the Chair of the Executive Committee and participate on other committees and task Forces as directed by Council.
6. Serve as a member of the Finance Committee.
7. In coordination with the Registrar, represent the College at public functions and official liaison opportunities to promote the development of beneficial relationships with other organizations.
8. Act as the key spokesperson of the College.
9. Represent the College on external committees or representational opportunities or appoint a member of the Council to represent the Council in keeping with the By-laws or as directed by Council.
10. Receive all matters directed to the attention of Executive Committee and Council and review and determine, with the Executive Committee as appropriate, a best course of action on such matters related to the performance of committees or Councillors.
11. To develop the Council agenda and identify matters that should be discussed *in camera*.
12. Maintain awareness of activities and of issues facing the Council, external and internal to the College; and act as a key spokesperson on Council matters and the College.
13. On behalf of Council and in accordance with policy, negotiate the Registrar's contract and coordinate the Registrar's annual performance review.
14. Advise Councillors or committee members on issues relating to conflicts of interest in consultation with the Registrar and legal counsel as required.
15. Establish an ongoing Councillor and non-council committee performance management system which includes providing individual Council members with performance feedback on an annual basis and managing any performance issues or concerns in accordance with the College's Code of Conduct.
16. Each year where the College is a member of CAPR, the College President, in consultation with the members of the Executive Committee, will nominate a person to serve as a director of the CAPR board.
17. Monitor and manage all risk-related matters and periodically reports this information to Council.
18. The President's duties also include any other duties as defined in the College By-laws and these Governance Policies.



19. In fulfilling these duties, the President may contact a past President for information, advice and guidance as needed.

Summary of changes:

- Changes to the Vice President's duties to correspond to proposed changes to the President's duties in Policy 1.5.

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

By-law References:

1. 6.1(2)

Primary Function

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

Term

The Vice President serves a one year term and is elected annually in March and takes office at the Annual General Meeting. An individual may hold this office twice during any period of consecutive service on Council. These appointments may be consecutive for a maximum of 6 years given the 9 year limit for serving on Council.

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

Responsibilities

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

1. In the absence of the President, perform the President's duties including:
 - a. provide direction to the Registrar on behalf of Council in between meetings of Council;
 - b. set the agenda and chair Council and Executive Committee meetings;
 - c. act as a signing officer of the College;
 - d. receive and review all matters directed to the attention of the Council



- e. act as the key spokesperson of the College;
 - f. monitor and manage all risk-related matters and periodically report this information to Council; and
 - g. represent the College at public functions and official liaison opportunities.
2. Serve as a member of the Executive Committee and participate on other committees and task forces as directed by Council.
3. Serve as a member of the Finance Committee.
4. As advised by the President, develop their personal knowledge of the role and duties of the President in order to prepare to undertake this role.
5. Chair an appeal process where the Registrar has concerns or disagrees with the performance review process or the outcome. (Policy # 8.5– Registrar’s Performance Review).
6. Assist and advise the President in performing their duties.



Summary of changes:

- Changes to articulate the Registrar’s accountability relationship to Council and who will provide direction to the Registrar.
- Changes to the Registrar’s duties to correspond to changes to the President’s duties in Policy 1.5, such that the Registrar’s role is to support the President in fulfilling their role as the senior most official of the College

Section:	Roles & Responsibilities	Policy #1.7
Title:	Role of Registrar	
Date approved:	June 2002	
Date revised:	June 2006, March 2007, February 2013	

Definition

The Registrar is the principal staff member retained by Council to act as the College’s Chief Executive Officer.

Primary Function

The Registrar is the only employee of the College to report solely and directly to the Council. They shall report to the President and to Council through and with approval of the President. If the Registrar and the President disagree about what should be reported to Council, the Registrar can consult the Vice President. The Registrar is subject to direction from Council and in between meetings, the direction from the President. The Registrar acts as a collaborative leader in the development and implementation of the College’s vision, mission, values and strategic goals. The Registrar is responsible for directing and managing the day to day operations of the College within financial targets as set by Council. The Registrar hires and maintains an effective staff organization which includes providing timely and relevant policy and program information and recommendations to Council and its Committees. The Registrar fulfills the statutory mandate of the role and assists Council in meeting its governance and legislative obligations.

Specific Responsibilities

The Registrar is accountable for the following subsets of responsibilities:

1. Executive Leadership/Organizational Management
 - a. Plans and directs the organization’s activities to achieve stated/agreed targets and standards for legislative adherence, financial performance and culture.
 - b. Develops and implements strategy for operational management of the organization.
 - c. Implements processes to ensure continuous quality improvement of the organization and its activities.
 - d. Meets statutory obligations as defined by the *Regulated Health Professions Act, 1991*.



2. Financial, Risk and Facilities Management

- a. Recommends yearly budget for Council approval and prudently manages the College's resources within those budget guidelines according to current laws and regulations.
- b. Provides relevant, timely and complete financial information to facilitate informed decision making by Council.
- c. Sets risk assessment strategy with Council to ensure financial controls and compliance mechanisms are managed and monitored.
- d. Establishes a risk analysis and mitigation framework.
- e. Identifies, contains and resolves any issues where consequences could result in liability and damage to the organization.
- f. In coordination with the President, monitors and manages all risk related matters and assists the President in preparing risk reports to Council.
- g. Creates a safe and efficient work environment that supports the effective utilization of all resources.

3. Governance and Strategy

- a. Facilitates the coordination and implementation of regular review of strategic objectives of the organization including its vision, missions, values and goals.
- b. Assists the President in their role to enable the Council to fulfill its governance function.
- c. Supports operations and administration of the Council including advising and informing Council members, interfacing between Council and staff (through the President).
- d. Provides support to the President in preparing Council and Executive Committee agendas, background information and materials.
- e. Collaborates with the President in identifying issues and trends relevant for Council consideration and potential action, including policy recommendations.
- f. Collaborates with the President to identify the skills that the Vice President requires to improve their capacity to serve as President and assists the Vice President to gain these skills in advance of their normal appointment as President.
- g. Implements a tactical plan to facilitate accomplishing defined strategic objectives and reports to Council on progress.
- h. Ensures operational systems support reporting (i.e. the Dashboard or other measures) and monitoring

4. Human Resource Management



- a. Effectively manages the human resources of the College according to personnel policies and procedures that fully conform to current laws and regulations.
 - b. Develops and maintains an effective staff organization and structure which provides appropriate policy and program recommendations for consideration by the Council and its committees, and which delivers services, programs and information consistent with the legislative framework and regulations that govern the College's functions.
5. Public Relations
- a. Supports the President in their role as the key spokesperson for the College.
 - b. Ensures that any public statement and College communications that references Council's position is consistent with the official position of Council.
 - c. Maintains and develops organizational culture, values and reputation (always consistent with the direction of the President and Council) with the public, government, staff, registrants, stakeholders, partners and regulatory peers.
6. Other
- a. The Registrar must notify the President when they appoint a senior employee of the College to act as the interim Registrar during absences.



Summary of changes:

- The Working Group recommended removing this policy, except the process to annually nominate a person to serve as a director of the CAPR board, which should be incorporated into Policy 1.5 (Role of the President).



Summary of changes:

- Changes to various duties to reflect current practice and statutory requirements.
- The Working Group suggested that term limits for Committees be removed from Policy 1.2 (Role of a Council Member) and be included in the Terms of Reference of each individual Committee.
- Removed sections in the document that duplicate content in the Code.

Section:	Terms of Reference	Policy #2.1
Title:	Inquiries, Complaints and Reports Committee	
Date approved:	March 2009	
Date revised:	June 2010, February 2013, September 2013	

Type

Statutory

Legislative / By-law References:

1. Health Professions Procedural Code: 10, 11, 25, 25.1, 25.2, 26, 27, 28, 28.1, 29, 36, 38, 54, 57, 58, 59, 60, 61, 62, 63, 64, 79
2. By-laws: 7.1(3)

Role

The role of the Inquiries, Complaints and Reports Committee (ICRC) is to investigate complaints and consider 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.

Accountability

Council

Duties

1. To investigate complaints, reports and inquiries filed with the Registrar regarding the conduct or actions of a registrant in accordance with the requirements of the legislation.
2. To consider investigation reports provided by the Registrar as per section 79 of the Code. Reports of this nature are generated by Registrar's inquiries, mandatory reports or referrals from the Quality Management Committee.
3. To make inquiries as to whether a registrant may be incapacitated as per sections 58 and 59 of the Code.
4. To dispose of complaints in accordance with the timelines prescribed in the Code.



5. To consider the need for interim orders and emergency appointments of an investigator where required.
6. To dispose of complaints and investigation reports (mandatory reports, Registrar's Inquiries) in accordance with the Committee's powers as specified in the Code.
7. To deliberate on matters returned from the Health Professions Appeal and Review Board related to decisions of the ICRC.
8. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
9. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.

Composition

1. Committee

Composition of the Committee is determined by subsection 7.1(3) of the College by-laws.

2. Panel

Quorum: Quorum for panels of the Inquiries, Complaints and Reports Committee is indicated in subsection 25 (3) of the Health Professions Procedural Code.

Term of Office

Appointment to the Inquiries, Complaints and Reports Committee is one year and renewable annually to a maximum of nine consecutive times.



Summary of changes:

- Changes to various duties to reflect current practice and legislative requirements.
- Changes to improve clarity.
- The Working Group suggested that term limits for Committees be removed from Policy 1.2 (Role of a Council Member) and be included in the Terms of Reference of each individual Committee.
- Removed sections in the document that duplicate content in the Code.

<u>Section:</u>	Terms of Reference	Policy #2.2
Title:	Discipline Committee	
Date approved:	May 1995	
Date revised:	December 2003, December 2008, June 2010, September 2013	

Type

Statutory

Legislative / By-law References

1. Health Professions Procedural Code: 10, 11, 36 to 56, 70, 71, 71.1, 71.2, 73
2. By-laws: 7.1(4)

Role

The role of the Discipline Committee is to, through panels, hold hearings related to specified allegations concerning a registrant's conduct or competence and to determine whether the registrant has committed an act(s) of professional misconduct or is incompetent as defined in the legislation and/or regulation.

Accountability

Courts and Council

Duties

1. To hold hearings, by way of panels, on specified allegations of a registrant's conduct and/or competence referred by the Investigations, Complaints and Reports Committee, in accordance with the requirements of the legislation.
2. To consider the need for interim orders where required as provided in the Health Professions Procedural Code.
3. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.



Composition

1. Committee

Composition of the Committee is determined by subsection 7.1(4) of the College by-laws.

2. Panel

The Chair of the Discipline Committee shall select a panel from among the members of the Committee to hold a hearing of any matter referred to the Committee.

- a. Composition: As provided by subsection 38(1) of the Health Professions Procedural Code, the Chair shall select a panel of at least three members and no more than five as follows: at least two of the members shall be persons appointed to the Council by the Lieutenant Governor in Council and at least one member shall be a professional member on the College Council.
- b. Quorum: Quorum for panels of the Discipline Committee is indicated in subsection 38 (5) of the Health Professions Procedural Code.

Term of Office

Appointment to the Discipline Committee is one year renewable annually to a maximum of nine consecutive times.



Summary of changes:

- Changes to various duties to reflect current practice and statutory requirements.
- Changes to improve clarity.
- Change to the term of office.
- Ensure this section is consistent with Registrar Review Process.

Section:	Terms of Reference	Policy #2.3
Title:	Executive Committee	
Date approved:	February 2002	
Date revised:	June 2003, June 2006, September 2007, March 4, 2009 in effect June 2009, June 2010, September 2010, September 2011, October 2012, February 2013, September 2013, March 2014, March 2015	

Type

Statutory

Legislative / By-law References

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

Role

The role of the Executive Committee is to provide leadership to Council, to promote governance excellence at all levels, to facilitate effective functioning of the College, to act on behalf of Council between meetings with respect to matters that, in the Committee's opinion, require immediate attention, and when required, to act as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College.

Accountability

Council

Duties

1. Governance Excellence
 - a. To regularly monitor, evaluate and recommend practices that will promote and enhance overall governance excellence at both the level of Council and Committee.
 - b. To provide oversight on individual and general education of Council and Committee members.
2. Administrative Matters



- a. Without unduly exercising Council's authority, to exercise all the powers of Council between Council meetings with respect to matters that, in the Committee's opinion, require immediate attention. Exceptions include the power to make, amend or revoke regulations or by-laws, or where policy dictates limitations.
 - b. To report to Council as soon as possible following all decisions in which the Committee exercised the Council's authority.
 - c. To review by-laws, governance policies, and the College's official documents to ensure currency and the need for Council review.
 - d. To recommend the committee, task force or advisory group slate for presentation and approval by Council.
 - e. To provide direction and support to committees and Council as requested.
 - f. To act as the advisory panel to the President.
3. Policy Development
- a. To maintain current awareness of issues that affect the College's mandate and strategic direction and to provide recommendations and advice to Council on such matters.
 - b. To provide guidance and support, as requested, to policy development or operational projects at staff, task force or committee level and to make recommendations to Council with respect to policy direction, as required.
4. Working with the Registrar
- a. To provide guidance and support to the Registrar.
 - b. To provide direction to the Registrar on matters that require immediate attention in between meetings of Council.
 - c. To receive and adjudicate grievances of staff reporting to the Registrar.
 - d. To ensure that the Registrar is involved in their annual performance review,
 - e. To ensure the employment contract of the Registrar and any related amendments are confirmed by Council.
5. College Privacy Committee
- a. To act as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College, including concerns regarding an individual's request for access to their personal information.
6. Registrar's Performance Review Panel



- a. To act as the Registrar's Performance Review Panel in order to gather and assemble feedback about the Registrar's performance and to provide a recommendation to Council as to the outcome of the Registrar's annual performance review.

Composition

Composition of the Committee is determined by subsection 7.1(1) of the College By-laws.

Term of Office

Appointment to the Executive Committee is one year and renewable annually .



Summary of changes:

- Changes to various duties to reflect current practice.
- The Working Group suggested that term limits for Committees be removed from Policy 1.2 (Role of a Council Member) and be included in the Terms of Reference of each individual Committee.

Section:	Terms of Reference	Policy #2.4
Title:	Fitness to Practise Committee	
Date approved:	September 1995	
Date revised:	December 2003, December 4, 2008, March 4, 2009, in effect June 2009, June 2010, September 2013	

Type

Statutory

Legislative / By-law References

1. Health Professions Procedural Code: 10, 11, 61, 62, 64, 65, 66, 67, 68, 69, 70, 71, 72 and 73
2. By-laws: 7.1(5)

Role

The role of the Fitness to Practise Committee is, through panels, to hold hearings related to specified allegations concerning a registrant's capacity to practice the profession and to determine whether the registrant is an incapacitated member of the profession as defined in the legislation.

Accountability

Courts and Council

Duties

1. To hold hearings, by way of panels, on specified allegations concerning a registrant's capacity to practice the profession as referred by the Investigations, Complaints and Reports Committee in accordance with the requirements of the legislation.
2. To consider the need for interim orders where required as provided in the Health Professions Procedural Code.
3. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.



Composition

1. Committee

Composition of the Committee is determined by subsection 7.1(5) of the College By-laws.

2. Panel

The Chair of the Fitness to Practise Committee shall select a panel from among the members of the Committee to hold a hearing of any matter referred to the Committee by the Investigations, Complaints and Reports Committee.

- a. Composition: As provided by subsection 64(2) of the Health Professions Procedural Code a panel shall be composed of at least three persons, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council.
- b. Quorum: Quorum for panels of the Fitness to Practise Committee is indicated in subsection 64 (3) of the Health Professions Procedural Code.

Term of Office

Appointment to the Fitness to Practise Committee is one year renewable annually to a maximum of nine consecutive times.



Summary of changes:

- Changes to the list of duties to reflect current practice.
- The Working Group suggested that term limits for Committees be removed from Policy 1.2 (Role of a Council Member) and be included in the Terms of Reference of each individual Committee.

Section:	Terms of Reference	Policy #2.5
Title:	Patient Relations Committee	
Date approved:	August 1994	
Date revised:	September 2002, December 2008, December 2010, September 2013	

Type

Statutory

Legislative / By-law References

1. Health Professions Procedural Code: 10, 11, 84, 85, 85.7
2. By-laws: 7.1(7)

Role

The role of the Patient Relations Committee is to advise Council with respect to the patient relations program and to administer the program to provide funding for therapy and counseling.

Accountability

Council

Duties

1. To develop, implement, and evaluate measures for preventing and dealing with the sexual abuse of patients as defined in the subsection 84(3) of the Health Professions Procedural Code. These measures include:
 - a. educational requirements for registrants; and
 - b. guidelines for the conduct of registrants with their patients.
2. To review applications for funding for therapy and counseling from sexual abuse victims and determine eligibility.
3. To administer the Therapy and Counseling Fund.
4. To advise Council with respect to the College's Patient Relations Program.



5. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.

Composition

Composition of the Committee is determined by section 7.1(7) of the College's By-laws.

Term of Office

Appointment to the Patient Relations Committee is one year and renewable annually to a maximum of nine consecutive times.



Summary of changes:

- Change to the Committee's name and role description to align with the Code.
- Changes to the list of duties to reflect current practice.
- The Working Group suggested that term limits for Committees be removed from Policy 1.2 (Role of a Council Member) and be included in the Terms of Reference of each individual Committee.
- Removed sections in the document that duplicate content in the Code.

<u>Section:</u>	Terms of Reference	Policy #2.6
Title:	Quality Assurance Committee	
Date approved:	October 1994	
Date revised:	January 2003, June 2006, July 2008, March 2009, September 2013	
Date confirmed:	June 2011	

Type

Statutory

Legislative / By-law References

1. Health Professions Procedural Code: 10, 11, 80, 80.1, 80.2, 81, 82, 83, 83.1
2. By-laws: 7.1(6)

Role

The role of the Quality Assurance Committee is to administer the College's Quality Assurance program as defined in section 80.1 of the Health Professions Procedural Code.

Accountability

Council

Duties

1. To administer the Quality Assurance Program as defined in section 80.1 of the Health Professions Procedural Code.
2. To evaluate and recommend improvements to the Quality Assurance Program for Council consideration.
3. To appoint assessors to assess a member's practice and prepare a report for submission to the Committee.



4. To make decisions regarding registrants who participate in the Quality Assurance Program in accordance with section 80.2 of the Health Professions Procedural Code.
5. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
6. To prepare regular reports to Council.
7. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.

Composition

Composition of the Quality Assurance Committee is defined by subsection 7.1(6) of the College's By-laws.

Term of Office

Appointment to the Quality Assurance Committee is one year and renewable annually to a maximum of nine consecutive times.



Summary of changes:

- The Working Group suggested that term limits for Committees be removed from Policy 1.2 (Role of a Council Member) and be included in the Terms of Reference of each individual Committee.
- Removed sections in the document that duplicate content in the Code.

Section:	Terms of Reference	Policy #2.7
Title:	Registration Committee	
Date approved:	April 1996	
Date revised:	June 2003, June 2006, June 2008, June 2010, September 2013	

Type

Statutory

Legislative / By-law Reference

1. Health Professions Procedural Code: 10, 11, 15, 17, 18, 19, 20, 21, 22, 23
2. By-laws: 7.1(2)

Role

The role of the Registration Committee is to make 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.

Accountability

Council

Duties

1. To consider applications referred to it by the Registrar.
2. To review applications from registrants who apply for removal or modification of any term, condition or limitation imposed on their certificate.
3. To make decision regarding applications in accordance with the Committee's powers as specified in the Health Professions Procedural Code.
4. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
5. To monitor and advise Council with respect to the College's registration program.
6. To prepare regular reports to Council.



7. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and Council for consideration and approval.

Composition

1. Committee:

Composition of the Registration Committee is defined by subsection 7.1(2) of the College By-laws.

2. Panel:

- a. Composition: Composition of a panel of the Registration Committee is defined by subsection 17 (2) of the Health Professions Procedural Code.
- b. Quorum: Quorum for a panel of the Registration Committee is defined by subsection 17 (3) of the Health Professions Procedural Code.

Term of Office

Appointment to the Registration Committee is one year and renewable annually to a maximum of nine consecutive times.



Summary of changes:

- Changes to improve clarity.
- The Working Group suggested that term limits for Committees be removed from Policy 1.2 (Role of a Council Member) and be included in the Terms of Reference of each individual Committee.
- Previously there was no term limit defined for appointment to the Finance Committee; the Working Group agreed to use the same term limit as statutory committees for consistency.

<u>Section:</u>	Terms of Reference	Policy #2.8
Title:	Finance Committee	
Date approved:	December 2010	
Date revised:	September 2011, October 2012, February 2013, September 2013	

Type

Non-Statutory

Legislative/By-law References

By-laws 7.3(1)

Role

The role of the Finance Committee is to monitor 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.

Accountability

Council

Duties

1. To make recommendations for Council approval and/or deliver reports to Council in the following areas:
 - a. Annual operating and capital budget;
 - b. Annual audited financial statements;
 - c. Appointment of auditors; and
 - d. Policies related to financial management.
2. To report to Council at each Council meeting on:
 - a. Financial planning, management and reporting issues;



- b. Interim financial reports;
 - c. Reports from auditors and administration on internal control issues; and
 - d. Other matters.
3. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
4. To serve as the Audit Committee:
 - a. To review the audited annual financial statements, in conjunction with the report of the external auditors, and obtain an explanation from management of:
 - i. all variances between comparative reporting periods;
 - ii. a response to any identified weakness; and
 - iii. observations related to the financial efficiency and future viability of the organization.
 - b. To enquire into the financial risks faced by the organization, and the appropriateness of related controls to minimize their potential impact.
 - c. To discuss with the auditor any recommended changes to the existing accounting policies and practices.
 - d. To meet privately with the external auditors (without the presence of management) and with senior management (without the external auditors) to obtain full disclosure about any concerns with the audit process prior to the Council meeting at which the audited statements are received.
 - e. To recommend, when appropriate, approval of the audited financial statements to the Council.
 - f. To annually evaluate the performance of the external auditors and recommend to the Council the appointment or changes to the appointment of a firm of chartered accountants as the organization's external auditors.
 - g. To oversee the tendering for an audit firm, when directed by Council.
5. When needed, to develop finance policies and recommend them to the Executive Committee and Council for consideration and approval.

Composition

Composition of the Finance Committee is defined by subsection 7.1(1) of the College's By-laws.



Term of Office

Appointment to the Finance Committee is one year and renewable annually to a maximum of nine consecutive times.



Summary of changes:

- The Working Group recommended changes to this process where individuals only need to sign the confidentiality undertaking once when they start their role with the College, and to add a requirement to annually review the confidentiality obligations.

<u>Section:</u>	Confidentiality	Policy #3.1
Title:	Confidentiality – General	
Applicable to:	Councillors, members of statutory committees, non-statutory committees, task forces, advisory groups, staff, and any agents of the College acting in any capacity	
Date approved:	June 2006 (Replaced previous 4.6, Confidentiality of Council Information, Rescinded, June 2006)	
Date revised:	March 2010, February 2013	

Policy

Councillors, members of statutory committees, non-statutory committees, task forces, advisory groups, staff, and any agents of the College acting in any capacity shall acknowledge and adhere to the confidentiality provisions set out in section 36 of the *Regulated Health Professions Act, 1991* (“RHPA”) and section 83 of the Health Professions Procedural Code.

Procedure

1. Every person to whom this policy applies will review the confidentiality provision set out in the RHPA and sign a confidentiality undertaking, provided by the College, indicating that they have read, understood and are willing to comply with the confidentiality requirements that apply to their activities on behalf of the College.
2. On an annual basis, every person to whom this policy applies will review the confidentiality provision set out in the RHPA.



The Working Group directed staff to re-draft this policy so that it is clearer and more succinct the College engaged Kate Dewhirst, a lawyer whose practice is focused on health privacy matters, to undertake a review and update both this policy and the College's Privacy Code. The revisions are intended to simplify the language and streamline the process.

The updated version is provided below.

Section:	Confidentiality	Policy #3.2
Title:	Privacy Procedures – Requests for Access or Corrections to Personal Information and Privacy Concerns	
Date approved:	September, 2010	
Date revised:		

Policy

This policy addresses:

- Requests for access to personal information held by the College
- Requests to correct personal information held by the College
- Concerns received by the College about its handling of personal information
- The College's privacy breach protocol

The Director, Corporate Services is the Privacy Officer.

For purposes of these procedures, the following persons may make an access or correction request for or make a complaint about the handling of personal information to the College:

- The individual to whom information relates or their legal counsel;
- A substitute decision-maker for the individual to whom the information relates if the individual is incapable of making their own decisions (that incapacity having been confirmed in writing by a health care provider, capacity assessor or evaluator or a court or other legal authority); or
- If the individual to whom information relates is deceased, the individual's estate trustee or executor named in a will or a person who has taken over administration of the individual's estate as confirmed in writing.

A. Procedures – Access to Personal Information

General – Access to Personal Information

- a. Individuals may ask for access to records of their personal information.
- b. Requests for access to personal information are made in writing. Requesters are asked to fill out a "Request for Access to Personal Information" form. [Pending Development] The Privacy Officer will assist those who require help to prepare an access request.



- c. The Privacy Officer will review requests for access to personal information and decide whether full or partial access will be granted.
- d. The College will make reasonable efforts to respond to requests for access with a written decision within 30 days, unless an extension of time is required. Where an extension is necessary, the requester will be informed of the estimated timeline for response.

Privacy Officer Review of Access to Personal Information Requests

- e. Upon receipt of a request from an individual for access to their personal information held by the College, the Privacy Officer will:
 - i. Provide written notice of the request to the College Registrar, and
 - ii. Acknowledge receipt of the request to the requester.
- f. The original of the written request for access shall be placed with the individual's file (if the College keeps a file in relation to the individual and if not, the Privacy Officer will maintain a file for access requests) and must contain the following:
 - i. A description of the information requested,
 - ii. Information sufficient to show that the person making the request for access is the person to whom the personal information relates (or an authorized substitute decision-maker),
 - iii. The signature of the person making the request, and
 - iv. The date the written request was signed.
- g. The Privacy Officer will review the request to determine whether access will be granted.
- h. In certain situations, the College may choose not to provide an individual with access to all or part of their records of personal information. Examples of situations where access may be denied, or only partial information provided, include:
 - i. if it is impractical or impossible for the College to retrieve the information;
 - ii. the record contains references to another individual(s) that cannot reasonably be severed;
 - iii. providing access may result in significant risk of harm to the requester or a third party;
 - iv. if granting access could reasonably be expected to interfere with the administration or enforcement of the by-laws or the College's objects or obligations in law, for example because:
 - 1. it would violate section 36 of the RHPA;



2. the information was collected or created in the course of an inspection, investigation, inquiry, assessment or similar procedure; or
 3. providing access may defeat the purposes for which the information was collected;
 - v. the information cannot be disclosed for legal, security or commercial proprietary reasons;
 - vi. the information is subject to a legal privilege;
 - vii. the information was generated in the course of a resolution process or proceeding (and that proceeding and any appeals have not been concluded); or
 - viii. the request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.
- i. In cases where the personal information forms part of a record created by another organization (or person), the Privacy Officer may refer the individual to the organization (or person) that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the original source rather than the College.
 - j. Upon completion of the review, the Privacy Officer will provide a written decision to the requester. The written decision will include:
 - i. a description of what information was requested;
 - ii. a statement of whether the College has responsive records and if so, the decision to:
 1. permit access;
 2. permit partial access (i.e. provide personal information but with redactions, for example where records also contain the personal information of another individual or there is a significant risk of harm);
 3. deny access; or
 4. refer the individual to the person or organization that created the record(s);
 - iii. the reasons for the decision²;
 - iv. if applicable, the fee imposed for a copy; and

² Except in circumstances where providing reasons would compromise the ability of the College to fulfill our objects or obligations in law. In some situations, we may advise an individual that the College can neither confirm nor deny the existence of a record.



v. if applicable, a copy of the records available for access.

3. Copies and Originals

- a. In most situations, the College provides a copy of records of personal information.
- b. If an individual wishes to read an original record, someone from the College must be present to ensure the records are not altered or removed. Individuals may not make notes on original records or remove originals from College files or otherwise alter records.

Fees

Copies of records of personal information are typically provided at no cost to the requester. However, depending on the nature of the request and the amount of information involved, the College may impose a cost recovery fee. In these circumstances, the College will inform the individual of the cost to provide the response and proceed to respond to the request upon payment by the individual of the fee.

B. Procedures – Correction of Personal Information

4. General – Requests for Correction of Personal Information

- a. The College corrects personal information in its custody or control if it is inaccurate or incomplete for the purposes it is to be used or disclosed by the College.
- b. Requests for correction are made in writing and must explain what information is to be corrected and why. Requesters are asked to fill out a “Request for Correction to Personal Information” form. [Pending Development] The Privacy Officer will assist those who require help to prepare a correction request.
- c. The Privacy Officer will review requests for correction to personal information and decide whether corrections will be made.
- d. The College will make reasonable efforts to respond to requests for correction with a written decision within 30 days, unless an extension of time is required. Where an extension is necessary, the requester will be informed of the estimated timeline for response.

5. Privacy Officer Review of Correction to Personal Information Requests

- a. Upon receipt of a request from an individual for correction to their personal information held by the College, the Privacy Officer will:
 - i. Provide written notice of the request to the College Registrar, and
 - ii. Acknowledge receipt of the request to the requester.



- b. The original of the written request for correction shall be placed with the individual's file (if the College keeps a file in relation to the individual and if not, the Privacy Officer will maintain a file for correction requests) and must contain the following:
 - i. A description of the information requested to be corrected,
 - ii. Information sufficient to show that the person making the request for correction is the person to whom the personal information relates (or an authorized substitute decision-maker),
 - iii. The signature of the person making the request, and
 - iv. The date the written request was signed.
- c. The Privacy Officer will review the request to determine whether the correction will be made.
- d. In certain situations, the College may choose not to correct to all or part of a record of personal information. Examples of situations where a correction request may be denied, or only partial information corrected, include:
 - i. Where the requester has not proven the information is inaccurate or incomplete for the purposes for which the College uses or discloses the information;
 - ii. The record was not originally created by the College and the College does not have the knowledge, expertise or authority to correct the record;
 - iii. The information consists of a professional observations or opinion which was made in good faith;
 - iv. If the record relates to a decision of the College Council or Committee;
 - v. If making the correction could reasonably be expected to interfere with the administration or enforcement of the by-laws or the College's objects or obligations in law; or
 - vi. the request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.
- e. Corrections are made in the following ways:
 - i. Striking out the incorrect information in a manner that does not obliterate the record or
 - ii. If striking out is not possible:
 - 1. Labelling the information as incorrect, severing it from the record, and storing it separately with a link to the record that enables us to trace the incorrect information, or



2. Ensuring that there is a practical system to inform anyone who sees the record or receives a copy that the information is incorrect and directing that person to the correct information.
- f. Upon completion of the review, the Privacy Officer will provide a written decision to the requester. The written decision will include:
- i. a description of what information was requested to be corrected;
 - ii. a statement of whether the College has responsive records and if so, the decision to:
 1. make the correction;
 2. make partial corrections;
 3. refuse the correction; or
 4. refer the individual to the person or organization that created the record(s);
 - iii. the reasons for the decision³; and
 - iv. if applicable, a copy of the corrected record(s).

C. Procedures – Privacy Breach and Privacy Complaints

6. General – Privacy Breach and Privacy Complaints

- a. All privacy complaints, incidents, and actual or potential breaches must be reported immediately to the Privacy Officer.
- b. A privacy breach happens whenever personal information in the custody or control of the College is lost or stolen or is used, modified or destroyed by or disclosed to an unauthorized person. For example:
 - i. Our electronic systems are hacked and held ransom after an email with a virus is opened
 - ii. An unencrypted laptop with personal information saved on the hard drive is stolen
 - iii. Personal information is shared in contravention of section 36 of the RHPA
 - iv. A courier package of records of personal information is not delivered to the correct address

³ Except in circumstances where providing reasons would compromise the ability of the College to fulfill our objects or obligations in law. In some situations, we may advise an individual that the College can neither confirm nor deny the existence of a record.



- v. An unencrypted USB key with an Excel spreadsheet with personal information or Word files is lost
- vi. A College employee or Council member talks about a registrant or a complainant with a personal friend or posts information on a personal social media account with enough detail that an individual would be identifiable
- vii. Records with personal information to be disposed of are recycled and not shredded
- viii. A fax with personal information is misdirected to a business where the fax number was entered incorrectly
- c. Any person may ask questions or challenge the College's compliance with our Privacy Code or our privacy procedures by contacting the Privacy Officer.
- d. The Privacy Officer will review and answer all privacy-related questions and complaints on behalf of the College.
- e. Complaints about the handling of personal information by College staff, appointees and members of Council, committees or working groups and others who collect, use or disclose personal information on our behalf should be made to the College in writing. The Privacy Officer will assist those who require help to write their complaint.
- f. Upon receipt of a privacy complaint, the Privacy Officer will:
 - i. Provide written notice of the complaint to the College Registrar, and
 - ii. Acknowledge receipt of the complaint to the complainant.
- g. The College will use reasonable efforts to respond to questions and complaints within 30 days, unless an extension of time is required. Where an extension is necessary, the individual will be informed of the estimated timeline for receiving a response.

7. Privacy Breach Protocol

Step 1: Respond immediately by implementing the privacy breach protocol

- Ensure the Registrar and other appropriate internal stakeholders are immediately notified of the breach.
- Address the priorities of containment and notification as set out in the following steps.
- Consider engaging legal counsel or a privacy breach coach if appropriate.
- Consider when to notify the insurer (which may be a condition of coverage).

Step 2: Containment - Identify the scope of the potential breach and take steps to contain it



- Retrieve and secure any personal information that has been disclosed or inappropriately used or collected (including all electronic or hard copies). This might include attending at the scene to determine whether there are any other records in public.
- Ensure that no copies of personal information have been made or retained by the individual who was not authorized to collect, use or receive the information. Obtain the person's contact information in the event that follow-up is required.
- Determine whether the privacy breach would allow unauthorized access to any other personal information (e.g. an electronic information system) and take whatever necessary steps are appropriate (e.g. change passwords or identification numbers, temporarily shut down a system, suspend an individual or group's access to the system, implement security, institute a restriction to the file).
- Consider whether calling the police to report a theft or crime is appropriate.

Step 3: Clarify the facts

- Consider whether there is sufficient expertise to conduct an internal investigation or whether a specialist (such as a privacy or IT security specialist) is required
- Determine the scope of the breach:
 - Details of the incident and how it was discovered
 - Number of people affected
 - Who was involved
 - Dates
 - Type of incident (such as:)
 - Unauthorized use
 - Unauthorized disclosure
 - Hacking, malware, security breach
 - Lost/stolen mobile device
 - Lost/stolen hard copies
 - Fax to wrong number
 - Refused access or correction request
 - Email to wrong recipient
- Determine how it happened and who was involved and why

Step 4: Notification - Identify those individuals whose privacy was breached and notify them of the breach

- At the first reasonable opportunity, any affected individuals whose personal information has been affected will be notified. We give careful consideration to whether affected individuals need to know immediately (especially where despite our efforts, the breach is ongoing or where the information in question is of a highly sensitive nature or there is reason to believe that it will be used in a malicious way).



- The type of notification will be determined based on the circumstances (such as the sensitivity of the personal information, the number of people affected, and the potential effect the notification will have on the individual(s)).
 - For example, notification may be in person or by telephone or in writing depending on the circumstances.
 - In some cases, a public notice will be the most efficient and effective method of notice.
 - We focus on considerations such as:
 - The potential privacy impact of calling the individual's home or sending a letter
 - Whether the affected individual could be told in person
 - Whether anyone affected is in a vulnerable state of health or deceased or incapable to make information decisions such that notice would be given to a substitute decision-maker and consider the best way to manage those sensitive issues
- Provide details of the extent of the breach and the specifics of the personal information at issue.
- Advise affected individuals of the steps that have been or will be taken to address the breach, both immediate and long-term, including any steps taken to:
 - Reduce potentially harmful effects on the individual; and
 - Prevent a similar breach from happening
- Provide affected individuals with contact information for the Director, Corporate Services who can provide additional information.
- Establish a plan to address what College staff and others should do if they receive calls about the privacy breach.
- Consider notifying legal counsel if appropriate. Consider whether it is necessary to call police.

Step 5: Investigation and Remediation

- Conduct an internal investigation into the matter. The objectives of the investigation will be to:
 - Ensure the immediate requirements of containment and notification have been addressed.
 - Review the circumstances surrounding the breach.
 - Review the adequacy of existing policies and procedures in protecting personal information.
 - Address the situation on a systemic basis.
 - Identify opportunities to prevent a similar breach from happening in the future.
- Change practices as necessary.



- Ensure all College employees, appointees and members of Council, committees and working groups are appropriately re-educated and re-trained with respect to compliance with reasonable privacy protection standards and the recommendations of how to avoid privacy breaches in the future.
- Continue notification obligations to affected individuals as appropriate.
- Consider notifying legal counsel as appropriate. Consider whether it is necessary to call police.
- Consider any disciplinary consequences with employees, appointees and members of Council, committees or working groups or contract issues with independent contractors or vendors that follow from the privacy breach.

Step 6: Recordkeeping

- Keep a record of all privacy complaints, incidents and breaches including investigations, notifications and remedial action taken.



Summary of changes:

- Minor edits for clarity and to align with current practice.
- The Working Group has suggested a number of changes to the honoraria and expenses rules.
- Updates to the rates and added information about how they are updated or benchmarked.

Section:	Finance	Policy #4.1
Title:	Honoraria and Expenses	
Applicable to:	Councillors who are members of the profession⁴, committee members, members of task forces and working groups, where applicable, staff	
Date approved:	March, 2015	
Date revised:	December 2017, April 2018	

Legislative References

None

Policy

Honoraria are paid to Councillors who are members of the profession; non-Council committee members; members of task forces and working groups; and College assessors⁵ for participating in activities that are relevant to College business. This includes attending scheduled meetings (including teleconferences and meetings involving deliberations) or participating in other assigned activities. Honoraria are also paid for the time spent travelling to and from College business and the time spent preparing for meetings. Payments are made on the basis of the rules and the rates in this policy.

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

Honoraria rates are updated annually geared to the Cost of Living Allowance (COLA) and rates for expenses will be reviewed biennially by the College's Executive Committee.

Procedure

1. Claims for honoraria or expenses must be submitted to the College within 30 calendar days of the activity that resulted in the claims.
2. Claims not submitted within 30 days will be referred to the President for appropriate follow-up.

⁴ Councillors who are appointed to Council by the Lieutenant Governor (public appointees) are paid by the government and as such the rules for their compensation and expenses are established and monitored by the Ministry of Health and Long-Term Care.

⁵ Except for assessment fees which are defined outside of this policy.



3. Claims should be submitted to the College through Corporate Services.
4. Corporate Services will seek approval of the claim from the director or manager with oversight for the activity that resulted in the claims.
5. Once approved, all claims are to be submitted to the Accounting Coordinator.
6. The College will endeavor to pay claims within one month of receiving them.
7. Any discrepancies between what this policy permits and claims will be addressed with the claimant by the Registrar.

NOTE: Claims for time are considered to be taxable income by the Canada Revenue Agency and as such are processed through the College's payroll office. In keeping with Canada Revenue Agency Rules, the College will annually prepare and provide T4s to those who claim time-based honoraria from the College.

Definitions

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

Rules for Honoraria

1. General
 - a. A daily claim for honoraria may include any or all of per diems, travel time and/or preparation time in keeping with the rules and rates in this policy.
 - b. Teleconferences are meetings and are therefore considered to be time that may be claimed.
 - c. Honoraria will be paid to people who are requested by the College to attend a function for representation or education purposes.
 - d. ~~~~~Honoraria rates are to be updated annually at the beginning of each fiscal year to adjust for a Cost of Living Allowance (COLA) and this update will be



communicated via email once new rates are established

2. Per Diem - General

- a. For meetings that are three hours or less in duration, the actual number of full or partial hours up to a maximum of three hours may be claimed.
- b. For meetings that are more than three hours in duration, the full day per diem may be claimed. This is the maximum per diem time that may be billed in any one day although other types of honoraria (travel or preparation time) may be claimed for the same day or meeting.
- c. If a meeting or function is cancelled without at least 48 hours notice, those who were scheduled to attend may claim up to three hours per diem.
- d. Per diems will not be paid for College activities that have been compensated by one's employer.

3. Per Diem - Chairs

- a. Committee chairs are paid a higher per diem rate when they are acting in the capacity of the chair at a scheduled meeting.
- b. A chair's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
- c. Per diems for chairs are paid in accordance with the rate section of this policy.

4. Per Diem - President

- a. The President may claim for the time they spend performing the duties of the President at the rate a committee chair receives.
- b. A President's participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.
- c. Per diems for chairs are paid in accordance with the rate section of this policy.

5. Preparation Time

- a. The time billed for preparation should be less than or equal to the time billed for the meeting. (e.g.:
 - i. For meetings of up to three hours duration, the maximum preparation time is three hours.
 - ii. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours).



- b. When a committee member requires more time for preparation than is permitted under a., the committee member may ask the committee chair to authorize additional preparation time.
 - c. When a committee chair requires more time for preparation than is permitted under a., a request for additional preparation time may be approved by the President.
 - d. There are no restrictions on the number of requests for additional preparation that a committee member or chair may make.
 - e. Preparation time is paid in accordance with the rate section of this policy.
6. Travel Time
- a. The first hour of travel each way is not subject to reimbursement.
 - b. Travel time should be billed in increments of one half hour.
 - c. A maximum of six hours travel time may be billed in any day.
 - d. Time spent travelling is calculated from the time at which the trip begins/ends (i.e. home or place of employment) and the first/last point of business.
 - e. Travel time is paid in accordance with the rate section of this policy.

Rules for Expenses

7. Expenses General
- a. Detailed itemized invoices or receipts are required for all expense claims⁶.
 - b. Invoices and or receipts must include a description of the goods purchased or services rendered, the cost, taxes and if applicable, HST Registration Number⁷.
8. Travel Expense
- a. Travel includes:
 - i. Economy airfare for flights;
 - ii. Economy class train fare for trips of two hours or less;
 - iii. First class train fare for trips of greater than two hours;
 - iv. Local public transportation;
 - v. Taxi; or
 - vi. Use of a personal automobile.

⁶ Credit card receipts or statements do not provide sufficient detail to process expense claims.

⁷ For internet purchases, a copy of the payment confirmation should also be included.



- b. The cost of the most economical or practical mode of travel may be claimed unless other means are more practical and this is evident from the explanation on the claim form⁸.
 - c. Local taxis may be used when warranted by expedience and practicality.
 - d. Travel expenses incurred in traveling to/from home or place of employment, or to/from the point of business and public transportation terminal may be claimed when they are part of a larger journey.
 - e. An allowance per kilometer will be paid for the use of a personal automobile in accordance with the rate section of this policy.
9. Accommodation
- a. Where overnight stays are required, the cost of the standard room rate at a conveniently located hotel will be reimbursed. Additional costs for upgrades to premium or larger rooms are not covered.
 - b. For meetings in Toronto, hotel accommodation will be provided to individuals who reside beyond a 25 kilometer radius of the meeting site.
 - c. Where overnight stays are required for meetings held at the College, people may choose to stay at the hotel at which the College has negotiated a corporate rate, or another hotel, in which case the maximum reimbursement will be the lessor of the actual price paid at the other hotel or the corporate rate at the College hotel.
 - d. Hotel accommodation at conventions, congresses etc. should take advantage of any special group or convention rates at the conference hotel or be taken at another hotel where the rate does not exceed the conference hotel rate.
 - e. When private accommodations (e.g. friends or family) are used in lieu of hotel accommodation, claims for reimbursement may be submitted in accordance with the rate section of this policy.
10. Meals
- a. Meal expenses incurred while travelling on College business may be claimed when the travel time exceeds two hours.
 - b. Meal expenses incurred when attending external meetings or business may be claimed when the external meetings or business exceeds four hours.

⁸ Such reasons may include: urgency, inconvenient train or bus schedules, more than one person travelling together by car, multiple locations, taxi because of baggage, automobile and parking instead of public transportation, reduction of time factor if a fee is also involved, etc.



- c. For meetings in Toronto, meal expenses may be claimed when the individual resides beyond a 25 kilometer radius of the meeting site.
- d. Meal expenses claimed when the College provides a meal during its meetings are not eligible for reimbursement (except in circumstances where the supplied meal is unacceptable for religious or similar reasons).
- e. Actual meal expenses may be claimed in accordance with the rate section of this policy.

11. Gratuities

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

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

- a. Parking.
- b. Telephone. One personal long distance telephone call of reasonable duration for each day away from home.
- c. Postage and delivery.
- d. Tolls.
- e. Purchased services such as typing, copying etc., when they cannot conveniently be provided through the College office.
- f. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.

13. Expenses which are not Allowed

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

14. Additional Interpretation



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

Rates for Honoraria⁹ and Expenses

1. Allowance for use of personal automobile¹⁰
 - a. \$.40 per kilometer

2. Meal Expense (receipts required)
 - a. Breakfast - \$25.00
 - b. Lunch - \$35.00
 - c. Dinner - \$60.00
3. Private Accommodations
 - a. \$40 per night may be claimed for the use of private accommodation in lieu of hotel accommodation.
4. Per Diem Rate - Councillors/committee/task force members
 - a. Council/Committee/task force member – meeting time
 - i. Full day per diem (for meetings over 3 hours duration) - \$340.00
 - ii. Hourly rate - \$48.00
5. Chairs' (and President's) Per Diem Rate
 - a. Chair – meeting time (or President's duties)
 - i. Full day per diem (for meetings over 3 hours duration) - \$464.00
 - ii. Hourly rate - \$65.00
6. Preparation time rate
 - a. \$48.00 per hour

⁹ Honoraria rates below reflect rates effective as of April 1, 2020. Honoraria rates are updated annually geared to the Cost of Living Allowance (COLA).

¹⁰ The College's rate is geared to the Travel, Meal and Hospitality Expenses Directive from Ontario's Management Board of Secretariat.



7. Travel time
 - a. \$30.00 per hour
8. Rate for hotel stay
 - a. The best available rate at the College's corporate hotel up to a maximum of \$350/night + taxes and fees¹¹

¹¹ The rate for hotel stay will be reviewed annually.



Summary of changes:

- Reiterate that no one should be approving their own expenses.
- Specify who the two signatories should be for single expenditures above \$7,500.

<u>Section:</u>	Finance	Policy #4.2
Title:	Signing Officers	
Applicable to:	Council and staff	
Date approved:	December 2007	
Date confirmed:	March 2009	
Date revised:	December 2011, March 2014	

Policy

For the purposes of subsections 2.5(2), (3), (4) and (5) and section 2.6 of the By-laws, the signing officers for the College will be the President, Vice-President, the Registrar, and the Deputy Registrar.

No one will approve their own expense claims.

Two signatories are required on all single expenditures above \$7,500:

- One of the President or Vice-President, and
- One of the Registrar or the Deputy Registrar.



Summary of changes outline:

- the primary and return objective of the College's investment portfolio;
- the aim to maximize the use of instruments that are insured by the Canadian Deposit Insurance Corporation (CDIC) and align with CDIC coverage limits;
- the usage of percentages rather than dollar limits when referring to proportion held in certain funds; and
- that no single GIC issue will exceed \$100,000.

The changes have been reviewed by the College's investment manager.

Section:	Finance	Policy #4.3
Title:	Investments and Investment Strategy	
Applicable to:	Council	
Date approved:	December 2007	
Date revised:	June 2009	
Date confirmed:	September 2011	

Policy

The primary objective of the College's investment portfolio is the preservation of capital. The return objective is to attain a growth rate that is consistent with the rate of inflation, however, because the primary objective is capital preservation, there are times when the return objective will not be achieved so that the objective of capital preservation can be satisfied.

Funds held by the College that are not immediately required for operating expenses will be invested according to a two part investment strategy; one part focused on the short-term investment of annual fees, and the second part focused on long term reserves.

The investment strategy will be developed in accordance with Council approved By-law 2.4 and relevant governance policies to ensure the long-term stability of the College

Procedure

1. The College's investment portfolio will aim to maximize the use of instruments that are insured by the Canadian Deposit Insurance Corporation (CDIC), and to align the amounts invested in those instruments to the CDIC's coverage limit.
2. Short-term investments will be invested in easily cashable instruments which will yield the best results and will mature within a 12 month period or less.
3. Long-term investments will be invested in federal, provincial and municipal governments, bank and trust companies, corporations, mortgage backed securities, coupons and residuals rate R1 or better for money market instruments and A or better for bonds, as determined by the Dominion Bond Rating Service. The proportion of the investment portfolio held in corporate funds shall not exceed 20% and, the amount invested with any one issuer is limited to



15%. Excluded from the corporate funds portion of the College's portfolio, Guaranteed Income Certificates (GICs) is a separate class. No single GIC issue will exceed \$100,000.

4. The College will adopt a laddered investment strategy for its long-term investments, ensuring maximum return, staggered fund release, and a minimum of a four-year platform.
5. The Registrar will present the status of College investments as part of the finance statements at every Council meeting.
6. The investment strategy and the specific investment instruments will be reviewed annually or more often if necessary.
7. The Council will meet annually with a representative of the investment firm to discuss and review independently the status of the Colleges' investments and investment strategy.
8. Funds for short term investments are cashed for the use of annual College operations. Long term investments are only cashed at the direction of Council.



Summary of changes:

- Specify that the general liability insurance should cover the College for losses resulting from cyber crime and attacks.
- Specify who will review the insurance coverage annually.

Section:

Finance

Policy #4.4

Title:

Insurance

Applicable to:

Council

Date approved:

December 2007

Date revised:

December 2009

Date confirmed:

December 2011

Policy

The College obtains and maintains four types of insurance coverage:

1. Commercial,
2. Errors & Omissions and Directors' and Officers' Liability,
3. General Liability (including computer and social engineering fraud), and
4. Accident/Business Travel to support its risk management strategy.

Insurance coverage is reviewed annually by the Finance Committee and Council against environmental trends as part of the budget process, or as necessary.



Summary of changes:

- Update to reflect current practice.

Section:	Finance	Policy #4.5
Title:	Capital Assets	
Applicable to:	Council	
Date approved:	March 2008	
Date revised:	March 2010	
Date confirmed:	September 2011	

Policy

The College currently holds capital assets which contribute to the organization's value and net worth. Capital assets are attained and maintained in accordance with a planning cycle which supports the on-going work of the College. Capital asset expenditures are considered annually as one component of budget planning.

Definition

Capital assets comprise "property, plant and equipment" that meet all of the following criteria:

1. are held for use in the production or supply of goods and services, for rental to others, for administrative purposes or for the development, construction, maintenance or repair of other capital assets;
2. have been acquired with the intention of being used on a continuing basis; and
3. are not intended for sale in the ordinary course of business.

For further clarification, capital assets include buildings, furniture, purchased computer software, computer hardware, equipment, leasehold improvements, and assets acquired by capital lease.

Procedure

1. Planning for capital asset need and expenditure is the responsibility of the Registrar in keeping with accountabilities related to operationalizing the approved business plan and budget.
2. A proposed capital assets budget is considered and approved annually by Council within broader budget discussions.
3. Capital assets are amortized in accordance with the auditor's recommendations and the published Generally Accepted Accounting Principles (GAAP).
4. The College will maintain a capital asset ledger.
5. Capital assets are reviewed within a regular maintenance schedule to ensure preservation and full utilization.



Section:	Policy	Policy #5.1
Title:	College Policy Review Schedule	
Applicable to:	Council members, members of statutory or non-statutory committees and task forces, staff	
Date approved:	June 2002	
Date revised:	October 2008, September 2010, March 2014	

Policy

In order to ensure that they remain relevant in a changing practice and legal environment, all of the College's existing policies, by-laws and official documents (see definition below) are reviewed periodically.

Procedure

1. While governance policies, by-laws and official documents are in effect, they will be monitored by staff and Council to assess whether any emerging issues suggest a requirement for an expedited review and/or require flagging at the time of the regularly scheduled review.
2. Unless a need to review them is identified sooner:
 - a. College governance policies and by-laws will be reviewed every year; and
 - b. official documents will be reviewed at least every three years.
3. If, as a result of the reviews of College governance policies, by-laws or official documents, changes are proposed, these will be considered by Council using the policy 6.3 - Approval of Official Documents.
4. When changes in current circumstances or the current practice, regulatory and legal environment suggest the need, existing governance policies, by-laws or official documents will undergo immediate review regardless of when a prior review took place.
5. Official documents include:
 - a. Regulations;
 - b. Standards; and
 - c. Position statements.
6. Documents that are not official documents for these purposes include:
 - a. reports, proposals and presentations;
 - b. brochures and similar informational materials;
 - c. guides to official documents;
 - d. information bulletins;



- e. forms; and
- f. general web site content.



Summary of changes:

- The Working Group recommended changing this policy to capture the intent that any College communications that refer to an official position should be consistent with that position.

<u>Section:</u>	Policy	Policy #5.2
Title:	Approval of Official Positions	
Applicable to:	Council members, members of statutory or non-statutory committees and taskForces, staff	
Date approved:	June 2002	
Date revised:	October 2008, September 2010, March 2014	

Policy

The Council will approve official positions of the College by a formal motion and vote. Any College communication that references an official position must be consistent with that position.



Summary of changes:

- The Working Group recommended rescinding this policy.



Summary of changes:

- Specify that elected officers take office at the annual general meeting.
- The Working Group recommended adding the provision described in Procedure #2 to the relevant section of the bylaw regarding the election of the President, Vice President and members of the Executive Committee.

Section:	Policy	Policy #5.3
Title:	Elected Officers	
Applicable to:	Council	
Date approved:	February 2013	

Policy

In keeping with its duty defined in the By-laws to elect officers, the Council shall annually elect a President, Vice-President and members of its Executive Committee at the last meeting of Council prior to an election of Council members. The officers elected at this meeting shall take office at the first meeting of Council following an election of Council members.

Procedure

1. The election shall be carried out in a manner consistent with the College's By-laws.
2. If an officer who is elected fails to be re-elected or appointed to Council and is therefore unable to serve as an officer of the College, their position will be declared vacant and be filled at the first successive meeting of the Council in a manner consistent with the College By-laws.



Summary of changes:

- Specify that Council will make decisions about the College's intellectual property and related uses.
- Remove references to the College's Policy on Relationships with External Organizations which has been rescinded.

Section:	Stakeholders	Policy #6.1
Title:	Intellectual Property and Related Uses	
Applicable to:	Council members, staff, contractors, College partners	
Date approved:	February 2004	
Date revised:	December 2008, March 2011	

Policy

The development of intellectual property is an inherent product of College work- related activity. Without limiting the generality of the preceding, intellectual property may be produced through policy analysis, research, or program evaluation. The College retains its rights to this intellectual property to ensure appropriate use, dissemination and attribution unless otherwise agreed to by Council .

Procedure

1. Ownership
 - a. Any intellectual property arising from research or work activity funded, sponsored or commissioned by the College, in whole or in part, is owned by the College (unless otherwise agreed to by Council).
 - b. Where such intellectual property is of commercial value, the associated proceeds (including without limitation financial proceeds, the right to publish, or intangibles such as academic recognition) may be shared as agreed to by Council with 3rd parties.. The sharing of proceeds associated with College intellectual property does not apply to College employees, agents or contractors.
 - c. The copyright for any materials resulting from any research or work activity that is funded, sponsored or commissioned by the College in whole or in part belongs to the College and is not attributable to any other individual or person, unless otherwise agreed by Council.
2. Publication/Dissemination
 - a. Unless the prior written approval by the Registrar has been obtained, a researcher contracted by the College may not publish the results of College research or evaluation.
 - b. Research or evaluation outcomes may only be published as approved by Council.
 - c. When considering requests to publish, the Registrar will consider whether:



- i. the proposed publication tool or vehicle is in keeping with the College's mandate, mission and vision and strategic initiatives;
- ii. the publication would undermine the College's regulatory function;
- iii. the publication would infringe on existing commercial, property or moral rights of which the College is aware;
- iv. confidential data is included in the publication;
- v. personal information is included in the publication; or
- vi. there is a need to adhere to an agreement specifying a delayed publication date.

3. Authorship

- a. Any material published by the College that is intended to portray the College's position or advice on particular issues, or to inform registrants or other persons of the College's activities will be published without an attributed author (unless the Registrar determines otherwise).
- b. Any material published by the College intended to serve as a report of research that was conducted or supported in whole or part by the College may be published with one or more authors being designated. Designated author(s) will be determined by the Council.
- c. Any material published by the College, regardless of authorship decision, will acknowledge the specific College committee at which the primary content development occurred (as the Council determines appropriate); if the Council determines that it is inappropriate to acknowledge a specific College committee, then the College's Council will be acknowledged (unless the Council determines that such acknowledgement is inappropriate).



Summary of changes:

- The Working Group recommended adding a statement that clarifies the purpose of strategic planning.
- Staff suggest moving this policy from the “Finance” section to the “General” section as this policy is not about finance.

Section:	General	Policy #7.1
Title:	Strategic Planning Cycle	
Date approved:	December 2009	
Date revised:	December 2011, February 2013	

Policy

The purpose of strategic planning is to guide the College to achieve its statutory mandate now and in the future, grounded in the concept of quality assurance. The Council is deliberate in its use of strategic discussion and direction setting to enhance its mandated objectives. It utilizes a vision statement within a framework to set tactics which further its goals of safe, quality physiotherapy care in the public interest. Council regularly evaluates its progress within its most current plan and determines opportunity to revisit its framework not less than every three years.

Procedure

1. Council has established key elements for its strategic framework which may include, but are not limited to:
 - a. a vision statement;
 - b. a set of assumptions about its future;
 - c. a series of objectives and high level tactics; and
 - d. critical success factors and key indicators of success.
2. Progress against the Strategic Plan is measured and reported to Council at every Council meeting.
3. Planning for the development of a new framework is started by the President and the Registrar.



Summary of changes:

- The Working Group recommended rescinding this policy and incorporating the content into Policy 8.10: Council Education.



Summary of changes:

- Remove the term limit for Executive Committee.
- A President can reach out to a past President for information and advice, the past President does not need to be a member of Council or Executive Committee for that to happen. The option to reach out to a past President should be articulated in the policy about the Role of the President.
- The Working Group felt that most relevant factor when considering a candidate for Vice President and President is their performance on Council, and that the other factors are not really needed.

<u>Section:</u>	General	Policy #7.2
Title:	Succession Planning	
Applicable to:	Executive Committee members	
Date approved:	February 2013, March 2014	

Policy

The College will establish and maintain a transparent process of succession planning for key roles on the Council's Executive Committee to promote the Council's capacity to achieve and maintain optimal performance in its role.

Procedure

1. Term limits for the President and the Vice President shall be no more than two terms for each position during any period of consecutive service on Council¹².
2. In order to ensure that successive Presidents of the College have an opportunity to learn the key skills required to perform effectively in this role, it is desirable that Vice Presidents, subject to the Council election process, succeed into the role of the President following the completion of the President's term.
3. When considering candidates for the positions of Vice President and President, it is desirable that the Council consider factors including their previous performance as members of Council.

¹² The establishment of term limits is intended to enable Presidents and Vice Presidents to be able to rotate into and out of these roles while still being eligible to serve as members of Council and to enable them to transfer knowledge and skills to their successors.



The Working Group did not recommend any changes to this policy.

<u>Section:</u>	General	Policy #7.3
Title:	Public Member Representation on College Committees	
Applicable to:	Statutory and Non-Statutory College Committees	
Date approved:	June 2002	
Date confirmed:	December 2008, September 2010	

Policy

It is a core value of the College of Physiotherapists of Ontario that the input of the public, as represented by the publicly-appointed members of Council, should be a part of all decision-making processes.

In order to ensure that this core value is upheld, all of the College's statutory and non-statutory committees must include at least one member of Council who has been appointed by the Lieutenant Governor (a publicly-appointed member of Council) in their composition.

This requirement must be met regardless of any other rules in the statute, regulation or by-laws prescribing the composition of committees.

Procedure

1. When the Executive Committee prepares its annual proposed membership of nominees for positions on the College's statutory and non-statutory committees, the Executive Committee must ensure that the proposed membership of each committee includes at least one publicly-appointed member of Council.
2. When Council approves the annual membership of the College's statutory and non-statutory committees, each approved committee membership must include at least one publicly-appointed member of Council.
3. If the publicly-appointed member of a College statutory or non-statutory committee must be replaced prior to the annual approval of College committee membership, the revised committee composition must still include at least one publicly-appointed member.
4. Regardless of other considerations, the membership of College statutory or non-statutory committees must still meet all other requirements for committee composition prescribed in the statute, regulation or by-laws.



Summary of changes:

- This policy should only apply to statutory committees.
- Retain the requirement to ensure availability of public members when scheduling meetings, while allowing flexibility for meetings to be held if public members are not available due to exceptional circumstances.
- It is already true that statutory requirements would supersede governance policies, so it does not need to be stated.
- Remove duplication between the Policy and Procedure sections.

Section:

General

Policy #7.4

Title:

Public Member Attendance at Committee Meetings

Applicable to:

Statutory Committees

Date approved:

June 2002

Date confirmed:

December 2008, September, 2010

Legislative references:

1. Health Professions Procedural Code: 17, 25, 38, 64
2. By-laws: 7.1

Policy

It is a core value of the College of Physiotherapists of Ontario that the input of the public, as represented by the publicly appointed members of Council, should be a part of decision-making processes.

In order to uphold this core value, meetings of statutory committees, or panels of such committees, must not be scheduled unless at least one of the committee member(s) appointed by the Lieutenant Governor (a publicly-appointed member(s) of Council) is/are available to attend the meeting. Meetings of statutory committees, or panels of such committees, should not be held, other than in exceptional circumstances, unless at least one of the committee member(s) appointed by the Lieutenant Governor (a publicly-appointed member(s) of Council) is/are available to attend the meeting.

Procedure

1. If at least one publicly-appointed member is not able to attend the meeting of a statutory committee, the meeting should be postponed until such time as the publicly-appointed member is able to attend. In exceptional circumstances, a meeting may proceed when the planned attendance of the publicly-appointed member is interrupted by unforeseen immediate personal circumstances. In that case, decisions on registrants that are statutory in nature cannot be discussed without the presence of a publicly-appointed member.



Summary of changes:

- Only Council should confirm appointments.
- The Executive Committee does typically recommend committee chairs.
- Physiotherapists, rather than non-physiotherapists, with specific expertise may be solicited to participate on a Committee, Task Force or Advisory Group.
- The reference to the by-law is redundant.

Section:

General

Policy #7.5

Title:

Selection of Individuals to Committees, Task Forces and Advisory Groups

Applicable to:

Council, Committees, Task Forces and Advisory Groups

Date approved:

June 2002

Date revised:

**June 2006, March 2007, March 2010, February 2013,
March 2014**

By-law reference

1. By-law: 7.5

Policy

The College will establish and maintain a transparent process for the appointment of individuals to serve on committees, task forces or advisory groups of Council. Selection will be based on criteria developed to meet the terms of reference and needs of a specific initiative or purpose as established by Council including the ongoing development of Councillor competencies. Appointments will be confirmed by Council.

Procedure

1. The Executive Committee, after considering expressions of interest, will recommend individuals to serve on statutory and non-statutory committees at the College's Annual General Meeting, and from time to time as required.
2. The Executive Committee will include in its recommendations the identification of suggested committee chairs.
3. The Executive Committee will base its recommendations on selection criteria including:
 - a. Availability;
 - b. Eligibility;
 - c. Experience;
 - d. Interest;
 - e. Previous performance;



- f. Development of Councillor competencies;
 - g. Avoidance of foreseeable conflicts of interest; and
 - h. Recommendations from Committee Chairs
4. Individual physiotherapists with specific expertise may be solicited to participate on a committee, task force or advisory group dependent on the Council-determined terms of reference.
 5. All committee, task force or advisory group appointments will be for one year or the set term of the Task Force or Advisory Group, unless specific circumstances require a different term length.



Summary of changes:

The Working Group is proposing a complete revision to the performance review process for the Registrar.

The process will be coordinated by the President and involve the Executive Committee

Section:	General	Policy #7.6
Title:	Performance Review Process for Registrar	
Date approved:	December 2003	
Date revised:	June 2006, March 2007, June 2009, March 2012, February 2013, March 2015	

Policy

The evaluation of the Registrar's performance will be coordinated by the President and involve the Executive Committee. The final review of the Registrar's performance will be made by the Council, *in camera*.

Procedure

1. The President will coordinate the Registrar's annual performance review, based on:
 - a. goals set annually by Council, including direction on priorities, and
 - b. operational performance indicators, including timelines.
2. The President will meet semi-annually with the Registrar to determine and help facilitate the requirements to help the Registrar accomplish such goals.
3. The annual review cycle is to be initiated no later than October.
4. The performance review will gather and assemble multi-source feedback about the Registrar's performance from:
 - a. all Councillors
 - b. senior staff
 - c. relevant external contacts, identified by both the Registrar and the President.
5. The Registrar will provide the President with contact information for staff and external contacts to facilitate the review. The President may identify additional external contacts from whom to obtain input.
6. The President will write a draft report, tabulating all comments from the above sources, as well as the President's own experiences with the Registrar. The report is to provide feedback, to assist the Registrar toward optimal performance.



7. The Registrar will then be given the draft to review and provide commentary.
8. The President will then present the draft report with the Registrar's comments to the Executive Committee for consideration.
9. The Executive Committee will make a recommendation regarding the draft report to Council.
10. The President will present the final draft report to Council *in camera*. Council will make any changes it sees fit, and approve the final performance review.
11. The President will report Council's performance review to the Registrar.



Summary of changes:

- Remove references to risk management from this policy.
- The President should be included in the Emergency Response Team, which makes Procedure #6 redundant.
- The President should be the one reporting to Council on managing emergencies.

Section:	General	Policy #7.7
Title:	Emergency Management Plan	
Applicable to:	Council, Committees, Staff and Agents	
Date approved:	March 2011 (replaces previous 4.24 Pandemic Influenza, September 2009)	
Date revised:		

Policy

The College of Physiotherapists of Ontario maintains an overarching Emergency Management Plan to ensure a consistent approach to all emergencies, in particular ensuring the safety of all Councillors, committee members, staff and agents of the College. The Plan also consists of specific subsets related to fire and public health crises given their unique features and urgent risks. All parties to whom the Emergency Management Plan applies will receive an annual orientation to its contents.

The Emergency Management Plan addresses events that can be classified as emergencies. These include but are not limited to:

1. Access to the building because of fire, flooding, etc.;
 2. Technological incidents including electronic data processing and telecommunications disruptions;
 3. Staffing disruption due to illness, weather; and
 4. Public health crisis that may be of a small or large magnitude (Procedure
1. The Emergency Management Plan is developed in keeping with best practices, incorporating a consistent cycle of mitigation and response (see Appendix A)
 2. The Emergency Management Plan establishes an Emergency Response Team consisting of the President, the Registrar and the Registrar's designates.
 3. The Emergency Management Plan has three components:
 - a. An overarching structure which applies in all circumstances;
 - b. A specific set of additional elements relevant to fire safety; and
 - c. A specific set of additional elements relevant to a public health crisis.

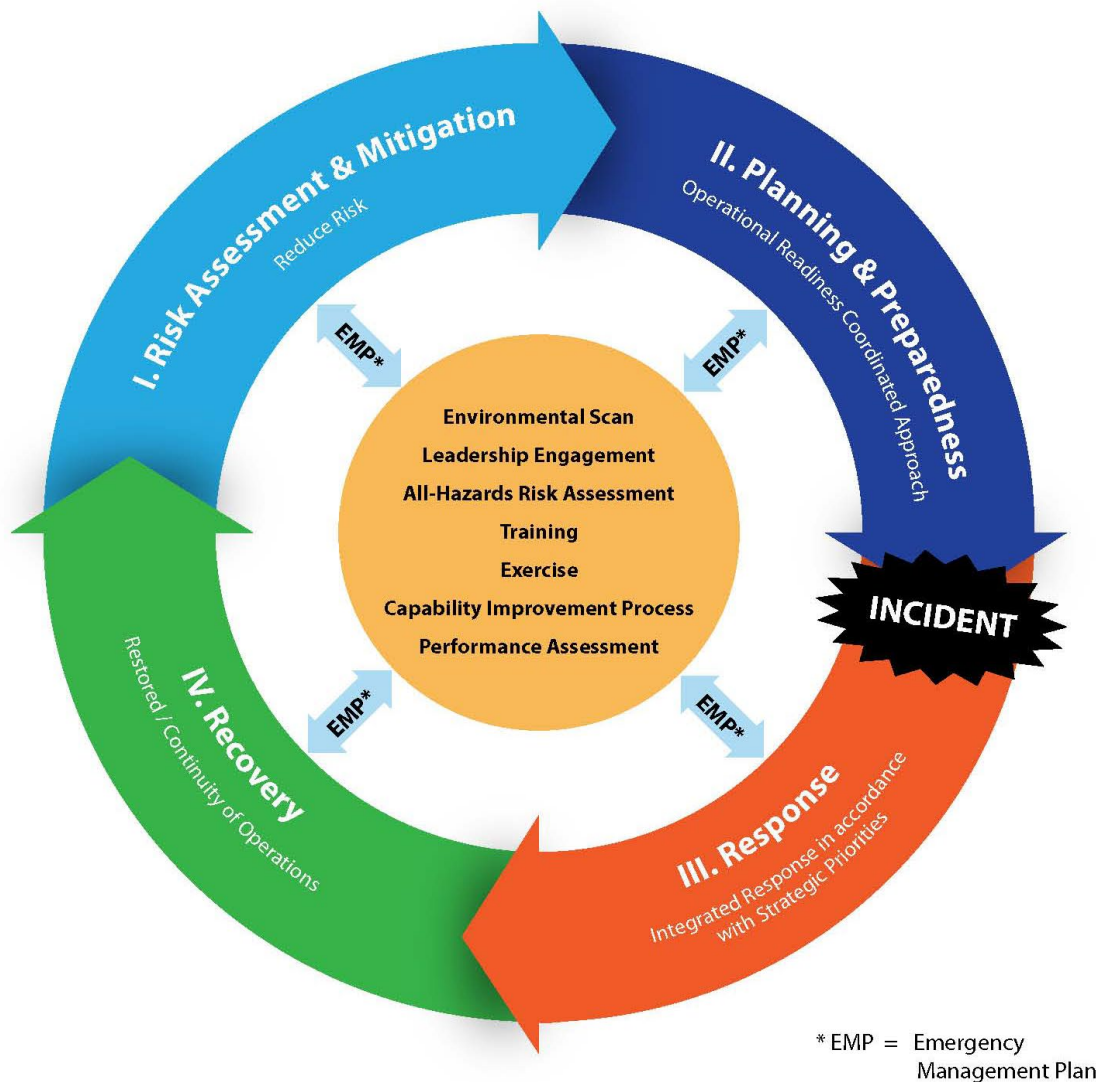


4. The Emergency Management Plan is reviewed bi-annually by the Registrar and Director, Corporate Services, to ensure it is current and relevant.
5. All new staff, Councillors, Committee members and agents will receive an orientation to the Emergency Management Plan and its components on an annual basis, including training drills where relevant.
6. The President will report to Council any events resulting in the initiation of the Emergency Management Plan through periodic reports on risk assessment.



APPENDIX A

Emergency Management Continuum





Summary of changes:

- Clarify what can and cannot be included in a candidate's statement.
- The Working Group asked the Registrar to consider whether the College can implement a mechanism to ask registrants for consent to disclose their email addresses for the purpose of election campaigning.
- Define a process for reviewing candidates' statements to ensure adherence to this policy.

Section:

General

Policy #7.8

Title:

Election Campaign

Applicable to:

Council members and election nominees

Date approved:

February 2004

Date revised:

March 2009, March 2011, February 2013

Policy

A fair and democratic election process for selecting physiotherapist Councillors to Council is important to the profession as one element in ensuring a strong governance structure. Elected individuals provide the profession's perspective to a self-regulatory, public interest model. Registrants eligible to vote require adequate, reliable and consistent information about each electoral candidate to assist them in exercising an informed vote. The College facilitates this process through the distribution of candidate materials in its voting package. In addition, to promote registrant engagement, the College provides a means for nominees to provide campaign materials to voters in the relevant district, separate and apart from the College processes.

Procedure

1. Individual physiotherapists, who are nominated and are eligible for election as per section 3.1 of the By-laws, will provide the College with their biographical information and a statement, using language provided by the College, confirming their understanding of their obligation to act in the public interest if elected to Council.
2. Candidates may also provide a candidate statement to be included with the other election materials.
3. A candidate's statement cannot exceed 500 words.
4. Candidates must frame their remarks in relation to self-regulation and the public interest. A candidate who is a current Committee member or agent of the College (e.g. assessor) must not comment on College business that is not in the public domain. A candidate must not make disparaging remarks about the College. A candidate's statement must not include a photograph.
5. The Registrar will review candidates' statements to ensure adherence to this policy. If a candidate's statement does not adhere this policy, the Registrar will request that the candidate



revise their statement. If the candidate is unwilling to revise their statement to adhere to this policy, then the matter will be brought to the Executive Committee, who may make a recommendation to Council. Only Council can decide whether to disqualify a candidate from running in the election.

6. The College will circulate the materials provided by candidates to all eligible voters in the respective candidates' districts.
7. A candidate may choose to campaign within their district. To facilitate this process, all candidates will be provided with a means to contact the eligible voters in their district that is in keeping with the College's statutory confidentiality obligations.
8. Campaign materials are not reviewed or endorsed by the College.
9. Candidates will make every effort to ensure that the views portrayed are verifiable, true and consistent with their stated understanding of their obligation to act in the public interest if elected to the Council of the College.
10. Information contained in this policy will be disclosed to all candidates at the time of nomination confirmation.



Summary of changes:

- The Working Group recommended rescinding this policy as the College has not had an awards program for some time.



Summary of changes:

- The Working Group recommended rescinding Policy 8.1: Council Orientation and incorporating the content into this policy.
- Governance is included in Councillor orientation, and therefore Procedure #3 is redundant.
- Procedure #4 should not be included in this policy as it refers to training that is specific to certain Committees.
- Changes to align with current practice.
- For public members, the College should cover registration fees, but per diems and expenses should be paid by the government.

Section:	General	Policy #7.9
Title:	Council Education	
Applicable to:	All Councillors and Committee members	
Date approved:	March 2009	
Date revised:	March 2011, March 2013	

Policy

All Council and Committee members are required to participate in annual orientation programming, including sexual abuse prevention training, prior to attending any meeting of a committee to which they have been appointed. Current Councillors and staff act as mentors in supporting new member integration and understanding.

Procedures

1. Orientation of Councillors and committee members will continue as needed and in keeping with this Policy, the requirements of Councillors and committee members and direction from the President and the Executive Committee.
2. The Executive Committee is charged annually with the task of identifying the education needs of Council and its committees.
3. The Executive Committee sets an annual education strategy based on identified needs, in collaboration with the Registrar. Proposed Council education is budgeted and approved by Council annually in March.
4. Education opportunities external to the College are considered on an individual basis by the Executive Committee. All requests must be directly relevant to the College mandate and the competency development needs of the requestor.
5. Registration fees for such events are covered by the College for both professional and public members. Per diems and expenses for professional members are also covered by the College. Public members' per diems and expenses are paid by the Ministry and require pre-approval by the Ministry prior to attendance at any external education session. Pre-approval is coordinated by the Registrar and Governance Analyst.



6. All Councillors and Non-Council Committee Members must participate in sexual abuse prevention training.



Summary of changes:

- Clarify the accountability relationship between the Registrar and Council.
- Define an additional process if a matter of concern cannot be resolved with the involvement of the President and the Registrar.

Section:

General

Policy #7.10

Title:

Council – Staff Relations

Date approved:

December 2009

Date revised:

February 2013, March 2014

Policy

The College, its Council and its staff, fosters a culture of clear, open, honest, and transparent communication focused on mandate, the collective vision, and organizational values. Communication channels acknowledge and respect the difference between governance and operations. All communications, whether verbal or written (including electronic) aim to positively further the work of the College, effectively and efficiently.

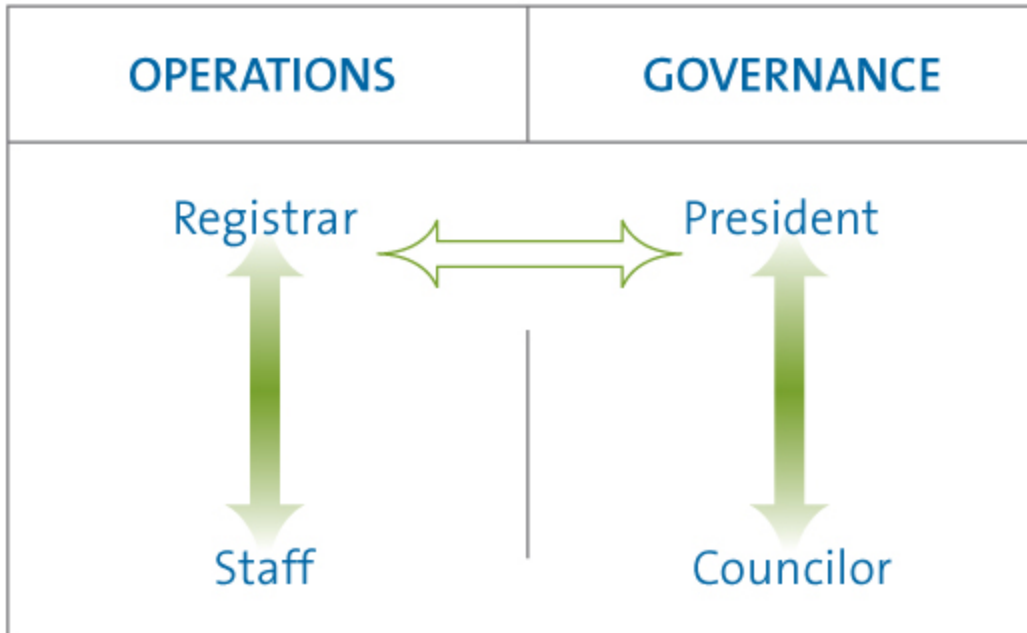
Procedure

1. The Registrar is accountable to Council.
2. Council matters related to the staff and Council relationship are managed at the level of the President and the Registrar.
3. Committee matters related to the relationship between staff and committee members are first managed at the level of the senior staff and the Committee Chair. Should any matter not be resolved, either the Registrar via the staff person or the President via the Committee Chair can be consulted to assist with the resolution of the issue.
4. Where any matter either at a Council or a committee level remains an ongoing concern, the President and the Registrar will convene a meeting of relevant parties to seek a satisfactory resolution. If the matter cannot be resolved, it should be brought to the Executive Committee for consideration. The Executive Committee will make a decision, which will be final, except for matters related to the Code of Conduct, which will be brought to Council for consideration.

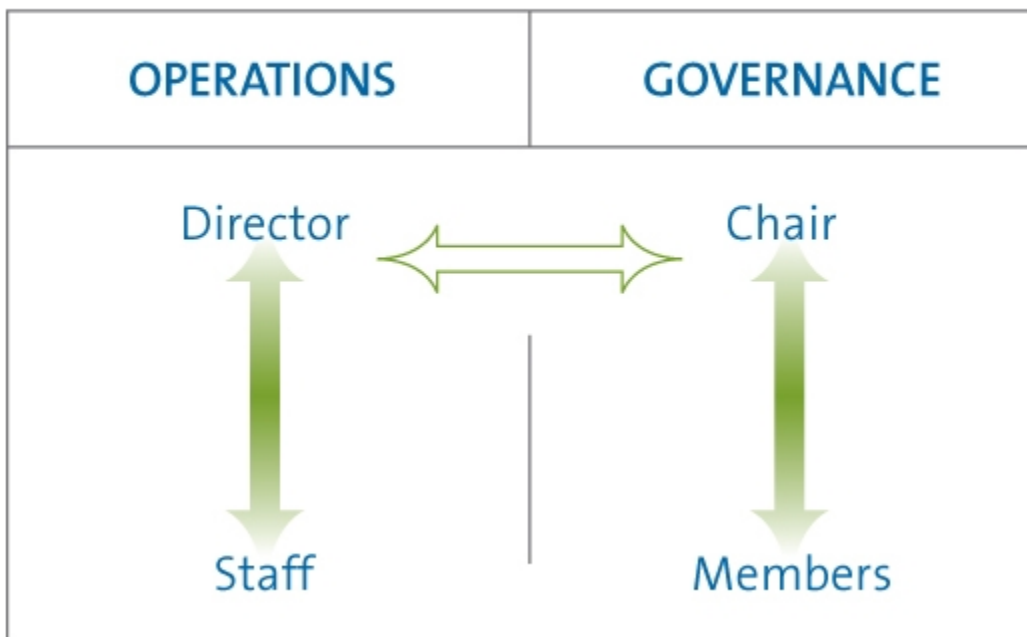


Communication Framework

Council



Committee





Summary of changes:

- Changes to the reporting mechanism and frequency for task forces and advisory groups.
- Changes to the process and requirement for establishing and approving terms of reference.
- Changes to how task force and advisory group members should be reimbursed.

Section:	General	Policy #7.11
Title:	Appointment of a Task Force and/or an Advisory Group	
Applicable to:	Council, Task Forces and Advisory Groups	
Date approved:	March 2010	
Date revised:		

By-law Reference

Policy

From time to time, to accomplish a specific initiative, Council may choose to establish a Task Force or an Advisory Group. Either entity is under the development and direction of Council and may be comprised of Councillors, registrants, and/or individuals with specific expertise external to the profession. All deliverables of a Task Force or an Advisory Group are provided to Council for final approval.

Procedure

1. A Task Force or an Advisory Group is appointed by Council for a specific purpose and duration.
2. Either entity, once appointed will report directly to Council, through the Executive Committee.
3. Council will approve the terms of reference of a Task Force or an Advisory Group. Such terms will include, at a minimum, its membership including a chair, objectives, and deliverables.
4. AtTask force or an advisory group will report on its progress toward set objectives at every meeting of Council.
5. Professional Members of a task force or an advisory gGroup will be reimbursed for honoraria and expenses by the College as per relevant College policies. Publicly appointed members of a task force or an advisory group must seek approval from the government to pay for their per diems and expenses. Pre-approval is coordinated by the Registrar and Governance Analyst.
6. Every task force or advisory group will be supported by staff as designated by the Registrar.
7. The process and outcomes of every task force and advisory group will be evaluated for effectiveness and impact.



Summary of changes:

- The Working Group recommended rescinding this policy and making a corresponding change to the Restricted Titles, Credentials and Specialty Designations Standard such that the College will no longer recognize specialty designations going forward.
- The Working Group recommended that registrants who currently have College-approved specialty designations be allowed to continue using them.
- The Working Group directed the Registrar to seek legal advice on this proposed change and bring the issue forward to Council for consideration.
- The requested legal advice is in process and is planned to be available for Council.

Section:	General	Policy #7.12
Title:	Specialty Designation	
Date approved:	March 2012	
Date revised:		

Policy

Section 1, paragraph 20, of Ontario Regulation 388/08, Professional Misconduct, indicates that it is professional misconduct for a registrant to use the title “specialist” unless the registrant holds a specialty designation approved by the College. In keeping with this requirement, the College will consider the approval of specialty certifications recognized by the Canadian Alliance of Physiotherapy Regulators (The Alliance), as designations that College registrants are entitled to use in conjunction with the title “specialist”.

Procedure

1. The College, as a member of The Alliance Board of Directors, will approve the policy and processes used to recognize specialty certification programs relevant to the practice of physiotherapy in Canada and in Ontario.
2. The Alliance will approve specialty certification programs relevant to the practice of physiotherapy in Canada. The decisions of the Alliance respecting the approval of specialty certification programs in Canada are not subject to appeal through the College.
3. A specialty certification program approved by The Alliance Board of Directors as meeting the level of rigor required to satisfy use of a title of “specialist” in Canada will be presented to the Council for consideration of its approval prior to recognition in Ontario. The College will maintain a list of all specialty certification programs and their designations approved by Council.
4. A registrant may apply to the College to use the title “specialist”. In their application the registrant must identify the specialty certification program from which their specialty was conferred. If the specialty designation is on the list approved by Council, the registrant will be entitled to use the title “specialist”.



5. Where a registrant applies to use the title “specialist” and their specialty certification program is not recognized (on the list), the registrant may provide the details of their program to The Alliance for national review and consideration. If the specialty certification program is then approved by The Alliance, procedures #3 and #4 above must occur before the registrant is entitled to use the title “specialist” in Ontario. If the specialty certification program is not approved, the registrant will not be permitted to use the title “specialist” in Ontario.
6. Any registrant entitled to use the title specialist will have the relevant information indicating the type of specialist certification(s) they holds listed on the College’s public register.
7. Any registrant entitled to use the title “specialist” in Ontario will use their registered title first (i.e. physiotherapist) and then acknowledge their specialty with a designation (i.e. Orthopaedic specialist or specialist, orthopaedics).



This is a new policy being proposed. There is currently no clear process defined for how to manage in camera minutes of Council. Council discussed this issue and provided some feedback in December 2019.

Section:	General	Policy #7.13
Title:	Council <i>In Camera</i> Minutes – Storage and Access	
Applicable to:	Council, Staff	
Date approved:		
Date revised:		

Legislative reference:

1. Health Professions Procedural Code: 7

Policy

From time to time, Council holds *in camera* discussions. These discussions typically involve proprietary matters, human resources matters, the receipt of legal advice or other such matters that are appropriately not to be in the public domain and permitted by subsection 7(2) of the Health Professions Procedural Code

Records of such meetings must be stored in a secure environment, and access to such records must be limited to Council. The conduit of access to such records are the President, Vice President, and Chair of the Finance Committee.

Access to these Minutes is restricted to the officials named above. Anyone other than those permitted who attempts to access these Minutes will be subjected to sanction up to and including termination of employment in the case of an employee and disqualification in the case of a Councillor or committee member. .

Procedure

1. During *in camera* meetings, the President shall appoint an individual to record the minutes.
2. Once the *in camera* minutes are approved, they shall be signed by the President and Vice President, then scanned and saved in a secure file on the College's computer network..
3. All *in camera* minutes will be made available to all Council members upon request. Access to them will be through the President, Vice President and Chair of Finance Committee.



4. The Registrar may request access to specific *in camera* minutes. Such requests shall be made to the President, and the President will seek approval from Council to release the *in camera* minutes.
5. The documents will be password protected and the password passed from the outgoing President to the incoming President.
6. The incoming President shall change the password upon taking office, and share the new password with the Vice President and the Chair of the Finance Committee.
7. Staff, Councillors and committee members are to be made aware that it is a serious breach of privacy to attempt to access *in camera* minutes. Such actions are cause for termination of employment in the case of staff, disqualification in the case of Councillors and committee members as well as any other action that Council decides.
8. The President and Executive Committee will investigate incidents of unauthorized access to *in camera* minutes and bring the matter to Council for a decision. If the unauthorized access involves staff, then the President will investigate the matter in consultation with the Registrar, and Council will consider the matter *in camera*.



Summary of changes:

- The policy should not mandate the use of a balanced scorecard specifically, it is only one example of performance measurement tools that the College can use.
- Changing the process used to evaluate the performance of Councillors, Committee members and Committee Chairs.

Section:	Evaluation	Policy #8.1
Title:	Measurement and Reporting	
Applicable to:	Council and Committee Members	
Date approved:	June 2002	
Date revised:	September 2007, December 2009, February 2013, March 2015	

Policy

The Council of the College is committed to an organizational culture that measures and reports on organizational performance and continually evaluates and improves the performance of its Council and committees.

To demonstrate its commitment to these goals, the College will:

1. Incorporate mechanisms into its operational activities to assure that data are regularly gathered to measure effectiveness. This data forms a basis on which the College reports annually to the Minister on meeting expectations within its mandated public interest role.
2. Annually conduct performance evaluations of its Council and committee members and use the output of this evaluation to improve its orientation, education and committee appointment processes.

Procedure

1. Measurement
 - a. The College will use performance measurement tools, such as a balanced scorecard approach, to collect and assess organizational performance data and report on this data using the current version of the College's dashboard.
2. Evaluation
 - a. Committee chairs will evaluate the performance of every member of the Committee based on the performance expectations for Committee members as defined in by-laws and governance policies and provide that information to the President.
 - b. The President will evaluate the performance of every member of Council based on the performance expectations for Council members as defined in the By-laws and Governance Policies.



- c. The President will evaluate Committee chairs based on the best information available to them.
- d. The President will collate the evaluation information for Council and Committee members and have a discussion with each of them.
- e. The President is responsible for managing any performance issues or concerns in accordance with the College's Code of Conduct.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 6.1

**Council Meeting
February 16, 2021**

Agenda # 6.1: By-Law & Governance Review-Operational Commitment Limits

It is moved by

and seconded by

that:

Council is asked to approve the proposed operational commitment limit framework be incorporated into the by-law amendments in principle.

Meeting Date:	February 16, 2021
Agenda Item #:	6.1
Issue:	By-law & Governance Review <ul style="list-style-type: none"> Operational Commitment Limits
Submitted by:	Rod Hamilton, Registrar Justin Rafton, Manager, Policy and Governance

Operational Commitment Limits

Issue:

The College's Council requested that the Executive Committee consider whether the College should institute operational commitment limits for spending to ensure that the Council is fully aware of, and agrees to, significant commitments made on behalf of the organization and if so what these limits should be.

At the November meeting, Council directed staff to conduct a jurisdictional scan on this issue to enable further discussion and a proposed approach. The scan and proposed approach are outlined below for consideration.

Background:

Staff was informed that the College Council at its meeting in October, asked the Executive to consider the need for the College to have operational commitment limits within the by-laws/governance policies.

These kinds of limits are intended to set an organization's threshold as to when the CEO/staff may proceed with budgeted contract/project/expenditure at an operational level and when additional approval from the organization's governing board is required.

While staff were not in attendance at the discussion at which the suggestion to pursue operational commitment levels was made by Council, this suggestion is apparently intended to consider the ability of signing officers to make commitments on behalf of the College and define an appropriate operational limit for these decisions.

Staff has conducted a jurisdictional scan (see Appendix 1) on this matter for further discussion. This information is based on determining typical parameters for operational commitment levels and typical ranges for such limits to provide a framework in which to discuss the issue.

Proposed Approach:

Based on the findings of the jurisdictional scan and the size and operating budget of the College, the following operational limits are proposed for discussion:

Signing officers may approve purchases or leasing of goods and acquisition of services in accordance with the following:

- i. the Registrar/Deputy Registrar may authorize expenses not exceeding \$50,000 if the expenditure has previously been approved as an item in the College budget;
- ii. the Registrar/Deputy Registrar and one Council signing officer (President or Vice President) may authorize expenses in excess of \$50,000 if the expenditure has previously been approved as an item in the College budget;
- iii. the Registrar/Deputy Registrar may authorize expenses not exceeding \$10,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar/Deputy Registrar believes that the expenditure is necessary for the operations of the College; and
- iv. the Executive Committee shall review any proposed expense exceeding \$10,000 if the item is not an expenditure in the College budget and make recommendations to Council for approval. If immediate action is required, the Executive Committee may approve the expenditure.

Decision Sought:

That Council approve the proposed operational commitment limit framework be incorporated into the by-law amendments in principle.

Attachments

- Appendix 1: Jurisdictional Scan Project – Operational Commitment Limits

Appendix 1: Jurisdictional Scan: Operational Commitment Limits

College of Audiologists and Speech Language Pathologists of Ontario

2.2.7. All cheques or payments issued on behalf of the College in excess of \$50,000.00, excluding salaries, or such other amount as may be determined by the Executive Committee on the recommendation of the Finance Committee from time to time, must be approved by the Executive Committee and signed by both the President and Registrar.

2.2.8. All cheques or payments issued on behalf of the College not in excess of \$50,000.00 or such other amount as may be determined by the Executive Committee on the recommendation of the Finance Committee from time to time shall be signed by any two of the Registrar, Deputy Registrar, Director of Finance and Operations or the Executive Assistant to the Registrar, with the exception of the person to whom the cheque is made payable.

2.2.9. The Registrar may not make any payment where amounts or orders have been split to avoid the limit on purchases, where due diligence has not been exercised with respect to potential or actual conflicts of interests, where the amount exceeds \$25,000.00 or such other amount as may be determined by the Executive Committee on recommendation of the Finance Committee from time to time without having obtained comparative prices or bids, or where the amount exceeds 10% of the operating budget of the College in a given year.

College of Chiropodists of Ontario

33.07 Unless otherwise authorized by Council or the Executive Committee, no contract or commitment for expenditure for goods and services, excluding employment contracts, of \$25,000 or more shall be entered into by the College unless and until at least three competitive bids have been obtained and the contract or commitment for expenditure is approved by Council.

College of Chiropractors of Ontario

4.10 Goods or services may be purchased or leased for the benefit of CCO if the purchase or lease is approved by: (a) the registrar or the deputy registrar, if the resulting obligation does not exceed \$25,000; (b) the registrar or the deputy registrar and one of the president, vice president, or treasurer if the resulting obligation is between \$25,000 and \$50,000; and (c) the registrar or the deputy registrar and two of the president, vice president, or treasurer if the resulting obligation exceeds \$50,000.

College of Dental Hygienists of Ontario

N/A

College of Dental Technologists of Ontario

4.08 – Expenses The President, Vice-President and the Registrar may approve purchases or leasing of goods and acquisition of services in accordance with the following: (i) The Registrar may authorize expenses not exceeding \$25,000 if the expenditure has previously been approved as an item in the College budget; (ii) The Registrar and one of the President, or Vice-President may authorize expenses in excess of \$25,000 if the expenditure has previously been approved as an item in the College budget; (iii) The Registrar may authorize expenses not exceeding \$5,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar believes that the expenditure is necessary for the operations of the College

Royal College of Dental Surgeons of Ontario

24.2.2.1 Budgeted matters Contracts, documents or any other instrument requiring the signature of the College, if included in a Council approved budget, shall be signed by a. one of the Registrar, Director, Finance and Operations, Assistant Registrar, or Controller, where the total value of the contract, excluding taxes, is not greater than \$50,000.00, b. two of the Registrar, Director, Finance and Operations, Assistant Registrar, and Controller, where the total value of the contract excluding taxes, is equal to or greater than \$50,000.00 but not more than \$100,000.00, and 177 c. two of the Registrar, Director, Finance and Operations and Assistant Registrar, where the total value of the contract, excluding taxes, is equal to or greater than \$100,000.00.

24.2.2.2 Unbudgeted matters Contracts, documents or any other instrument requiring the signature of the College, if not included in a Council approved budget, shall be signed by a. two of the Registrar, Director, Finance and Operations, Assistant Registrar, and Controller, where the total value of the contract, excluding taxes, is not greater than \$50,000.00, or b. the President or Vice President, together with one of the Registrar, Director, Finance and Operations or Assistant Registrar, where the total value of the contract, excluding taxes, is equal to or greater than \$50,000.00.

College of Denturists of Ontario

4.07 Expenses The President, Vice-President and the Registrar may approve purchases or leasing of goods and acquisition of services in accordance with the following, (i) the Registrar may authorize expenses not exceeding \$25,000 if the expenditure has previously been approved as an item in the College budget; (ii) the Registrar and one of the President, or Vice-President may authorize expenses in excess of \$25,000 if the expenditure has previously been approved as an item in the College budget; (iii) the Registrar may authorize expenses not exceeding \$10,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar believes that the expenditure is necessary for the operations of the College; and (iv) the Executive Committee shall review any proposed expense exceeding \$10,000 if the item is not an expenditure in the College budget and make recommendations to Council for approval. If immediate action is required, the Executive Committee may approve the expenditure.

College of Dietitians of Ontario

33.02 The Registrar may authorize all budgeted expenditures provided that the expenditure would not cause the total of the annual operating expense budget or the total of the annual capital budget to be exceeded.

33.03 The Registrar may also authorize expenditures that were not contemplated by the operating 18 expense or capital budgets or that exceed the amounts set out in those budgets for any item of expense, provided that the Registrar is satisfied that i) the contemplated expenditures would not compromise the Council's annual objectives; and ii) the operating expense and capital budgets for the fiscal year will not be exceeded.

College of Homeopaths of Ontario

4.08 – Expenses: The President, Vice-President and the Registrar may approve purchases or leasing of goods and acquisition of services in accordance with the following: (i) the Registrar may authorize expenses not exceeding \$25,000 if the expenditure has previously been approved as an item in the College budget; (ii) the Registrar and one of the President, or Vice-President may authorize expenses in excess of \$25,000 if the expenditure has previously been approved as an item in the College budget; (iii) the Registrar may authorize expenses not exceeding \$5,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar believes that the expenditure is necessary for the operations of the College; and (iv) the Executive Committee shall review any proposed expense exceeding \$5,000 if the item is not an expenditure in the College budget and make recommendations to Council for approval. If immediate action is required, the Executive Committee may approve the expenditure.

College of Kinesiologists of Ontario

4. 02(2) Expenditure Approval: The President, Vice-President and the Registrar may approve purchases or leasing of goods and acquisition of services in accordance with the College's financial policy on procurement. *Said policy not available on College website.

College of Massage Therapists of Ontario

N/A

College of Medical Laboratory Technologists of Ontario

N/A

College of Medical Radiation and Imaging Technologists of Ontario

N/A

College of Midwives of Ontario

N/A

College of Naturopaths of Ontario

4.08 Expenses: Approval of purchases or leasing of goods and acquisition of services shall occur in accordance with the following: (i) the Registrar or Deputy Registrar may authorize expenses not exceeding \$25,000 if the expenditure has previously been approved as an item in the College budget; (ii) one of the Registrar or Deputy Registrar and one of the President, or Vice President may authorize expenses in excess of \$25,000 if the expenditure has previously been approved as an item in the College budget; (iii) the Registrar or Deputy Registrar may authorize expenses not exceeding \$5,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar believes that the expenditure is necessary for the operations of the College; and (iv) the Executive Committee shall review any proposed expense exceeding \$5,000 if the item is not an expenditure in the College budget and shall make recommendations to Council for approval, and if immediate action is required, the Executive Committee may authorize the expenditure.

College of Nurses of Ontario

38. Expenditures: All expenditures will be approved in accordance with the Policy - Expenditures, as approved by the Finance Committee. ***Policy not available online.**

College of Occupational Therapists of Ontario

N/A

College of Opticians of Ontario

N/A

College of Optometrists of Ontario

3.08 Authorization of Expenses: (1) If a College expenditure has previously been approved as an item in the College's budget, or if it is not an item in the College budget but is below \$25 000, the expense requires only the Registrar's approval. (2) If a College expenditure is not an item in the College budget and is above \$25 000, the appropriate Council delegated Committee shall review the expenditure and make recommendations to Council as to whether...to approve the expenditure

Ontario College of Pharmacists

N/A

College of Physicians and Surgeons of Ontario

Expenses: 4. (1) Goods may be purchased or leased, and services may be obtained, for the benefit of the College if the purchase, lease or obtaining of services is authorized by, and except as provided in subsection 4(2)(b), any contract or agreement for or relating to such purchase, lease or services shall be signed by, (a) a signing officer (as defined in subsection 4(7)) if the expenditure is authorized by the College budget; (b) a signing officer if the resulting obligation does not exceed \$100,000 and the expenditure is not authorized by the College budget; (c) two of the registrar, a deputy registrar, chief transformation officer or corporate services officer if the resulting obligation exceeds \$100,000 but does not exceed \$250,000 and the expenditure is not authorized by the College budget; (d) after conferring with the chair of the finance and audit committee, one of the registrar, a deputy registrar, chief transformation officer or corporate services officer and one of the president or vice-president, if the resulting obligation exceeds \$250,000 and the expenditure is not authorized by the College budget; or (e) the executive committee or the council, by resolution.

College of Psychologists of Ontario

11.1 Goods, equipment, services and real property may be purchased or leased for the benefit of the College if the purchase or lease has been approved as a specific budget item during the setting of the budget or is consistent with the approved budget. 11.2 The Registrar is authorized to enter into contracts or agreements to purchase or lease goods or equipment as approved in 11.1. 11.3 The Registrar and President jointly are authorized to enter into contracts or agreements to purchase or lease real property as approved in 11.1.

College of Psychotherapists of Ontario

4.08 – Expenses: The President, Vice-President and the Registrar may approve purchases or leasing of goods and acquisition of services in accordance with the following: (i) the Registrar may authorize expenses not exceeding \$25,000 if the expenditure has previously been approved as an item in the College budget; (ii) the Registrar and one of the President, or Vice-President may authorize expenses in excess of \$25,000 if the expenditure has previously been approved as an item in the College budget; (iii) the Registrar may authorize expenses not exceeding \$5,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar believes that the expenditure is necessary for the operations of the College; and (iv) the Executive Committee shall review any proposed expense exceeding \$5,000 if the item is not an expenditure in the College budget and make recommendations to Council for approval. If immediate action is required, the Executive Committee may approve the expenditure.

College of Respiratory Therapists of Ontario

11.01: Goods and services, excluding employment contracts and expenses associated with matters referred to the Inquiries, Complaints and Reports, Discipline or Fitness to Practise Committees or to defend legal proceedings brought against the CRTO, may be purchased or leased for the benefit of the CRTO if the purchase or lease is approved by: a) the Registrar if the resulting obligation does not exceed \$10,000.00; b) the Registrar and one other signing officer if the resulting obligation does not exceed \$20,000.00; or c) Council if the resulting obligation exceeds \$20,000.00.

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

3.06 Signing Authority: Any two of the Registrar, the Deputy Registrar or the Director of Finance and a member of the Executive Committee may approve purchases or leasing of goods and acquisition of services in accordance with the following provisions: (i) All cheques or payments issued on behalf of the College in excess of \$25,000.00, excluding salaries, or such other amounts as may be determined by the Council from time to time, must be signed by one of the Registrar or Deputy Registrar and one of the President, Vice-President or such other person as Council may designate. (ii) All cheques or payments issued on behalf of the College not in excess of \$25,000.00, excluding salaries, or such other amount as may be determined by the Council shall be signed by any two of the following: Registrar, Deputy Registrar, Director of Finance, the President, Vice -President, or other such person as Council may designate, with the exception of the person to whom the cheque is made payable. At least one signature must be from the Registrar, Deputy Registrar or Director of Finance. (iii) The Registrar or Deputy Registrar may not make any payment where amounts or orders have been split to avoid the limit on purchases or where due diligence has not been exercised with respect to potential or actual conflicts of interest.

Agenda # 7

Registrar's Report

Agenda # 8

President's Report

Agenda # 9

Member's Motion/s