



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

**March 23, 2021**

**9:00am-4:00pm**

Virtual via Zoom

**9:00 AM**

**Welcome**

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

**2** **Council Meeting Minutes of February 16, 2021**  
**Motion** For Decision

**3** **President, Vice President and Executive Committee Election**  
Election of the President, Vice President and Executive Committee members at large.  
*Note: the election will use electronic voting*

**9:30-10:30 am** **4** **Education session: Unconscious Bias**  
Presentation by Rebecca Durcan

**11:00 am** **5** **Canadian Alliance of Physiotherapy Regulators (CAPR) Board Rep update**  
Gary Rehan

**6** **Registrar's Report**  
For Information

**7** **President's Report**  
For Information

**8** **College Performance Management Framework**  
**Motion** For Decision  
Presentation by Justin Rafton, Policy & Governance Manager  
In December 2020, the Ministry of Health, in conjunction and consultation with stakeholders, developed and released a College Performance Measurement Framework (CPMF) for all regulatory colleges to complete each annual year. Executive recommends that Council approve the College of Physiotherapists 2020 CPMF Report for submission to the Ministry and publication on the College website.



- 9**      **Annual Budget FY 2022**  
**Motion**      For Decision  
Presentation by Zoe Robinson CPA, CMA, Director, Corporate Services  
The Finance Committee, with support from the Executive Committee, are recommending that Council approve the proposed FY 2022 budget
- 10**      **Program Area Operations Report 2020**  
Presentation by Program Managers  
Council will be provided with an overview of the College's operational activities for the year 2020
- 11**      **2020/2021 Q3 Financial Report**  
Year-to-date spending, including notes about variance between budget and actual spending are provided for information.
- 12**      **Entry to Practice Scoping Review**  
**Motion**      For Discussion and Decision  
Council is being asked to consider the establishment of an Entry to practice Working group
- 13**      **Members' Motion/s**
- 14**      **Motion to go in camera pursuant to section 7 (2)(d) of the Health Professions Procedural Code**  
**Motion**      Human resources related matters: Registrar's performance review

**In-camera**

*Any meeting or portion of a meeting held in-camera is not open to the public. As per section 7(2) of the Health Professions Procedural Code (Schedule 2 of the Regulation Health Professions Act) provides for limited circumstances where the public may be excluded from a Council meeting. This includes issues of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel*

**Adjournment**

**Future Council Meeting dates**

- June 22-23, 2021
- October 5-6, 2021
- December 15-16, 2021



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 1.0**

**Council Meeting**  
**March 23, 2021**

**Agenda # 1: Approval of the agenda**

It is moved by

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and seconded by

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that:

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



COLLEGE OF  
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**Motion No.: 2.0**

**Council Meeting**  
**March 23, 2021**

**Agenda #2: Approval of the Council Meeting Minutes of February 16, 2021.**

It is moved by

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and seconded by

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that:

the Council meeting minutes of February 16, 2021 be approved.



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

**MINUTES**

**February 16, 2021**

Virtually via Zoom

**Zoom Attendees:**

Darryn Mandel, President  
Theresa Stevens, PT  
Janet Law, PT  
Sharee Mandel, PT  
Martin Bilodeau, PT  
Sharon Switzer-McIntyre, PT  
Hervé Cavanagh, PT  
Karen St. Jacques, PT  
Jennifer Clifford, PT  
Katie Schulz, PT

Jesse Finn, Public  
Tyrone Skanes, Public  
Nitin Madhvani, Public  
Tom McAfee, Public  
Myles MacLeod, Public

**Staff on Zoom:**

Rod Hamilton, Registrar  
Anita Ashton  
Justin Rafton  
Evguenia Ermakova  
Olivia Kisil  
Barbara Hou

**Recorder:** Barbara Hou

**Tuesday, February 16, 2021**

**9:00 am.**

The President welcomed all members and introduced new appointed public member M. MacLeod.

**1.0 Approval of the Agenda**

**Motion** The President proposed to move the Presidents Report as Item # 2.

It was moved by T. Skanes and seconded by J. Clifford that:

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

**CARRIED.**

**2.0 President's Report**

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

- Provided recap and feedback on Council evaluations;
- Council meeting scores identified low markers & weak elements in strategic planning, an activity that would be returning in September 2021;
- Highlighted information from the College Performance Measurement Framework (CPMF) reflected in the materials;
- Noted that third-party Council performance reviews may not be necessary at this time.



**3.0 Approval of the Council Meeting Minutes of December 18, 2020  
Motion and December 21, 2020**

It was moved by S. Mandel and seconded by S. Switzer McIntyre that:

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

**CARRIED.**

**4.0 Revision to the Committee Slate 2020-2021**

**Motion** The 2020-2021 committee slate required minor revisions due to the recent appointment of M. MacLeod and the departure of R. Bourret.

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

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

**CARRIED.**

**5.0 Priority Setting for the College 2021/2022**

**Amended Motion** At the upcoming March 2021 meeting, Council will consider and approve the budget for the Fiscal Year 2021/2022. In order to do this Council needs to define its priorities for the upcoming year in order to set necessary costs. The Executive brought forward a series of priorities for consideration. Council discussed and recommended an additional priority be included to prioritize a formal position on Diversity, Equity and Inclusion. The motion was amended to reflect this change.

It was moved by S. Switzer-McIntyre and seconded by J. Law that:

Council approve the following five 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 based on the College Performance Measurement Framework (CPMF);
3. Complete the By-law and Governance policy review;
4. Hold a Strategic Planning session to identify, prioritize and accomplish set goals for the next three to five years;



5. Prioritize the development and use of an Indigenous land acknowledgement and consider a formal position on equity and a commitment to create a roadmap to support diversity and culturally competent care.

**CARRIED.**

#### **6.0 Councillor Motion Land Acknowledgement**

**Amended Motion** At the November 27, 2020 Council meeting, councillor J. Law brought forward a member's motion. J. Law again introduced the motion and E. Ermakova, Policy Analyst provided background on the development and use of indigenous land acknowledgements.

After discussion, Council agreed that this initiative should be included in their priority planning for the upcoming fiscal year. In terms of next steps, Council recommended a consultant be engaged for this project prior to proper use of the land acknowledgement and the development of a position statement on Diversity, Exclusion, and Inclusion (DEI) that could be implemented into the broader College mandate. At the agreement of councillor J. Law, the member motion was amended to reflect this change.

It was moved by T. McAfee and seconded H. Cavanagh that:

Council approves the prioritization of the development and use of an Indigenous land acknowledgement statement 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.

**CARRIED**

#### **7.0 By-Law & Governance Review (Legal Review)**

**Motion** At the October 2020 meeting, Council approved in principle changes to the College by-laws and governance policies, pending legal review and consultation. J. Rafton, Manager of Policy and Governance provided Council with an update on the project following the legal review and governance recommendations legal counsel Julia Martin.

The Executive Committee recommended that 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.
- 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)

It was moved by S. Switzer-McIntyre and seconded by S. Mandel that:

Council approves the additional recommended changes to the by-laws and governance policies in principle.

Following the meeting, staff will engage legal counsel to make the appropriate revisions to the by-laws and governance policies. Following that process and at the direction of Council, the complete by-laws will be circulated and open for public consultation for 60 days before final approval.

**CARRIED.**





**7.1 By-law & Governance Review**  
**Motion (Operational Commitment Limits)**

At the October 2020 meeting, Council also directed the Executive Committee to consider the need for operational commitment limits. This would define the 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. The Executive Committee presented a proposed framework for Council's consideration and approval.

It was moved by J. Law and seconded by H. Cavanagh that:

Council approves the proposed operational commitment limit framework be incorporated into the by-law amendments in principle.

**CARRIED.**

**8.0 Registrar's Report**

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

- Canadian Alliance of Physiotherapy Regulators (CAPR) virtual exam to begin in March 2021;
- Environmental scan - College of Teachers of Ontario have a new board structure after legislative changes and will also undergo a name change to "Teachers Regulatory Authorities";
- Welcome new Public member appointment Myles MacLeod to Council;
- HPRO Working Group on access to care for Black, Indigenous and People of Color (BIPOC) community;
- Discussion on renewal process

**9.0 Members' Motion/s**  
None

**Adjournment**

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

The meeting was adjourned at 11:28 a.m.

**CARRIED.**

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Darryn Mandel, President

## **Agenda #3**

President, Vice-President and Executive Committee Election

Election will take place on the day of Council via electronic voting

\*Nominations and candidate statements submitted so far



**2021-2022 Nominees**

<b><u>Position</u></b>	<b><u>Nominee</u></b>	<b><u>Candidate Statement</u></b>
<b>President</b>	Theresa Stevens	✓
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<b>Vice President</b>	Jennifer Clifford	✓
	Janet Law	✓
<hr/>		
<b>Executive Committee Member</b>	Katie Schulz	✓
	Tyrone Skanes	✓
	Nitin Madhvani	✓
	Janet Law	✓

## **Theresa Stevens-Candidate Statement March 2021**

I am honoured to be nominated for the role President for this exceptional group of Councilors and welcome the opportunity to serve Council in this capacity if elected.

As a physiotherapist with almost 32 years of industry experience, I have worked as a clinician in both hospital and private settings and have over 20 years of leadership experience managing the clinical and operational aspects of rehabilitation facilities. Most recently, I worked with Lifemark for almost 12 years supporting up to 20 clinics in Southwestern Ontario until November 2019 when I assumed the role of Chief Operating Officer of another group of clinics in Southwestern Ontario, the CARE Institute. These roles have allowed me to work very closely with the Ontario public who access physiotherapy services. I also have the privilege of working directly with dozens of physiotherapists offering a wide variety of services, in rural and urban communities in Ontario. I am aware of the complexity, time constraints and demands of meeting the standards and expectations of not just CPO regulations, but employers, accrediting bodies, colleagues and most importantly, patients. I am on the front lines helping physiotherapists with the challenge of delivering effective and efficient care, while meeting all these obligations.

Navigating the pandemic challenges with the Executive Committee and staff, to provide essential guidance to Ontario physiotherapists, while at the same time trying to meet these same regulatory requirements as a physiotherapist responsible for operations in several clinics, has given me an even greater appreciation of the role of the College. The work we do here matters. I am humbled by the responsibility entrusted to us as a Council.

I have served the College of Physiotherapists as a professional committee member in various capacities since 2003. I have gained a broad appreciation for and knowledge of the scope of work done by the College through these committees. I am grateful to have had the privilege to develop leadership skills and regulatory acumen through my work on the Practice Enhancement, the Quality Management, the Inquiries, Complaints and Reports, the Discipline and Fitness to Practice Committees as well as the Executive Committee and QA work group.

I have also been an international surveyor for the Commission for Accreditation of Rehabilitation Facilities (CARF) for the past 13 years and have completed many international surveys with recent trips to survey programs in China and Norway. This experience has broadened my appreciation for the varying roles and expertise of physiotherapists globally and the importance of regulatory standards to assure competency.

I believe that my work as an operations manager, international accreditation surveyor and my experience with this College over the past 18 years, gives me a broad appreciation of the issues facing patients, physiotherapists, and regulators in Ontario. If elected as your President, I will bring a strong voice and balanced perspective to continue to promote effective functioning of the College.

## **2021/22 - VP Nomination statement – Jennifer Clifford**

I'm honored to be nominated for the College Council Vice President role as it would be a privilege to serve in this capacity.

I have been a proud Physiotherapist in good standing for the last 25 years with experience in collaborative direct patient care in multi-faceted environments, clinical instruction, professional practice and management. These positions have included private and hospital inpatient and outpatient physiotherapist positions, Interprofessional Educator, Manager - Professional Practice and Manager – Inpatient Medicine. I also have a M.Ed. in Post-Secondary Studies that has provided further breath to my professional career including positions as a Mississauga Academy of Medicine undergraduate medical program TA and a University of Toronto Physiotherapy Lab demonstrator and examiner. Through the years I have also been a PNE examiner and fully support the entry level process. I believe my vast experience in the private and public sectors in a variety of roles offers a diverse and valuable perspective to bring to the College. I am acutely aware of the importance of teamwork, standards of practice and having a strong continuum of care as patients move through the health care system. Physiotherapists are at the heart of interprofessional teams and provide quality care to patients at all points along the continuum.

I was elected to serve on the College Council in 2019/20 as a professional member and have had the opportunity to sit on the ICRC, Finance and Discipline committees. My membership has provided a vast degree of insight on the mandate of the college and the responsibilities of the council statutory and non-statutory committees.

As Vice President (VP), my foundational principles will be from a service and quality lens in an effort to support the council in protecting the public. I believe governance, standards and regulation strengthen the Physiotherapy profession and offer the public a safe option to support their health and wellbeing. Leading in both a visionary and collaborative nature will promote a positive climate to empower college members to work toward common goals. I will also make a considerable effort to hold college members accountable, solicit input and inspire the courage to debate perspectives. I am strongly committed to further understanding the mandate of the college and look forward to this learning opportunity through the VP role. I am also able to commit to supporting and facilitating a high degree of planning, coordinating and executing in support of the College's strategic goals.

I have strong active listening and facilitation skills and enjoy debating different perspectives, being challenged and working in a collaborative group environment. My professional career has progressed to include experience in governance restructuring, policy development, financial management and high-profile project work. Thank you for considering me as a candidate. It would be a privilege to serve as College Council VP.

Kind regards,  
Jennifer Clifford

## Why I am running for Executive Committee



In 2018, I had a major abdominal surgery. From investigation to surgery to hospitalization, my life depended on healthcare professionals.

I felt vulnerable and yet, I knew I can place my faith on them, because of the ***highly regarded self-regulation system in Ontario.***

This lived experience fueled my passion to run for a seat at the Executive Committee.

My journey began with a high school co-op term at Sick Kids. I was fascinated by the breadth and depth of this profession. After graduating from Queen's University, I gained clinical experience in acute care (Sunnybrook and UHN), complex continuing care (Bridgpoint Hospital), private clinic, long term care, Specialty Program (Sunnybrook Hospital), and Advanced Practice (Scarborough Hospital). I am also an Assistant Clinical Professor at the McMaster University teaching a post-graduate level course since 2009. Since 2015, my career focus is on quality improvement and program development.

In addition to my diverse experience as a physiotherapist, I am a veteran Council Member since 2015. Prior to that, I was a non-Council committee member in Quality Management Committee and Incident, Complaints and Reports Committee (ICRC). I am running for my final term at the College. If elected again, I pledge the following:

### **1. Inclusion and equity**

This February, I put forth a member's motion that the College commits to create a roadmap to support diversity and culturally competent care, and to approve the use of land acknowledgement at public meetings. I will continue to advocate for inclusion and equity.

### **2. Financial Sustainability**

Careful management of funds allowed us support an extension of registration deadline during COVID. As the chair of the Finance Committee, financial sustainability is my top priority.

### **3. Entry to Practice**

My background in quality management and program development will ensure a comprehensive review and consultation for improvement

I have the organization knowledge, experience, and passion for this role. I humbly ask for your support to represent you in the executive committee.

Sincerely, *Janet*

### **Katie Schulz, Candidate Statement 2021**

I am honoured to be nominated for the Executive Committee. I have been on Council since 2019 and have had the privilege of working on both the Registration Committee and Discipline Committee. I participated in the 2020 CNAR virtual conference and was able to share important key learnings with council, along with actionable items. I look forward to seeing these through over the coming months and years.

As a physiotherapist, I have worked in acute care since 2006 both at McMaster University Medical Centre and more recently in the Burn Unit at Hamilton General Hospital. I have been an Assistant Clinical Professor at McMaster University for the past 13 years and have taught in a variety of clinical lab and problem-based tutorial roles. During this time, I have fostered student's clinical, problem-solving, and ethical decision-making skills, assisting them in becoming well-rounded clinicians who are aware of the resources available, regulations, and the standards of practice. I have assisted in creating a renewed curriculum that incorporates College standards of practice, rostering, and encourages students to think critically about how to provide the highest level of patient-centred care. In these ways, our students mature into self-regulated patient-centred practitioners.

More recently I have joined the Physiotherapy Anti-Racism, Anti-Bias, Anti-Oppression Committee in the School of Rehabilitation Sciences at McMaster University. Our committee reviews the Physiotherapy curriculum and makes recommendations on how diversity, equity, and inclusion can and will be addressed. Our hope is that students learning within this framework will become more self-aware and sensitive to the unique experiences of their patients.

On a volunteer basis, I am a strong patient advocate and fundraiser for Cystic Fibrosis Canada, working towards increasing access to vital life-saving medications for those living with cystic fibrosis.

I believe that my unique skill set as a clinician, educator, volunteer, and council member will make me an asset to the Executive Committee. I am organized and efficient with my time, as evidenced by my ability to juggle responsibilities from a variety of different roles. Please consider voting for me to join the 2021-2022 Executive Committee. Thank you!



## **Tyrone Skanes Candidate Statement – Executive Committee**

Colleagues:

I am respectfully asking for your vote in the upcoming election to the Executive Committee for the College of Physiotherapists.

I am the longest serving member of Council as I accepted the request to have my statutory term extended twice by the provincial government, due to the risk that the College would have been un-constituted had I not done so.

I have served on every statutory committee at the College, have previously chaired the Inquiries, Complaints and Reports Committee and am the current chair of the Registration Committee. I have also served on several workgroups dealing with various issues.

I have previously been elected to the Executive Committee and am running in this election as there is going to be a significant turnover in members at the College in the near future. There will only be one experienced member on the Committee with an intimate knowledge of College business and I feel that a second experienced member with Committee experience is essential in maintaining the efficient running of the College.

I am a firm believer in the concept of self-regulation and I have been a strong voice who has argued strenuously against any suggestion that self regulation is not in the public interest. Quite the opposite! As far as our College is concerned I have always ensured that any changes we've made have always been done in the best interests of the public. I will continue that stance for the remainder of my term on Council.

I ask for your vote to continue the important work of the Executive Committee as a member of that committee.

Respectfully,

Tyrone Skanes

Public Member of Council.

## **Nitin Madhvani- Candidate Statement 2021**

I humbly accept the nomination for our Council's Executive Committee. Having served the College and our Council for just over a year, I have had the chance to become familiar with our mandate as a whole and my role as a public member in protecting the public interest. Of course, this past year has been anything but 'normal' and I am proud of the way the College, its Council and its staff have been able to adapt and thrive. My combination of governance and professional experience, along with my skill set and knowledge, would be well-leveraged as we embark on the next stage of evolution for our Council. Specifically, our role in regulating and monitoring the profession in an increasingly digital world will be critical to our upcoming strategic plan refresh. It would be an honour to serve my College Council colleagues on the Best,

Nitin Madhvani, Public Member of Council



## **Agenda # 4**

### **Council education: Unconscious Bias Presentation**

**Rebecca Durcan** is a partner at Steinecke Maciura LeBlanc. Rebecca was a Bencher of the Law Society of Ontario from 2018-2019. She attended Queen's University to study history and obtained her law degree from the University of Windsor in 2000. In 2006, Rebecca completed her Masters in Health Law from Osgoode Hall. In 2016 Rebecca obtained her Certificate in Risk Management from the University of Toronto. Rebecca acts as general counsel, prosecution counsel and independent legal counsel to several Ontario regulators.

Rebecca co-authored the Annotated Statutory Powers Procedure Act with her partner Julie Maciura. Rebecca regularly speaks about regulatory issues at the Canadian Network of Agencies for Regulation (CNAR), Council on Licensure, Enforcement and Regulation (CLEAR), Ontario Bar Association, Advocates Society, and Continuing Legal Education of British Columbia. Rebecca is the recipient of the 2019 Lexology Client Choice Award in Public Law.

## **Agenda # 5**

CAPR Board Rep update

Gary Rehan- no material



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# Council

## **Agenda # 6**

Registrar's Report

## **Agenda # 7**

President's Report



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**Motion No.: 8.0**

**Council Meeting**  
**March 23, 2021**

**Agenda #8: College Performance Management Framework (CPMF)- CPO Submission**

It is moved by

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and seconded by

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that:

Council approve the College of Physiotherapists 2020 CPMF Report for submission to the Ministry of Health and publication on the College website.

<b>Meeting Date:</b>	March 23, 2021
<b>Agenda Item #:</b>	8
<b>Issue:</b>	College Performance Measurement Framework – CPO Submission to Ministry of Health
<b>Submitted by:</b>	Justin Rafton, Policy & Governance Manager

## Issue:

The Ministry, in conjunction and consultation with stakeholders, developed and released a College Performance Measurement Framework (CPMF) for all regulatory colleges. Each College must complete the report annually, submit it to the Ministry and publish it on their respective websites. The final report must be submitted by March 31<sup>st</sup> each year. In consultation with the different program areas, staff have been preparing the College's submission for the past four months. The Executive Committee thoroughly reviewed and discussed the report, and directed staff to make some changes. Executive recommends that Council approve the College of Physiotherapists 2020 CPMF Report for submission to the Ministry of Health and publication on the College website.

## Background

In 2018, the Ministry convened a working group to develop a Performance Measurement Framework. The working group included representatives from health regulatory colleges as well as measurement experts from other organizations.

The purpose of the framework is to strengthen accountability and oversight, improve College performance and ensure public confidence in the profession is maintained. The CPMF will provide an annual report on how well Colleges have met a series of what the government considers best practices related to their key statutory functions, programs, and organizational management.

Given that the CPMF will be new for all Colleges and many may have not implemented all of the outlined standards, the initial reports will provide key stakeholders (the public, Ministry of Health, other regulators) with baseline information on the Colleges' current processes relating to best practices of regulatory excellence and performance improvement commitments. The intention is to both help refine benchmarks for regulatory excellence and stimulate discussions for performance improvement at Colleges for both Council and staff.

## CPMF - Outline

The CPMF is organized into seven domains:

1. Governance



2. Resources
3. System Partner
4. Information Management
5. Regulatory Policies
6. Suitability to Practice
7. Measurement, Reporting, and Improvement

The Framework intends to address the following questions:

1. How well does a College ensure that only qualified individuals who demonstrate that they are competent and safe are practising?
2. How well does a College ensure that its governance and operations are transparent, effective, and efficient in serving and protecting the public interest?
3. How well does a College ensure sustained competence and quality of care is delivered by all registrants?
4. How well does a College help ensure that those in need of care can access qualified health professionals when and where they need them?
5. How responsive is a College in addressing the changing practice environment of its registrants?

The Framework was released on December 1, 2020; a presentation on the final version was given to Council at their December 2020 meeting. The 2020 report must be completed, shared with the Ministry of Health, and posted on the CPO website no later than March 31, 2021.

Staff adhered to a comprehensive development and review process for the College's Year 1 submission, in preparation for both the March Executive and Council meetings. An overview of the CPO's submission is provided in the chart below and will be highlighted in a presentation by staff.

## CPO's Submission – Overview

<b>Domain 1: Governance</b>			
<i>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.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Professional members eligible to stand for Council election after meeting pre-defined competencies and attending orientation.	11	Partially Met	✓
Statutory committee members eligible for appointment after meeting pre-define competencies and attending orientation.	14	Partially Met	✓
Public members attend orientation prior to first meeting.	17	Partially Met	
Council has developed and implemented framework to regularly evaluate effectiveness of Council and meetings.	18	Partially Met	✓
Council review framework includes a third-party assessment.	20	Not Met	

Ongoing Council training based on outcomes of relevant evaluations and needs identified by Council members.	21	Partially Met	
<b>Standard 2: Council decisions are made in the public interest.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Council has a Code of Conduct and Conflict of Interest Policy.	23	Met	
College enforces cooling off periods.	24	Met	
College has a conflict-of-interest questionnaire completed by all members annually.	26	Partially Met	
Council meeting materials enable public to clearly identify public interest rationale.	27	Not Met	
<b>Standard 3: The College acts to foster public trust through transparency about decisions made and actions taken.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Council minutes are posted and include a status update on the implementation of decisions.	28	Partially Met	
Executive Committee meeting information is publicly posted.	28	Not Met	✓
College posts its strategic plan on website.	29	Met	
Notice of Council meeting and materials posted a week in advance.	30	Met	
Notice of Discipline hearings and materials posted a week in advance.	30	Met	
<b>Domain 2: Resources</b>			
<b>Standard 4: The College is a responsible steward of its (financial and human) resources.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Colleges strategic plan has been costed and resources allocated.	31	Met	
College has a financial reserve policy and possess the set levels.	32	Met	
Council ensures the organization has the workforce it needs.	33	Partially Met	
<b>Domain 3 System Partners (narratives for each of these standards are found in the report on pages 33-41)</b>			
<b>Standard 5: The College actively engages with other regulatory Colleges and system partners to align oversight of the profession and support execution of its mandate.</b>			
<b>Standard 6: The College maintains cooperative and collaborative relationships to ensure its responsive to changing public expectations.</b>			
<b>Standard 7: The College responds in a timely and effective manner to changing public expectations.</b>			
<b>Domain 4: Information Management</b>			
<b>Standard 8: Information collected by the College is protected from unauthorized disclosure.</b>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
College has and uses policies/processes to govern collection, use, disclosure, and protection of personal health/non-health information.	41	Met	
<b>Domain 5: Regulatory Policies</b>			

<i>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.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
College has processes in place to evaluate and review policies, standards of practice and practice guidelines.	43	Met	
Specific information/examples provided on when policies, standards and guidelines have been developed and updated	45	Met	
<b>Domain 6: Suitability to Practice</b>			
<i>Standard 10: The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Processes are in place to ensure only those that meet registration requirements receive certification to practice	48	Met	
College periodically reviews its criteria and processes for determining whether applicant meets registration requirements	50	Met	
Checks are carried out to ensure currency is continually met	51	Partially Met	
College addresses all recommendations from recent OFC Audit	55	Met	
<i>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.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Examples of how College assists registrants in implementing required changes to standard and guidelines	55	Met	
College has process and policies in place to effectively administer the assessment component of QA program	58	Met	
College tracks results of remediation activities and assesses whether registrant demonstrates required knowledge, skill, and judgement	60	Partially Met	✓
<i>Standard 12: The complaints process is accessible and supportive.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
Complaint process and support available to complainants are clearly communicated and out on the College website	62	Met	
College responds to 90% of inquiries within 5 business days.	63	Met	
College ensures that all parties are regularly updated through complaint and discipline process	64	Partially Met	
<i>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.</i>			

<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
College has documented guidance setting out framework for assessing risk and acting on complaints	65	Met	
<i>Standard 14: The College complaints process is coordinated and integrated.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
College has policy outlining consistent criteria for disclosure	66	Partially Met	
<b>Domain 7: Measurement, Reporting and Improvement</b>			
<i>Standard 15: The College monitors, reports on and improves its performance.</i>			
<i>Measure/Evidence</i>	<i>Report Page</i>	<i>Requirement (Met, Partially Met or Not Met)</i>	<i>Improvement Plans</i>
College has KPIs with clear rationale for importance.	67	Not Met	✓
Council uses performance and risk information to regularly assess College's progress against strategic objective and regulatory outcomes.	68	Not Met	
Performance and risk review findings translate into improvement activities.	69	Partially Met	
Performance results are made public on College website.	70	Partially Met	

## Next Steps

### a. Council Approval & Submission

Once approved by Council, staff will facilitate submitting the report to the Ministry of Health, posting it on our College website, and referencing the report in upcoming communications.

### b. Review and Improvement Opportunities

As noted by the Assistant Deputy Minister, the Ministry of Health will not be assessing the degree to which each College has implemented the CPMF Standards for public reporting for the first year. Ministry representatives will meet with the College mid-year (June/July 2021) to discuss the baseline report, provide performance feedback and identify and potential opportunities for improvement and further collaboration. The Ministry will also be posting a summary report to capture the results of the CPMF at a system level.

In terms of next steps, as was discussed in conjunction with the Priority Setting for the upcoming fiscal year, this will start a larger conversation. Council will need to dedicate further time and effort to debrief and prioritize elements of the CPMF. This project would be 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's performance against the indicators. Issues 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

**Decision Sought:**

Council to approve the College of Physiotherapists 2020 CPMF Report for submission to the Ministry of Health and publication on the College website.

**Attachments**

- Appendix 1: College Performance Measurement Framework – CPO Submission to Ministry of Health

# College Performance Measurement Framework (CPMF) Reporting Tool

2020 Reporting Year

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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:

strengthen accountability and oversight of Ontario’s health regulatory Colleges; and

help Colleges improve their performance.

Components of the CPMF:

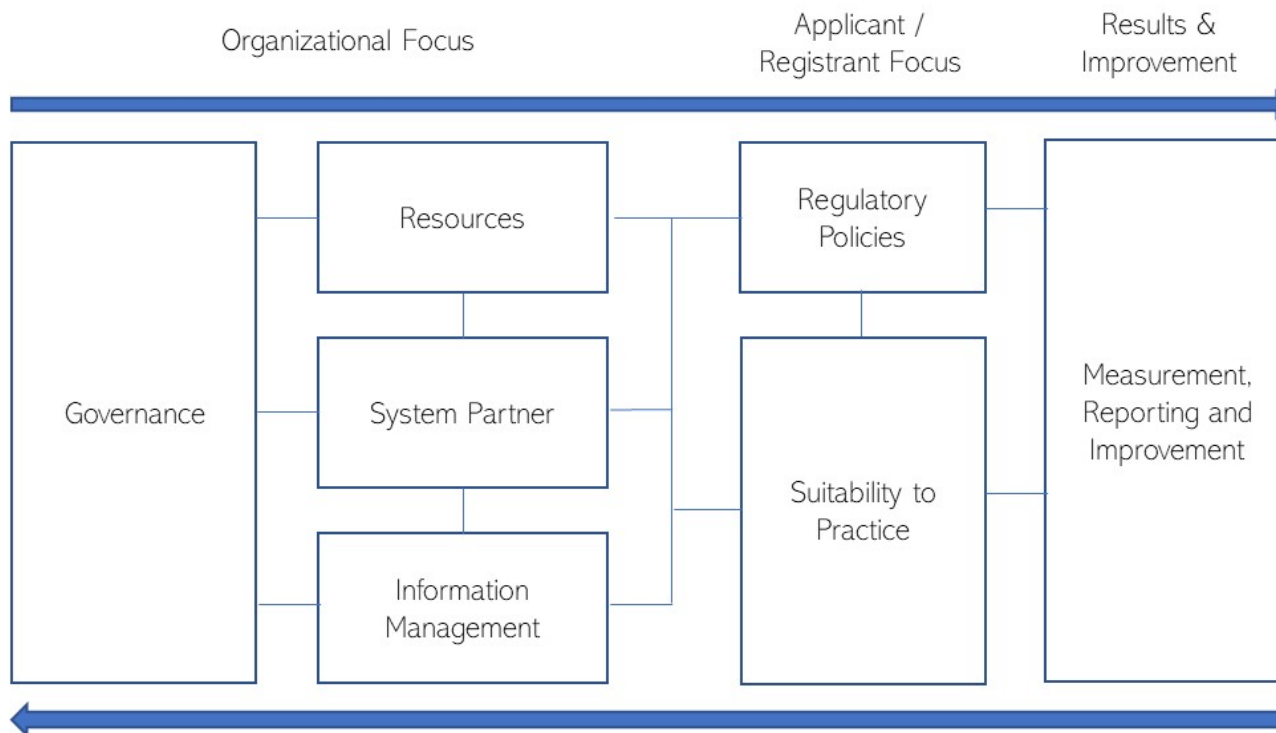
1	<b>Measurement domains</b>	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	<b>Standards</b>	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	<b>Measures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



a) 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
<b>1 Governance</b>	<ul style="list-style-type: none"> <li>The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance.</li> <li>Integrity in Council decision making.</li> <li>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.</li> </ul>
<b>2 Resources</b>	<ul style="list-style-type: none"> <li>The College’s ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.</li> </ul>
<b>3 System Partner</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>4 Information Management</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>5 Regulatory Policies</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>6 Suitability to Practice</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>7 Measurement, Reporting and Improvement</b>	<ul style="list-style-type: none"> <li>The College continuously assesses risks, and measures, evaluates, and improves its performance.</li> <li>The College is transparent about its performance and improvement activities.</li> </ul>

b) 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"> <li>i. Meeting pre-defined competency / suitability criteria, and</li> <li>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
		b. Statutory Committee candidates have: <ul style="list-style-type: none"> <li>i. met pre-defined competency / suitability criteria, and</li> <li>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.</li> </ul>
		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"> <li>i. Council meetings</li> <li>ii. Council</li> </ul>	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 to only 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.<sup>1</sup>

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<sup>1</sup> 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,

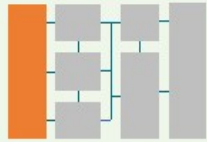
- where a College fulfills the “required evidence” it will have to:
  - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is 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.

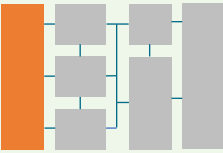
Example:

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"> <li>i. Meeting pre-defined competency / suitability criteria, and</li> <li>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</li> </ul>	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• 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></li> <li>• Duration of orientation training:</li> <li>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li> <li>• Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</li> </ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional):</i>

**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 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”.

For review purposes, the College responses are highlighted in yellow.

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"> <li>i. meeting pre-defined competency / suitability criteria, and</li> <li>ii. attending an orientation training about the College’s mandate and expectations</li> </ul>	<b>The College fulfills this requirement:</b> Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/> The College has some suitability criteria in place for Council members, and an orientation process to familiarize new Council members to the role after they have been elected or appointed. The College does not have competency criteria outlining essential qualifications beyond the minimum requirements.
		<i>The competency/suitability criteria are public:</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



	<p>pertaining to the member’s role and responsibilities.</p>	<p><i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <p>Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. They are as follows:</p> <ul style="list-style-type: none"> <li>• The roles and responsibilities of a Council member are laid out in the <a href="#">College’s Governance Manual</a> under Policy #1.2: Role of a Council Member. Further accountabilities are outlined in the College’s <a href="#">Code of Conduct</a>.</li> <li>• The College’s <a href="#">Council Elections</a> webpage highlights a variety of skills prospective Council members must possess.</li> <li>• Additional election suitability criteria can be found in the <a href="#">By-laws</a> (Part 3: Election or Appointment of Councillors) and as part of the candidate recruitment process on the <a href="#">College website</a>.</li> <li>• The College does not currently have a core competency framework in place prior to being eligible to run for Council election.</li> </ul> <p>Orientation Training is post-election rather than before being eligible to stand for election.</p> <p><i>Duration of orientation training:</i></p> <p>Orientation of newly elected Council members takes place throughout the year. As a first step, new Council members meet with the President and Registrar to discuss the College’s role, self-regulation, the Council’s role and the fundamentals of good governance. This includes topics, such as conflict of interest, bias, public interest and ex parte conversations. This session is supported by a new Councillor Orientation E-learning Module.</p> <p>Council members also participate in in-person and online training sessions focused on specialized topics and emerging trends. These topics vary depending on the risks and needs identified at that time.</p> <p>To ensure completion of the online Modules, members are required to complete a test to demonstrate knowledge and competency. Completion is tracked by staff. The E-learning Modules available to Council and Committee members are listed below.</p>
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		<p>This year, in-person training was paused due to COVID and the priority shifted to holding all training sessions virtually.</p> <p><i>Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</i></p> <p>The Orientation Program is set out in the <a href="#">College’s Governance Manual</a> under Policy #8.1: Orientation Program. In-person training was paused during COVID and the priority shifted to virtual sessions.</p> <p><i>Insert a link to website if training topics are public OR list orientation training topics:</i></p> <p>Online orientation training Modules include:</p> <ul style="list-style-type: none"> <li>• <a href="#">New Council Member Training</a></li> <li>• <a href="#">Sexual Abuse Awareness Training</a></li> <li>• <a href="#">Decision Writing Training</a></li> <li>• <a href="#">Inquires Complaints and Reports Committee Training</a></li> <li>• <a href="#">Quality Assurance Committee Training</a></li> <li>• <a href="#">Registration Committee Training</a></li> <li>• <a href="#">Patient Relations Committee Training</a></li> <li>• <a href="#">Discipline Committee Chair Training</a></li> <li>• <a href="#">Discipline Committee Training</a></li> <li>• Finance Committee Training is set to be completed in March 2021</li> </ul> <p>In addition, all members appointed to the Discipline Committee must complete a <a href="#">Discipline Orientation Workshop</a> provided through the Health Profession Regulators of Ontario (HPRO).</p>
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?      Yes ✓ No <input type="checkbox"/></i></p> <hr/> <p><i>Additional comments for clarification (optional):</i></p> <p>Initial discussions and improvement initiatives under this standard have begun for the upcoming reporting year. The College is exploring the implementation of a mandatory orientation module as an eligibility criterion, that would lay out the mandate of the organisation and expectations on the role. Completion would be required prior to Council election or committee appointment.</p> <p>Council has also participated in preliminary discussions on a competency model developed by the Advisory Group for Regulatory Excellence (AGRE), a working group that includes the College and five other regulated health professions. AGRE discusses emerging trends and seeks to develop best practices. The group released a 2017 report highlighting a framework on competency-based appointments.</p>
	<p>B. Statutory Committee candidates have:</p> <ul style="list-style-type: none"> <li>i. met pre-defined competency / suitability criteria, and</li> <li>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</li> </ul>	<p><b>The College fulfills this requirement:</b>    Yes <input type="checkbox"/>    Partially ✓    No <input type="checkbox"/></p> <p>Similar to Council, the College has some suitability requirements in place for Statutory Committee candidates (Non-Council Committee appointees), as well as an orientation process to familiarize new Committee members with their roles.</p> <p>The competency criteria do not outline essential qualifications beyond the minimum suitability requirements. Suitability criteria are generic and relate to behaviour, relationships and conduct rather than competence. Essential competencies for Council positions are not defined prior to recruitment.</p> <p>Similar to a staff recruitment, the recruitment of Non-Council members details any specified competencies within the notice. In this way, the competencies are more developed than for Council members (as outlined above). Staff screen the</p>

		<p>applications and develop recommendations on committee composition. The recommendations may be considered by the Executive Committee, who bring forward a final recommendation to Council.</p> <p><i>The competency / suitability criteria are public:    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></i></p> <p><i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <p>The roles and responsibilities of Committee Chairs and members are laid out in the College’s <a href="#">Governance Manual</a> under Policies #1.3: Role of a Committee Chairperson and #1.4: Responsibility of a Committee Member/Member of a Task Force and Advisory Groups, respectively.</p> <p>Additionally, the roles of a Non-Council Committee member are outlined in the Manual under Policy #1.4: Responsibility of a Non-Council Committee Member. Other accountabilities are outlined in the College’s <a href="#">Code of Conduct</a>.</p> <p>Most Committee appointments are made up of Council members. Information about Non-Council Committee members eligibility for appointment is available in the College <a href="#">By-laws</a> (7.1: Appointment of Non-Council Committee Members). The College has some suitability requirements outlined in the By-laws; for example, not having any decision-making influence at a physiotherapy body or any other position with a conflict potential and not having been disqualified from Council or Committees in the past three years. However, there is currently a limited definition of competencies beyond these requirements.</p> <p>The College typically recruits Non-Council Committee members using recruitment advertisements on the website. They are similar to job advertisements and include some competency provisions such as: understanding what is meant by public interest, the ability to make decisions in a collaborative forum, and possessing excellent listening, communication and analytical skills.</p>
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		<p><i>Duration of each Statutory Committee orientation training:</i></p> <p>Orientation for newly appointed Committee members occurs as required and may involve a full-day session, as well as ongoing training throughout the year. Committee members participate in both in-person and online training sessions focusing on topics related to the Committee and emerging trends.</p> <p><i>Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</i></p> <p>The Orientation program is set out in the <a href="#">College’s Governance Manual</a> under Policy #8.1: Orientation Program. Orientation is provided in-person at the first Committee meeting of each year and is led by the Chair and support staff. As well, members are required to complete the appropriate e-learning modules. Due to COVID, all in-person training has been paused this year and replaced by virtual sessions. Members are required to complete a test at the end of each module to confirm they have completed it and to test their understanding.</p> <p>The Quality Assurance Committee, Registration Committee and Discipline Committee orientations include presentations by legal counsel on issues such as privacy, bias and decision making.</p> <p><i>Insert link to website if training topics are public OR list orientation training topics for Statutory Committee:</i></p> <p>See complete list of online training modules and respective topics outlined above.</p> <hr/> <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 checked="" type="checkbox"/></i></p>
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		<p><i>Additional comments for clarification (optional):</i></p> <p>The appointment procedure is outlined in Policy #8.4: Selection of Individuals to Committees, Task Forces, and Advisory Groups in the <a href="#">Governance Manual</a>. Council has not identified this as an improvement priority during the next reporting cycle.</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><b>The College fulfills this requirement:</b>    Yes <input type="checkbox"/>    Partially <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <p>The College generally holds orientation training for public appointments to Council. On occasion, there are exceptions when the appointment is made is too close to an upcoming Council meeting. In that case, orientation takes place after the new public appointee attends their first meeting.</p> <p><i>Duration of orientation training:</i></p> <p>Public members typically participate in both in-person and online training sessions focused on identified topics and emerging trends. This training is the same as that provided to elected Council members and supplemented by additional profession-specific content.</p> <p><i>Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</i></p> <p>The Orientation program is set out in the <a href="#">College’s Governance Manual</a> under Policy #8.1: Orientation Program. Orientation is provided in-person at the first Council meeting of each year led by the Registrar and President. Council members are also required to complete a series of e-learning modules on a variety of topics. In practice these sessions occur in advance of the first Council meeting. It is possible that new Council members will participate in Committee meetings prior to their first Council meeting.</p>

		<p>Due to COVID, all in-person training has been paused this year and replaced by virtual sessions. Members are required to complete a test at the end of each module to confirm they have completed it and to test their understanding.</p> <p><i>Insert link to website if training topics are public OR list orientation training topics:</i></p> <p>See complete list of online training modules and respective topics outlined above.</p> <hr/> <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 checked="" type="checkbox"/></i></p> <hr/> <p><i>Additional comments for clarification (optional):</i></p> <p>Appointments are made by the Public Appointment Secretariat and do not fall within the College’s jurisdiction. We understand that there is a new onboarding program being created to support public appointees however we have not seen the content to date.</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"> <li>i. Council meetings;</li> <li>ii. Council</li> </ul>	<p><b>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input checked="" type="checkbox"/>    No <input type="checkbox"/></b></p> <p>The College has an assessment framework to evaluate Council and Council meeting effectiveness. Assessment results are not made public however the President will speak to the Council meeting surveys in the President’s Report which is delivered verbally at a Council meeting.</p> <hr/> <p><i>Year when Framework was developed OR last updated:</i></p> <p>The measurement and reporting framework was developed in June 2002 and updated in March 2015.</p>

		<p>Insert a link to Framework <i>OR</i> link to Council meeting materials where (updated) Framework is found and was approved:</p> <p>The organizational measurement and reporting framework is laid out in the <a href="#">College’s Governance Manual</a> under Policy #9.1: Measurement and Reporting.</p> <p><i>Evaluation and assessment results are discussed at public Council meeting:</i></p> <p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/></p> <p><i>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</i> Not applicable.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p><b>Meeting Evaluation</b></p> <p>Following each Council meeting, a meeting evaluation survey is sent to all Council members and the results are shared with the President and Registrar. This process is informal and generally deals with the different aspects of the meeting. The results are reported to Council in an aggregate form as part of the President’s Report and/or provided to all councillors ahead of the next meeting.</p> <p>For Committee meetings, the Chair conducts a debrief at the meeting. This practice does not take place for Council. Establishing a consistent evaluation framework has been identified as an area for improvement in the upcoming reporting year.</p> <p><b>Member Evaluation</b></p> <p>Individual Council member evaluations are conducted annually between April and June. Both professional and public Council members are asked to provide feedback about two or three other members. The feedback is compiled and shared with each</p>



		<p>of the Council members through the President. In addition, Council members complete an annual self-evaluation exercise.</p> <p>The results of these evaluations are not shared with the public.</p> <p>The President conducts annual performance reviews for each Council member. The reviews are not shared with anyone, including the President-Elect, and they are not filed at the College. Reported performance issues are not shared with the Registrar. Staff input is not considered in this review process.</p> <p>The College conducts an operations evaluation of Council annually. This feedback is shared with Council at the President’s discretion.</p> <p>Informally, Committee Chairs monitor Committee member performance. If any concerns are brought forward regarding a Committee member, Committee Chairs may share copies of emails, attendance records, or other resources with the President. There is no centralized file for each Council / Committee member where this information can be stored.</p>
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p><b>The College fulfills this requirement:</b>    Yes <input type="checkbox"/>    Partially <input type="checkbox"/>    No <input checked="" type="checkbox"/></p> <hr/> <p><i>A third party has been engaged by the College for evaluation of Council effectiveness:</i>    Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/></p> <p><i>If yes, how often over the last five years?</i></p> <p>Nil</p> <p><i>Year of last third-party evaluation:</i></p> <p>None</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 checked="" type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i>                  No discussions have taken place to incorporate a third-party assessment as part of the College’s measurement and reporting framework.</p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <ul style="list-style-type: none"> <li>i. the outcome of relevant evaluation(s), and/or</li> <li>ii. the needs identified by Council members.</li> </ul>	<p><b>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></b></p> <p>Council considers relevant needs when it comes to identifying opportunities for Council training. Not all topics for training come directly from Council members or from evaluation feedback.</p> <p><i>Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training:</i>                  To date the College has not published this information.</p> <p><i>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>.</i></p> <p>Policy #8.10: Council Education of the College’s <a href="#">Governance Manual</a> outlines the procedures through which Council members receive relevant training and education on an ongoing basis. Training topics are identified based on a risk and needs analysis identified by both Council and staff. Training is repeated based on the turnover rate of new members and is meant to address issues faced by Council.</p> <p>For example, over the last year, when an issue related to the College’s involvement with a specific stakeholder occurred, conflict of interest training was provided by legal counsel. This training focused on the roles and responsibilities of Council</p>

		<p>members related to bias and conflict of interest. It took place on <a href="#">October 22, 2020 at the Council meeting</a>.</p> <p>Sexual abuse awareness training is required for all Council and Non-Council Committee members annually. Before completing the session, members must complete an <a href="#">e-learning module</a>.</p> <p>Policy #8.1: Orientation Program of the <a href="#">College’s Governance Manual</a> highlights this annual requirement. This requirement is also outlined in Part 5.3(1) of the <a href="#">College By-laws</a>. Additional requirements for annual training include reviewing the College’s mandate, governance framework, and organizational culture. Sexual abuse awareness training was most recently completed during the <a href="#">October 22, 2020 Council meeting</a>. The session was live streamed on YouTube. There were about 200 viewers, many of which were staff from other regulatory Colleges.</p> <p>Finally, Council members are also provided the opportunity to attend relevant regulatory and stakeholder conferences. An internal process is in place whereby the Executive Committee reviews conference applications from members.</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 checked="" type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p> <p>To date, no discussions about changes to the College’s current processes have occurred.</p>
<p><b>Standard 2</b>  <b>Council decisions are made in the public interest.</b></p>		
<p><b>Measure</b></p>	<p><b>Required evidence</b></p>	<p><b>College response</b></p>

<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><b>The College fulfills this requirement:</b>    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></p>
	<p><i>Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated:</i></p> <p>The Code of Conduct and Conflict of Interest Policy were evaluated in 2020, and changes will be implemented following a legal review and consultation period in early 2021.</p> <p><i>Insert a link to Council Code of Conduct and ‘Conflict of Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved:</i></p> <p>The Code of Conduct and Conflict of Interest policy are found in the <a href="#">College’s By-laws</a> (Part 5: Conduct of Councillors and Committee Members). The Executive Committee undertook a governance review in 2020 to evaluate and propose updates to the By-laws. The review was presented at the <a href="#">November 27, 2020 Council meeting</a> and the new governance framework was approved in principle subject to a legal review. The updates were informed by feedback from members of the Executive Committee. As well, the College provided a <a href="#">training session on conflict of interest</a> for Council members in 2020.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>        Yes <input type="checkbox"/>    No <input type="checkbox"/></p>	
	<p><i>Additional comments for clarification (optional)</i></p>	
		<p>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></p>

	<p>b. The College enforces cooling off periods<sup>2</sup>.</p>	<p><i>Cooling off period is enforced through:</i></p> <p><b>Conflict of interest policy</b> <input type="checkbox"/> <b>By-law</b> ✓</p> <p><b>Competency/Suitability criteria</b> <input type="checkbox"/></p> <p><b>Other</b> ✓ &lt;<b>Governance Manual</b>&gt;</p> <p><i>The year that the cooling off period policy was developed OR last evaluated/updated:</i></p> <p>Eligibility criteria, including cooling off periods, for elected Council members are laid out under section 3.1 (8) of the <a href="#">College By-laws</a>. The By-laws were last updated in 2019 and are currently undergoing a governance review. Term limits for Council and Committee members are laid out in By-laws and Governance policies.</p> <p><i>How does the College define the cooling off period?</i></p> <ul style="list-style-type: none"> <li>- <i>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</i></li> <li>- <i>Insert a link to Council meeting where the cooling off period has been discussed and decided upon; OR where not publicly available, please describe briefly cooling off policy:</i></li> </ul> <p><b>Cooling Off Period</b></p> <p>The <u>cooling off period</u> is outlined in the College By-laws. To be eligible to run for Council election, the registrant must not have been in the previous 12 months:</p>
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<sup>2</sup> 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.

		<ul style="list-style-type: none"> <li>• 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;</li> <li>• a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College; or</li> <li>• an employee of the College (<a href="#">College By-laws s. 3.1(8)</a>)</li> </ul> <p>The cooling off period applies to elected professional members and appointed academic professional members.</p> <p><b>Term Limits</b></p> <p>A term on Council is set as three years, per section 3.1 (6) of the <a href="#">College By-laws</a>. Under the Health Professions Procedural Code (HPPC), a member may serve a maximum of nine years consecutively. After such time, the member is not eligible for re-election for at least one year. This is enforced through an internal process of tracking how long each member has served on Council. If they have reached their term limit, they cannot run in the next election.</p> <p>The Public Appointments Secretariat has on one occasion appointed a public member to the College’s Council beyond the nine-year consecutive term.</p> <p>Term limits for any Committee roles are outlined in the College’s Governance Manual. For example, officer roles are delineated in Policy #8.1.1: Succession Planning in the <a href="#">College’s Governance Manual</a>. These policies were last updated in 2014 and are currently undergoing a governance review by Council, with changes to be implemented in 2021.</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>
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	<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"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>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</li> <li>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>.</li> </ul>	<p><i>Additional comments for clarification (optional)</i></p> <p><b>The College fulfills this requirement:</b> Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College does not have a Conflict of Interest questionnaire.</p> <p>The College does mandate that each meeting is predicated by an opportunity for all attendees to declare any anticipated conflicts.</p> <hr/> <p><i>The year when conflict of interest the questionnaire was implemented OR last evaluated/updated:</i></p> <p>While the College does not have a Conflict of Interest questionnaire, Council members do sign a Councillor’s <a href="#">Declaration of Office</a> at the beginning of their Council term, which references the Code of Conduct and conflict of interest provisions.</p> <p><i>Member(s) update their questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input checked="" type="checkbox"/></i></p> <p>Council members are asked to declare a conflict of interest with any item on the agenda at the beginning of each Council meeting. The conflict of interest policies are outlined in Part 5: Conduct of Council and Committee Members in the <a href="#">College By-laws</a>. The process is described in 5.1 (6). When presented with a conflict, the Council or Committee member shall declare the conflict at the time of identification, not participate in discussion, consideration, or voting on the matter, withdraw from the meeting when the matter is being discussed, and not attempt to influence other voters.</p> <p><i>Insert a link to most recent Council meeting materials that includes the questionnaire:</i></p>
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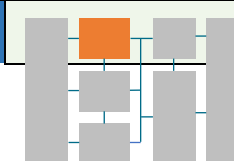
		<p>Not applicable</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <input checked="" type="checkbox"/></p>
		<p><i>Additional comments for clarification (optional)</i>                  No further discussions about changes to the College’s current conflict of interest processes have taken place.</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><b>The College fulfills this requirement:</b>    <b>Yes</b> <input type="checkbox"/>    <b>Partially</b> <input type="checkbox"/>    <b>No</b> <input checked="" type="checkbox"/></p>
		<p><i>Describe how the College makes public interest rationale for Council decisions accessible for the public:</i>                  None  <i>Insert a link to meeting materials that include an example of how the College references a public interest rationale:</i>                  None</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <input checked="" type="checkbox"/></p>
		<p><i>Additional comments for clarification (if needed)</i>                  No discussions about this process have taken place.</p>



<b>Standard 3</b> <b>The College acts to foster public trust through transparency about decisions made and actions taken.</b>		
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).	<p><b>The College fulfills this requirement:</b>    Yes <input type="checkbox"/>    Partially <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <p>The College posts meeting minutes and materials on the website. However, the College does not provide status updates on how Council decisions are implemented.</p> <hr/> <p><i>Insert link to webpage where Council minutes are posted:</i></p> <p>Council minutes are available on the <a href="#">College’s website</a> and updated after each meeting when approved.</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>        Yes <input type="checkbox"/>        No <input checked="" type="checkbox"/></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p> <p>No discussions have taken place with respect to formalizing status updates on College decisions.</p>
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College	<p><b>The College fulfills this requirement:</b>    Yes <input type="checkbox"/>    Partially <input type="checkbox"/>    No <input checked="" type="checkbox"/></p> <p>Information about Executive Committee meetings is only available in some instances.</p>

	<p>can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>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</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	<p><i>Insert a link to webpage where Executive Committee minutes / meeting information are posted:</i></p> <p>During the COVID pandemic there was a need to hold multiple emergency meetings to respond to the crisis. The Executive Committee elected to meet in place of Council. Executive meeting minutes were shared with Council and made public during this period. The minutes were provided as part of the <a href="#">September 2020 Council meeting materials</a>. Executive Committee minutes were included for the months of March to June 2020.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>      <b>Yes</b> ✓      <b>No</b> <input type="checkbox"/></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>As part of an ongoing By-law and Governance review, Council is considering recommendations to require posting Executive Committee meeting information on the College website.</p>
	<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><b>The College fulfills this requirement:</b>    <b>Yes</b> ✓    <b>Partially</b> <input type="checkbox"/>    <b>No</b> <input type="checkbox"/></p>
		<p><i>Insert a link to the College’s latest strategic plan and/or strategic objectives:</i></p> <p>The Strategic Plan (2017-2021) is available on the <a href="#">College website</a>. The College plans to conduct a review and update of the strategic objectives in the 2021 reporting period. The complete <a href="#">Strategy Map</a> is publicly available.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>      <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>

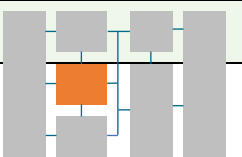
		<i>Additional comments for clarification (optional)</i>
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	<b>The College fulfills this requirement:</b> Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> The College provides notice of meetings and relevant materials on the <a href="#">College website</a> at least one week in advance, when possible. Where there are Council meetings that fall outside of the published schedule, the College does its best to notify the public, registrants and stakeholders in advance of the meeting times.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional)</i>
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	<b>The College fulfills this requirement:</b> Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> The College provides Discipline hearing notices and relevant materials on the <a href="#">College website</a> as soon as the matter is referred to the Discipline Committee for a hearing.
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Additional comments for clarification (optional)</i>		



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.	<b>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></b>  The College does have a strategic plan and strategic initiatives and the budgeting process does typically allocate resources for strategic initiatives.
		<i>Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget:</i>  The College’s fiscal year is from April 1 to March 31. In a typical year, the College budget is approved at the Council’s March meeting. Due to the COVID pandemic, the approval process was delayed in 2020 until Council met in September. The approved budget is available in the <a href="#">Council meeting materials</a> for the September 2020 meeting.
		<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>  The College budget is created based on each of the program lines (Professional Conduct, Quality Assurance, Registration for example), rather than based specifically on the strategic plan. The College budgets separately for strategic initiatives, without breaking them down and assigning them to each strategy.  During the previous strategic planning session in 2016, each strategy was assigned to an individual staff person and costed out.

		<p>For example, reviewing the scope of the College’s Entry to Practice program was identified as a strategic initiative. Details on this review were discussed during Council’s <a href="#">December 2020 meeting</a>.</p> <p>The College will work towards consistency in presentation with this measure as we are starting a new strategic planning process in 2021.</p>
	<p>b. The College:</p> <ul style="list-style-type: none"> <li>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;</li> <li>ii. possesses the level of reserve set out in its “financial reserve policy”.</li> </ul>	<p><b>The College fulfills this requirement:</b>    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></p> <p><i>Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved:</i></p> <p>The College has a financial reserve policy that sets out the permitted uses for general operational reserves to ensure the stability and continuity of program areas. The policy is subject to annual review by the auditors.</p> <p>The Finance Committee presented a review of the financial reserve policy during the <a href="#">December 2017 Council Meeting</a>, and the review was approved in <a href="#">June 2019</a>. The amended Reserve Policy is found on page 96 of these public materials. The revised policy includes recommendations from the Auditor to maintain an undesignated reserve within the range of 25-50% of operating costs, as well as lowering registrant fees. This policy was revisited in <a href="#">September 2019</a> with respect to how to access the College’s designated reserves.</p> <p><i>Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated:</i></p> <p>The most recent financial reserve policy review was approved at the <a href="#">June 2019 Council Meeting</a>. Council added a process allowing the College to access its designated reserves during its <a href="#">September 2019 meeting</a>.</p> <p><i>Has the financial reserve policy been validated by a financial auditor?</i>    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <p>The financial reserve policy is reviewed annually and considered by the financial auditor.</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>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><b>The College fulfills this requirement:</b>    Yes <input type="checkbox"/>    Partially <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <p>The College has a Human Resources Plan in place to ensure organizational sustainability, however its processes and procedures are not formalized or robust.</p> <p><i>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.</i></p> <p>The Human Resource Plan is outlined through the budget process each year. Council is updated on staffing in an ongoing way at Council meetings. In the past, the College used dashboards to provide a formalized update, which included human resources metrics. Dashboards were provided quarterly and were last included during the <u>December 2019 Council meeting</u>.</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 checked="" type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>No discussions have taken place about making improvements to the College’s Human Resources Plan to be included in Council materials in a more formalized way.</p>



<p><b>Standard 5</b></p> <p>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><b>Standard 6</b></p> <p>The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.</p>		
<p><b>Standard 7</b></p> <p>The College responds in a timely and effective manner to changing public expectations.</p>		
<p>Measure / Required evidence: N/A</p>	<p><b>College response</b></p>	
	<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><b>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.</b></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> <p><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></p>
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<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><b>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</b></p> <p><b>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.</b></p>	<p><b>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</b></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> <p><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></p> <p><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>	<p><b>Standard 7: The College responds in a timely and effective manner to changing public expectations.</b></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> <p><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></p> <p><i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i></p>
<p><b>Standard 5</b></p>	<p>The College works with its system partners to ensure that physiotherapy is regulated with oversight and accountability, and to ensure the practice is governed with quality, safety, and ongoing improvement in mind. This section will list examples of how the College engages with its regulatory partners in policy development to strengthen practice expectations for Ontario physiotherapists.</p> <p>The College is a member of the <a href="#">Canadian Alliance of Physiotherapy Regulators (CAPR)</a>. CAPR is a credentialling and assessment agency that provides evaluation services on behalf of Canadian physiotherapy regulators. The College engages CAPR services for <a href="#">credentialling of internationally educated physiotherapists</a> to assess eligibility to write the national <a href="#">Physiotherapy Competency Exam (PCE)</a> and for setting and offering both the written and clinical components of the PCE as the College’s entry examination. CAPR coordinates national initiatives with the College and other Canadian PT regulators with the goal of promoting consistent national regulation. CAPR developed several <a href="#">projects</a> which aligned practice expectations within Ontario and throughout Canada. The College engages with CAPR</p>	

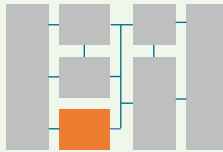
	<p>to ensure its advice is implemented and aligned with other regulators. Most recently, the College developed its <a href="#">virtual practice guidance after reviewing examples of other system partners, including CAPR and the Physiotherapy Alberta College</a>.</p> <p>The College is a member of the <a href="#">Health Profession Regulators of Ontario (HPRO)</a>, a body with representatives from each of the 26 Ontario health Colleges aimed at fostering health regulatory collaboration in the province. Program-specific groups within HPRO allow the College to collaborate, share experiences and ensure consistency, while striving for and pushing regulatory excellence. The <b>Communications Working Group</b>, made up of representatives from a collection of small, medium and large Colleges, has developed a public marketing campaign to raise overall awareness of the College’s complaints process, Public Registers, consultation opportunities, and other College activities. A public facing website, <a href="http://ontariohealthregulators.ca">ontariohealthregulators.ca</a>, was created to act as a conduit to drive the public to specific regulators. The campaigns have involved targeted online advertising for specific demographics, attending patient and caregiver events and circulating written materials in medical offices.</p> <p>The <b>Practice Advice team</b> discusses consistency among College rules and standards at HPRO roundtables. Through regular meetings, resource sharing and COVID-19 updates, Practice Advice capitalizes on this opportunity to collaborate with other health Colleges.</p> <p>The <b>Quality Assurance team</b> has met at HPRO to share information about the various Quality Assurance programs at each College. They have shared information about Quality Assurance reviews and improvements which factored into the College’s new Quality Assurance program (see: <a href="#">December Council materials</a>), launched in January 2021.</p> <p>HPRO is involved in multiple initiatives and projects with the goal of addressing shared, emerging issues among Colleges. The aim to is develop aligned approaches and practices. Two noteworthy examples include projects related to informed consent and shared spaces and resources.</p> <p>An <b>Informed Consent &amp; Capacity Working Group</b> was established to assess the knowledge gaps in the areas of consent and capacity and develop shared resources to educate practitioners and the public on the legal and professional obligations. The group discussed things such as when and how should a healthcare professional obtain consent. Collaborative resources were created for all Colleges to use and distribute including a capacity decision tree, myths and facts on capacity and consent and the barriers to consent and how to overcome them.</p> <p>A <b>Shared Spaces and Resources Working Group</b> explored the opportunities and feasibility of using a shared service model to leverage College resources and expertise in areas such as facilities management, operations, hearings, real estate and technology. These priorities are outlined on the HPRO 2019-2020 highlights document, which is available <a href="#">on their website</a>.</p> <p>Through HPRO, the College initiated a roundtable with other regulators to discuss tools, resources, and best practices to support compliance monitoring activities.</p>
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	<p>The College recently led an initiative to allow staff from other Colleges to observe Committee meetings. The hope is that this shared learning opportunity will enable all Colleges to learn how other committees operate.</p> <p>The College maintains a relationship with the <a href="#">Ontario Physiotherapy Association (OPA)</a>, a provincial advocacy body for the physiotherapy profession. The OPA has initiatives in place to raise awareness of physiotherapy and to assist patients with practice-related issues. The OPA provides <a href="#">professional education courses</a> to ensure ongoing competence and improvement for physiotherapists. In the continuing education domain, the College and OPA share common materials, public messaging, and participation opportunities through their respective communication platforms, including social media. The College and OPA worked together during the initial phases of the COVID-19 pandemic in early 2020 to ensure physiotherapists, employers, and patients in various care settings were receiving consistent and timely information.</p>
<p><b>Standard 6</b></p>	<p>The College responds to changing public and societal needs through ongoing and targeted stakeholder engagement. First, the College ensures public engagement in policy development through direct collaboration with members of the public in two ways: The Citizen Advisory Group (CAG) and College outreach events. Both stakeholder groups ask public members questions and raise issues, which inform College communications and policy initiatives.</p> <p>In 2015, the College launched the <a href="#">Citizen Advisory Group (CAG)</a>, a panel of patients and caregivers focused on bringing patient perspectives to health regulation. Its objective is to support public participation and consultation in the regulatory work of the College. The CAG evolved significantly in 2017 after the College opened group access to other Ontario health Colleges. The CAG currently has <a href="#">18 regulatory partners</a>. The College held the Chair of Partnership until 2019 when it transitioned to the College of Physicians and Surgeons of Ontario, and Chairship will continue to rotate amongst the partner Colleges. The College regularly consults with the CAG on updated policies and guidance and plans to leverage this relationship in anticipation of its upcoming comprehensive review of professional standards (<a href="#">December 2019 Council materials</a>). Comprehensive independent reports of Group meetings and matters discussed can be found on the CAG website <a href="#">here</a>.</p> <p>In addition, the College has brought forward several initiatives in collaboration with the CAG. <a href="#">Resuming Non-essential Care During the COVID-19 Pandemic</a> (Wednesday, May 13, 2020) was a topic discussed by the CAG and its feedback used to inform College communications.</p> <p>Risk management was discussed by the CAG on <a href="#">June 23, 2018</a>. This topic included considerations around infection control and equipment maintenance, restricted titles, and professional boundaries.</p>

	<p>The College also asked the CAG to look at <a href="#">what information should appear on the public register</a> (January 20, 2018). The group suggested adding accessibility information of PT offices to each of their profiles. The College responded to this suggestion by making those changes to the <a href="#">Public Register</a>.</p> <p>Finally, the College completed a series of surveys with the participating groups, which covered issues relating to advertising, specialties and designations, and patient resources. This information was incorporated into Council briefing materials and was used to create <a href="#">‘Questions you can ask your Physiotherapist</a> and <a href="#">‘Your Rights as a Patient’</a> on the College website. Each of the initiative with CAG helped the College to bring the patient perspectives into its respective standards, rule, and guidance documents.</p> <p>The College also facilitates <a href="#">College Outreach Events</a>. College staff typically organize and attend events throughout the province each year (although this was cancelled last year due to the pandemic) and lead discussions on issues of regulation, professionalism, and safety within physiotherapy. Events are open and attended by physiotherapist registrants, physiotherapy students, physiotherapist assistants, employers, and other members of the public. A review of the past year’s Outreach Events are highlighted in the College’s <a href="#">Annual Report</a>.</p> <p>As well, the College engages the public through its <a href="#">Public Consultations</a> process. When an issue arises that benefits from public input, a call for public feedback is posted to the College website and shared through social media. These processes help to align the College’s policymaking with public expectations to ensure that the public protection mandate is upheld.</p> <p>The College also engages with stakeholder groups in other targeted areas. CPO's Practice Advice team communicates monthly with the Ontario Academic Practice Leaders Group, an academic leaders and physiotherapists forum who supervise students during their internships. The group discusses and engages on practice issues in the private and public health sectors. This relationship helps to inform College processes and policy development. Recently, the group met with the College to discuss the COVID-related impacts on entrance exams, staffing and student supervision.</p> <p>Another academic stakeholder is the <a href="#">Ontario Internationally Educated Physiotherapy Bridging Program (OIEPB)</a>. This program is based out of the University of Toronto and provides opportunities for internationally educated physiotherapists to meet the CAPR entry to practice exam requirements. The College engages with first- and second-year students to provide annual education sessions on regulatory obligations for Ontario physiotherapists. OIEPB has connected the College with internationally educated physiotherapists for the purpose of beta testing College resources to ensure appropriate language levels and to share the applicant user experience. The College replicates this initiative with each of the five University physiotherapy programs, leading students through a session on professional standards.</p>
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<p><b>Standard 7</b></p>	<p>The College’s policies and programs respond to changing public expectations and are developed through stakeholder engagement. Some recent successes are highlighted in this section.</p> <p>The College’s <a href="#">Accessibility (AODA) policies</a> were developed with public protection in mind. Alongside other Colleges, CPO has undertaken a complete review and overhaul of its website to ensure AODA compliance. This review was last undertaken in Q1 of 2020 (see <a href="#">September Council materials</a>). During this review, Colleges informally shared vendor and other accessibility information.</p> <p>The College hired a design firm specializing in accessibility to evaluate the accessibility of the College’s online assets. The company provided a complete AODA report on the College website in November 2019 and a second report was commissioned to run an AODA audit on the accessibility of the Public Register and PT Portal in August 2020. All recommended changes were implemented to the College website using <a href="#">Enginess</a>. The AODA work on the Public Register and PT Portal is a College priority and is being updated on an ongoing basis. The College is actively working to replace all PDFs that are not currently accessible.</p> <p>The public interest mandate also drove the College’s work around inappropriate business practices. As the public interest depends on the integrity of the profession, and as a response to stakeholders concerns, the College developed a zero-tolerance statement for inappropriate business practices which is incorporated into its <a href="#">professional</a> standard. This standard includes resources developed in conjunction with stakeholders, such as this <a href="#">informational document on the misuse of registration numbers</a>.</p> <p>The College regularly communicates about inappropriate business practices. The Practice Advice team regularly communicates with registrants and presents at Ontario Physiotherapy Association (OPA) conferences on this subject. The Practice Advice team is building upon this message by connecting with patients about insurance fraud in collaboration with the Canadian Life and Health Insurance Organization (CHLIA). The Professional Conduct team conducts education sessions on bad business practices. Finally, the College has held <a href="#">webinars</a> on inappropriate business practices that are available to the public.</p> <p>During the COVID-19 pandemic, the College has collaborated with other health Colleges and Public Health Ontario. CPO engaged with other rehabilitation-focused Colleges (College of Registered Massage Therapists of Ontario, College of Occupational Therapists of Ontario, College of Kinesiologists of Ontario), Infection Prevention and Control Canada (IPAC) and Ontario Public Health to provide infection control information to rehabilitation health professionals.</p> <p>The ongoing challenges surrounding COVID-19 have warranted an expedited and more pointed focus on guidance related to returning to work and implementing virtual care. Based on Directive #2 and the Operational Restart, CPO worked with other rehabilitation-focused Colleges (College of Registered Massage Therapists of Ontario, College of Occupational Therapists of Ontario, College of Kinesiologists of Ontario) to develop shared <a href="#">return to work guidance documents</a> during the COVID-19 pandemic, as well as <a href="#">virtual care advice</a>. These documents incorporate information from some of the College’s non-regulatory partners (for example, CHLIA). The core principles and key information in each College’s final guidance was similar, allowing health professionals to be able to easily work</p>
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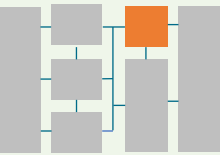
	<p>together and ensure consistency across health care professions and provide patients with the best care possible. As the environment continues to evolve, the College intends to further consult physiotherapists and other rehabilitation-focused health regulators, the public, and other key partnerships when developing a comprehensive virtual care policy in 2021.</p> <p>The College is also a member of the <a href="#">Ontario Regulators for Access Consortium (ORAC)</a>. ORAC is a forum where regulators collaborate on best practices, environmental issues and on matters related to practicing as a regulated profession in Ontario. The group meets quarterly and conducts regular environmental scans on registration practices.</p> <p>A final example is the College’s ongoing work is related to cultural competency. Patients want to ensure that today’s healthcare providers are culturally competent and can effectively deliver healthcare services to meet patients’ social, cultural, and linguistic needs. The College is involved in an HPRO working group to develop shared resources in the area of advancing cultural competency across health regulation. Work in this area will continue into the 2022 fiscal year.</p>
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<b>DOMAIN 4: INFORMATION MANAGEMENT</b>	
<b>Standard 8</b>	
<b>Information collected by the College is protected from unauthorized disclosure.</b>	

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	<p><b>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></b></p> <p><i>Insert a link to policies and processes OR provide brief description of the respective policies and processes.</i></p> <p>The College has policies governing the secure collection and usage of data as well as processes ensuring that the College protects sensitive information. These policies and processes are outlined below:</p> <ul style="list-style-type: none"> <li>Governance Policy – Privacy Code: Details reasons for collection, use and disclosure of data. Underwent update as part of Governance Review in 2019 – updated version to be published in early 2021 (<a href="#">Found under About, College Privacy</a>). Policy #4.3: College Privacy Code – Requests for Access or Corrections and Compliance Concerns in the</li> </ul>

		<p><a href="#">College’s Governance Manual</a> further outlines the procedures around requests to access, corrections, and compliance with respect to College-held personal information.</p> <ul style="list-style-type: none"> <li>• Website guidance around privacy: The College published guidance on the rules around protecting personal health information for its registrants who are health information custodians. The guidance explains the relevant privacy legislation, information related to privacy breaches and rules for the notification of breaches. They are <a href="#">found on the College’s website under Standards &amp; Resources</a>.</li> <li>• Confidentiality declaration: Staff, Council, non-Council, contractors: Under Policy #4.1: Confidentiality – General of the <a href="#">College’s Governance Manual</a>, everyone this policy applies to must sign a confidentiality agreement to confirm their understanding of the RHPA’s rules regarding the confidentiality of matters that come to their attention as part of their college-related work.</li> <li>• <a href="#">Code of Conduct</a>: Sets out confidentiality rules (section 10) and provides a mechanism to manage concerns from Council staff if there is a breach (section 5e). It is posted to the College website.</li> <li>• Council and Committee orientation and manuals: Confidentiality policies and the Code of Conduct are included as part of Council and Committee trainings. Both the College’s Code of Conduct declaration of office are included in the College’s By-laws.</li> <li>• Training modules on digital security and protecting sensitive information for staff: Staff receive ongoing online training on a variety of digital security topics including essential knowledge related to cybersecurity, ransomware and malware and internet security when working from home.</li> <li>• Human Resource Policies:             <ul style="list-style-type: none"> <li>○ <a href="#">HR Policy #1.05: Confidentiality</a> guards against the unauthorized disclosure of information to anyone outside of the organization. This applies to anyone who performs a duty or service for the College.</li> <li>○ <a href="#">HR Policy #1.07: Employee Records and Personal Information Protection</a> is the internal framework for managing employee personal and confidential</li> </ul> </li> </ul>
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		<p>information. The document outlines employee responsibilities with respect to personal information management and highlights the preservation of privacy of employees and confidentiality of their records.</p> <ul style="list-style-type: none"> <li>○ <u>HR Policy #2.09: Public Register Information and College Data</u> describes the scope of information shared through the Public Register and defines how the College responds to information sharing requests. This policy protects against the release of unauthorized information of College registrants through the Public Register and more.</li> <li>● Governance Policy Proposal - in-camera minutes: The College has proposed a new Governance Policy to outline how in-camera minutes are recorded, reviewed and archived to ensure confidentiality of information. This proposed policy is outlined in full in the <a href="#">October 2020 Council Meeting</a>.</li> </ul> <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>
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<b>DOMAIN 5: REGULATORY POLICIES</b>		
<b>Standard 9</b> 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.		
<b>Measure</b>	<b>Required evidence</b>	<b>College response</b>
		The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

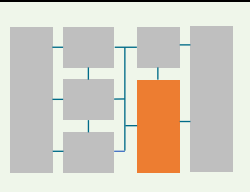


<p>9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	<p>a. 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.</p>	<p><i>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></p> <p>Policy #6.2: College Policy Review Schedule of the <u>College’s Governance Manual</u> outlines the procedures for reviewing its various policies. The College aims to review By-laws and governance policies annually and other documents (policies, standards of practice, regulations) on a three-year rolling cycle. The College also reviews and makes changes to documents as needed.</p> <p>The College conducted a comprehensive Standards Review Process in December 2019, at which time Council approved a new review process designed to ensure that Standards remain current. The new Standards Review Process is found in the <u>December 2019 Council Materials</u>.</p> <p>At the <u>November 2020 Council Meeting</u>, Council approved a revised Policy Approval Framework. This framework will refine the process through which College policies undergo and receive approval.</p> <p>The College monitors the practice environment in a number of ways: results from the Quality Assurance Program, contacts made to the Practice Advisory team and complaints received through the Professional Conduct area. By monitoring trends, issues can be raised to management team level and the associated Committees and Council. Monitoring trends is an ongoing process in all areas so the College can initiate reviews and updates to associated policies, standards, or practice guidelines.</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>
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		<p><i>Additional comments for clarification (optional)</i></p> <p>Many of the College’s professional standards and policies follow a review schedule. However, such a schedule may be amended due to shifting priorities, or other environmental trends or situations (i.e. COVID pandemic).</p>
	<p>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:</p> <ul style="list-style-type: none"> <li>i. evidence and data,</li> <li>ii. the risk posed to patients / the public,</li> <li>iii. the current practice environment,</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)</li> <li>v. expectations of the public, and</li> <li>vi. stakeholder views and feedback.</li> </ul>	<p><b>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></b></p> <p><i>For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were considered 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></p> <p><i>Advertising Standard (February 2019)</i></p> <p>Council approved an Advertising Standard review during its <u>December 2018 meeting</u>. The <u>new Standard</u> came into effect in February 2019. In updating this Standard, the College factored in the relevant parts in the following ways:</p> <ul style="list-style-type: none"> <li>• Evidence and data: The review was informed by data from a focus group meeting in 2018 (Citizens Advisory Group), an advertising audit done in 2017, and survey research from 2014. Details of this data are found in the <u>December 2018 Council meeting materials</u>.</li> <li>• Patient/public risk: “The risk of harm to the public” (page 88 of the Dec. 2018 materials) was considered when revisiting the Advertising Standard. It was concluded that there were “good public protection reasons to regulate advertising” (page 86).</li> <li>• Current practice environment: The current advertising environment was looked at when deciding whether to update or rescind the Standard (page 87).</li> <li>• Environmental scan: A review of other Colleges and health regulators was conducted throughout the redevelopment of this Standard (pages 87 and 90).</li> <li>• Public expectations: This was factored in based on interviews and feedback from the 2018 Citizens Advisory Group meeting and external research (pages 86 and 88).</li> </ul>

		<ul style="list-style-type: none"> <li>Stakeholders: Stakeholder considerations are outlined in page 88 of the materials.</li> </ul> <p><i>Virtual Practice Guidelines (April 2020)</i></p> <p>In response to the COVID-19 pandemic, the Executive Committee implemented and reviewed the College’s <u>virtual care guidelines</u> in April 2020. These changes are highlighted in the <u>September 2020 Council meeting materials</u>. While the virtual practice guidance is not itself a professional standard, it is an amalgamation of and reference to other applicable rules and standards, applied in a virtual environment. The following factors were considered throughout the development process:</p> <ul style="list-style-type: none"> <li>Patient/public risk: As noted in the <u>Executive Committee minutes for April 7, 2020</u>, patient considerations for the development of this advice included “consent, privacy, security, record privacy, documentation and the use of PHIPA-compliant tools.”</li> <li>Current practice environment: The College asked for feedback from the Ontario Physiotherapy Association (OPA) in developing this guidance.</li> <li>Environmental scan: The College reviewed Physiotherapy Alberta’s Telerehabilitation Guidelines. Other jurisdictions and health regulators were examined, such as the College of Physiotherapists of Manitoba and the Physiotherapy Board of Australia.</li> <li>Stakeholders: The College considered feedback from registered physiotherapists, insurers and patients, as well as cross border physiotherapy advice from the national physiotherapy body, CAPR.</li> </ul> <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>
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<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>		
<b>Standard 10</b>		
<b>The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.</b>		
<b>Measure</b>	<b>Required evidence</b>	<b>College response</b>
		<b>The College fulfills this requirement:</b> Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>



<p>10.1 Applicants meet all College requirements before they are able to practice.</p>	<p>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.)<sup>3</sup>.</p>	<p><i>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:</i></p> <p>The College ensures suitability to practice in registering new entrants through the below mechanisms.</p> <p><i>For cases not referred to the Registration Committee:</i></p> <ul style="list-style-type: none"> <li>• Credentials are assessed for all applicant types by CAPR. Required documentation is noted in the <a href="#">Checklists</a> page for prospective applicants.</li> <li>• The considerations outlined in the <a href="#">Eligibility Questionnaire</a> are assessed before registration. Essential criteria include: Selection of application type, being eligible to work in Canada, identification of out-of-province registration and having obtained a degree in physiotherapy.</li> </ul> <p><i>For cases referred to the Registration Committee:</i></p> <ul style="list-style-type: none"> <li>• The Registration Committee uses an internal Decision-Making Tool to assess the criteria and qualifications for registering new applicants.</li> <li>• Applicants previously practicing in another jurisdiction or within a different regulated health profession must submit a <a href="#">Regulatory History Form</a> to the College.</li> <li>• For internationally educated physiotherapists: The <a href="#">Canadian Alliance of Physiotherapy Regulators (CAPR)</a> is a credentialling and assessment agency that provides credential evaluation services for all physiotherapy regulators in Canada. <a href="#">International credentials are assessed through CAPR</a> prior to review by the Registration Committee.             <ul style="list-style-type: none"> <li>○ <a href="#">Credentialling policies</a> assure language proficiency and protect against fraudulent documents.</li> </ul> </li> </ul> <p>Before a registration application is approved, the file is reviewed a second time to ensure that the applicant meets all the regulatory requirements, and that all documentation has been collected and is accurate.</p>
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		<p><i>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></p> <p>An overview of the registrations process is presented in the <a href="#">Registrar’s Review flowchart</a>, which is posted to the <a href="#">website</a>.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    <b>Yes</b> <input type="checkbox"/>    <b>No</b> <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
		<p><b>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></b></p>

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<sup>3</sup> 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><i>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.</i></p> <p><a href="#">The Canadian Alliance of Physiotherapy Regulators (CAPR)</a>, the national credentialing and assessment agency for Canadian physiotherapy regulators, sets the requirements for and reviews the education qualification of international applicants, including language proficiency and ensuring documents are not fraudulent.</p> <p>Essential competencies are prepared by the <a href="#">National Physiotherapy Advisory Group</a>.</p> <p><i>Provide the date when the criteria to assess registration requirements was last reviewed and updated.</i></p> <p>The last Entry to Practice review was conducted in 2007.</p> <p>In 2019, the College engaged a consultant to conduct a scoping review of the College’s Entry to Practice program and develop recommendations for further work. Council discussed the findings of the consultant report at the <a href="#">December 2020 meeting</a> and will further examine and review the findings in 2021.</p> <p>The purpose of the review is to ensure that the program remains fair, effective, and evidence based. The recommendations coming out of the recent Entry to Practice review include asking for proof of insurance within one year of entry and again at renewal, clarification around working with physiotherapy assistants and making changes to the assessment of ‘good character.’</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>
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<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency<sup>4</sup> and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p><b>The College fulfills this requirement:</b> Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The College undertakes currency checks to some extent based on a self declaration as part of the annual renewal process. However, currency checks are not typically undertaken except for what is required by regulation.</p>
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<sup>4</sup> 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><i>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:</i></p> <p>Currency requirements are laid out in regulation (Section 21 of the Ontario Regulation 532/98 under the <a href="#">Physiotherapy Act</a>). The Annual Renewal process is available on the <a href="#">College website</a>.</p> <ul style="list-style-type: none"> <li>• PT are required to have practice hours – 1,200 hours every five years or have completed the national exam within the last five years. Registrants are required to report their practice hours annually during renewal. Practice hours are defined on the College’s <a href="#">website</a>.</li> <li>• PTs must declare their professional development during annual renewal.</li> <li>• They must successfully complete a Jurisprudence Module after initial registration and then every five years.</li> <li>• PTs must complete PISA every year as a self-reflection exercise and identify areas where more learning is required.</li> <li>• PTs can be selected every five to 10 years for a screening interview as part of the Quality Assurance program.</li> <li>• PTs are required to answer self-reporting questions during annual renewal.</li> <li>• PTs are required to declare whether they have liability insurance during annual renewal. The College follows up with those who declare that they do not have insurance and provide patient care.</li> </ul> <p><i>List the experts / stakeholders who were consulted on currency:</i></p> <p>In 2019, the College sought legal counsel for advice around cases where registrants do not pass currency checks. Aside from this, stakeholders are not regularly consulted.</p>
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		<p><i>Identify the date when currency requirements were last reviewed and updated:</i></p> <p>The Annual Renewal process is revisited on an annual basis.</p> <p><i>Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</i></p> <p>According to <a href="#">Ontario regulation</a>, the College mandates that physiotherapists who hold an Independent Practice Certificate are required to have completed 1,200 practice hours over the last five years or have completed the Physiotherapy Competency Exam - Clinical component within the last five years, or have successfully completed the College Review Program (Assessment) within the previous 12 months.</p> <p>Practice hours can include:</p> <ul style="list-style-type: none"> <li>• Hours worked that the PT has been paid for (clinical settings, consultation, research, administration, academia or equipment sales)</li> <li>• Professional activity/development hours (maximum 30 per year)</li> <li>• Professional activity hours include volunteer activity which requires the use of physiotherapy theory and knowledge, continuing education hours and/or participation</li> </ul> <p>The College defines physiotherapy practice as employment or other activities resulting from the possession of physiotherapy credentials and experience.</p> <p>Practice hours include worked hours that are paid and professional activity hours. Worked hours include hours of practice in clinical settings, consultation, research, administration, academia, and sales. It is not necessary to have the job title of Physiotherapist or Physical Therapist.</p> <p>Physiotherapists cannot claim hours related to vacation, sick leave, statutory holidays, leaves of absence and special leaves. Professional activity hours include hours of volunteer activity which require the use of physiotherapy theory and knowledge, continuing education hours and/or participation in the physiotherapy professional or regulatory organizations (College, OPA, CPA, Alliance). No more than 30 professional activity hours</p>
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		<p>may be counted toward total practice hours each year. Practice hours may be claimed from anywhere in the world.</p> <p>Physiotherapists must report their practice hours annually. The College does not verify practice hours but does follow up with physiotherapists who do not meet the practice hour requirement. If a physiotherapist with low practice hours intends to continue practicing, they must participate in an <u>on-site assessment</u>.</p> <p>Physiotherapists can transition from a non-clinical role to clinical care without notifying the College. A physiotherapist can also take a leave and restart practice as long as they meet the practice hour requirement.</p> <p>The College asks registrants to complete a <a href="#">Professional Issues Self-Assessment (PISA)</a> annually to identify emerging practice issues and link physiotherapists to relevant resources.</p> <p>The <a href="#">Jurisprudence Module</a>, an online questionnaire based on practice standards, is completed every five years for all physiotherapists and within the first 18 months for new physiotherapists in Ontario.</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 checked="" type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>No further discussions about changes to the College’s current processes have taken place.</p>
		<p><b>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></b></p>

<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><i>Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report:</i></p> <p>The College posts the OFC assessment report on Fair Registration Practices on <a href="#">College website</a>. The <a href="#">OFC website</a> also archives College reports.</p> <p>Where an action plan was issued, is it: <b>Completed</b> <input type="checkbox"/> <b>In Progress</b> <input type="checkbox"/> <b>Not Started</b> <input type="checkbox"/> <b>No Action Plan Issued</b> ✓</p> <p>For the 2019 assessment cycle, the OFC found that the College is compliant with the OFC’s fair registration practice standards and did not make any recommendations.</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>    <b>Yes</b> <input type="checkbox"/>    <b>No</b> <input type="checkbox"/></p> <hr/> <p><i>Additional comments for clarification (if needed)</i></p>
<p><b>Standard 11</b></p> <p><b>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.</b></p>		
<p><b>Measure</b></p>	<p><b>Required evidence</b></p>	<p><b>College response</b></p>
<p>11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>	<p>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).</p>	<p><b>The College fulfills this requirement:</b>    <b>Yes</b> ✓    <b>Partially</b> <input type="checkbox"/>    <b>No</b> <input type="checkbox"/></p> <hr/> <p><i>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:</i></p> <ul style="list-style-type: none"> <li>• <i>Name of Standard</i></li> <li>• <i>Duration of period that support was provided</i></li> <li>• <i>Activities undertaken to support registrants</i></li> <li>• <i>% of registrants reached/participated by each activity</i></li> <li>• <i>Evaluation conducted on effectiveness of support provided</i></li> </ul>

		<p>The College assisted registrants when the revised <a href="#">Working with Physiotherapist Assistants (PTAs) Standard</a> was released in 2016. The Practice Advice team began providing additional information and resources when the new Standard was implemented, and support is provided on an ongoing basis as the team continues to receive queries from physiotherapists and others (employers, physiotherapists assistants, insurers) about the Standard. The College helped registrants to adapt to the new Standard through the following avenues:</p> <ul style="list-style-type: none"> <li>• <b>Outreach Events:</b> Through the <a href="#">College Outreach Events</a> program, the Practice Advice team met with 800-1,000 Ontario physiotherapists, working in small groups to disseminate information, provide support, and gather feedback on the Standard (among other important rules) in order to feed learnings back into the Standard.</li> <li>• <b>Practice Advice Correspondence:</b> The Practice Advisory team received more than 1,400 pieces of feedback around the Standard through calls, email and web communications, and an <a href="#">FAQ</a>, which also helped to inform the supports provided by the College.</li> <li>• <b>Webinars:</b> This webinar on working with Physiotherapy Assistants (as highlighted in the <a href="#">January 2017 edition of the College’s Practice Advice newsletter, Perspectives</a>) was informed by the data gathered by the College. Based on the ongoing and iterative need to review this Standard, the College hosted a similar <a href="#">webinar in March 2020</a>.</li> <li>• <b>Videos:</b> The College released an <a href="#">informational video about the Standard</a> in December 2016 response to the ongoing need of communicating the requirements of the Standard to physiotherapists.</li> <li>• <b>E-learning Module:</b> The <a href="#">Working with Physiotherapy Assistants E-Learning Module</a> outlines the key components of the Standard and was used by registrants and physiotherapy students.</li> <li>• <b>Communications:</b> Ongoing e-newsletter and social media posts, reminding stakeholders of the expectations</li> </ul> <p>Does the College always provide this level of support:    <b>Yes</b> <input checked="" type="checkbox"/>                      <b>No</b> <input type="checkbox"/></p> <p><i>If not, please provide a brief explanation:</i></p>
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    <b>Yes</b> <input type="checkbox"/>    <b>No</b> <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>Additional information on general supports provided to physiotherapists on applying the Standards of Practice are outlined below:</p> <ul style="list-style-type: none"> <li>• The College typically hosts between six and 14 annual in-person <u>Outreach Events</u> across Ontario. Events are open to PTs, PTAs, employers and others, and the events cover key College Standards. The College also runs a similar webinar event at the end of the in-person outreach campaign. The most recent webinar focusing on rules can be found on the <a href="#">College YouTube page here</a>. Webinars will replace in-person programs due to COVID-19.             <ul style="list-style-type: none"> <li>○ The College also runs <a href="#">webinars</a> for PTs and others based on trends observed through Practice Advice and Professional Conduct.</li> </ul> </li> <li>• <a href="#">E-Learning modules</a> are developed for specific, higher-risk rules and Standards.</li> <li>• The College uses the <a href="#">PISA (Professional Issues Self Assessment)</a> tool to raise awareness to physiotherapists about rules and Standards that are either new or have been identified by Practice Advisors as areas in need of additional support.             <ul style="list-style-type: none"> <li>○ 2021: Boundaries, Sexual Abuse, and Consent</li> <li>○ 2020: Issues specific to starting, changing, or leaving practice (record keeping, privacy, registration number protection, etc.)</li> <li>○ 2019: Supervision and Working with Physiotherapist Assistants Standard</li> </ul> </li> <li>• The <a href="#">Jurisprudence Module</a>, an online questionnaire relating to Practice Standards, is completed every five years for all PTs and within the first 18 months for new PTs in Ontario.</li> <li>• <a href="#">The College’s YouTube channel</a> hosts a series of informational videos around Practice Standards, which can be accessed at any time.</li> <li>• The College has a Twitter, Facebook and LinkedIn as an additional way to share information with stakeholders.</li> </ul>
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<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation<sup>5</sup>.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> <li>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;</li> <li>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</li> <li>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</li> </ul>	<p><b>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></b></p> <p><u>Background – Development of New Quality Assurance Program (2021)</u></p> <p>Redevelopment of the Quality Assurance Program started in 2018. Previously, the College used an on-site assessment process that randomly selected 5% of eligible registrants for a four-hour on-site assessment. Upon review, a new two-step process was developed and approved by Council. The College has begun to screen 9% of eligible PTs through one-hour virtual screening interviews and conduct a four-hour on-site assessment for PTs not meeting the screening threshold (<a href="#">85% threshold</a>). The new Quality Assurance program framework was approved in <a href="#">March 2018</a>.</p> <p><i>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:</i></p> <p>Both components of the practice assessment were developed through consultation with subject matter experts. In <a href="#">May 2018</a>, a consultant led the development of competency-based criteria for screening interviews and on-site assessments. The consultant factored in research and consultation previously collected by the College, the NPAG Competency Profile for Physiotherapists in Canada (2017), and College Standards. Priority areas include:</p> <ul style="list-style-type: none"> <li>• For the screening interview: focus is on competency (informed consent, patient safety, ethics). Screening interview topics and questions are posted to the <a href="#">College website</a>.</li> <li>• For the on-site assessment: written policies required by College Standards and patient records are reviewed. See for more detail: <a href="#">December 2018 Council materials</a>.</li> </ul>
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<sup>5</sup> “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>).

		<ul style="list-style-type: none"> <li>• <i>Is the process taken above for identifying priority areas codified in a policy:</i>  <b>Yes</b> ✓ <b>No</b> ☐</li> </ul> <p>Council approved selection criteria and eligibility policies for the screening interview and on-site assessments. These policies were approved in March 2019. The full list of Quality Assurance policies is available in the <a href="#">March 2019 Council meeting materials</a>.</p> <p><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:</i></p> <p>The College established the Quality Assurance Working Group to <a href="#">review the assessment approach in an evidence-based manner</a>. The College used a consultant in the development and review of the Quality Assurance assessment tools. Feedback from the September 2019 pilot test of the program is found <a href="#">here</a>. Details of the evidence behind the assessment approach are also found in Council materials for the following areas:</p> <ul style="list-style-type: none"> <li>• <a href="#">Selection threshold for remote assessment</a></li> <li>• <a href="#">Selection threshold for onsite assessment</a></li> <li>• <a href="#">Removal of selection of PTs who are “above threshold” for onsite assessment</a></li> <li>• <a href="#">Assessing non-clinical PTs</a></li> <li>• <a href="#">Exempting PTs who recently completed the physiotherapy entrance exam from assessment</a></li> </ul> <p><i>Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable):</i></p> <p>Developing the new Quality Assurance assessment approach took place between <a href="#">2017-2020</a>. In <a href="#">December 2020</a>, the final threshold for onsite assessment was approved, based on pilot test results.</p> <p><i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></p> <p>– Public Yes ☒ No ✓</p>
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		<p>                     – <i>Employers</i>                      Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/>                      – <i>Registrants</i>                      Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/>                      – <i>Other stakeholders</i>            Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/> </p> <p>When the College re-developed the Quality Assurance Program, a broad consultation was conducted including the following:</p> <ul style="list-style-type: none"> <li>• A Working Group including a Citizen Advisory Group member (member of the public);</li> <li>• Physiotherapist (in various roles, including employers) input through outreach sessions; and</li> </ul> <p>A full-day brainstorming session that included representatives from different regulatory Colleges</p> <p><i>Insert link to document that outlines criteria to inform remediation activities OR list criteria:</i></p> <p>The Quality Assurance Committee has approved a <a href="#">decision-making tool</a> to help guide their discussions and final decisions. It is currently being piloted and is not yet publicly available.</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>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><b>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input checked="" type="checkbox"/>    No <input type="checkbox"/></b></p> <p><i>Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process:</i></p> <p>College staff track the completion of remediation activities and provide registrants with frequent updates throughout the process. Updates are typically sent after the decision has been released, along with the Quality Assurance Committee’s reasons and then again and following the completion of each requirement. If there is delay between when one</p>

		<p>requirement is complete and the deadline of the next, additional reminders may be sent by staff.</p> <p><i>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:</i></p> <p>The criteria for successful completion is outlined in the Specified Continuing Education or Remediation Program (SCERP) or Term, Condition and Limitation (TCL).</p> <p>Confirming completion may involve:</p> <ul style="list-style-type: none"> <li>• the registrant submitting completion certificates</li> <li>• the registrant submitting written confirmation that they have reviewed certain resources</li> <li>• reports received from a practice enhancement coach, when required</li> <li>• in some cases, the registrant completing a second assessment to show if the concerns have been addressed.</li> </ul> <p>If the report from this final assessment identifies additional remediation needs, the case goes back to the Quality Assurance Committee for further consideration and a decision.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes ✓ No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>In recent years, the College has centralized the oversight of remediation activities to monitor progress of all PTs carrying out remediation activities.</p>
<p><b>Standard 12</b>  <b>The complaints process is accessible and supportive.</b></p>		
<p><b>Measure</b></p>	<p><b>Required evidence</b></p>	<p><b>College response</b></p>

<p>12.1 The College enables and supports anyone who raises a concern about a registrant.</p>	<p>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).</p>	<p><b>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></b></p> <p><i>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:</i></p> <p>The College’s complaints process webpage outlines the different stages of this process, answers FAQs, and links to relevant resources. The FAQs help to clarify expectations for complainants in terms of timelines. Further information on <a href="#">how to submit a complaint</a> is available the College website and is available in <a href="#">10 different languages</a>. <a href="#">Information about funding for therapy and counselling</a> for sexual abuse patients is also listed on this webpage. Complaints can be submitted, online, by mail, through email and over the phone if accommodations are required.</p> <p><i>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:</i> <b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b></p> <p>The College’s Professional Conduct team has internal templates and procedures to ensure the receipt of relevant information, key considerations, and actions to be taken at each stage of the complaints process. These include internal documents such as: the Complaints Process (2018) template, the Intake Process (2019) template and the Investigators Manual (2019).</p> <p><i>Does the College evaluate whether the information provided is clear and useful:</i> <b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b></p> <p>The College’s internal Complaint Investigation document highlights different sources of information, the usefulness of the information provided, and steps to follow up in cases where more information is needed. The Intake Process document highlights specific questions that need to be answered during intake. These documents help to ensure that the best possible information is obtained from complainants.</p>
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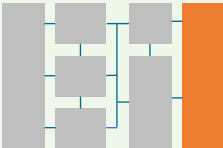
		<p>In addition to the release of ICRC decisions, the College is providing surveys to registrants and complainants to collect data and feedback on their experience with the College complaints processes. The College is providing surveys to registrants and complainants to collect data and feedback for concerns that are not formal complaints and resolved due to miscommunication and misunderstanding.</p>
<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</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>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/>    No <input type="checkbox"/></b></p> <p>The College meets this rate. However, the College only recently started tracking this information</p>
		<p><u><i>Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures):</i></u></p> <p>The College is at a rate of 100% since it began tracking this information on October 14, 2020. The College will continue to track this metric and be able to provide a full year’s report in 2021.</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>College Professional Conduct staff track incoming inquiries (phone calls and emails) and have been responding within five business days since October 14, 2020. Improvements will be made as the tracking tool matures.</p>
		<p><i>List all the support available for public during complaints process:</i></p>

	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<p>The College provides updates to the complainant upon request and whenever cases are expected to be presented to the ICRC. Complainants are apprised of the process ahead of intake and ICRC review, and the College is responsive to complainant inquiries.</p> <p>The College provides information on both support and funding on <a href="#">sexual abuse</a> allegations on its website. Staff are also trained to assist when these matters arise.</p> <p><i>Most frequently provided supports in the current year 2020:</i></p> <ul style="list-style-type: none"> <li>• Informing complainants, throughout intake and complaint timeline, of Inquiries, Complaints and Reports Committee processes and procedures, and decisions.</li> <li>• Council/Committee/staff sexual abuse training provided</li> <li>• Staff sexual abuse training</li> <li>• Boundaries and Sexual Abuse Standard E-learning Module</li> </ul> <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><b>The College fulfills this requirement:</b>    Yes <input type="checkbox"/>    Partially <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <p>Parties are updated only upon inquiry or when the complaint is ready to be presented to the ICRC. The College does not currently have a process for more regular updates.</p> <p><i>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:</i></p> <p>The College sends communication to all parties when the complaint is ready to be presented to Inquiries, Complaints and Reports Committee (ICRC). The College also provides the required delay letters. The College’s Professional Conduct team is very</p>

		<p>responsive to complainants whenever they have questions or require support, and updates are always provided upon request.</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 checked="" type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>No discussions about improving the update process have taken place</p>
<p><b>Standard 13.</b>  <b>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b></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><b>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></b></p> <p><i>Insert a link to guidance document OR describe briefly the framework and how it is being applied:</i></p> <p>The ICRC <u>Decision Making Flowchart</u> is posted to the College website. This tool is used to broadly set out the considerations for acting on complaints. This was developed in response to the College’s 2014 Zero Tolerance position on inappropriate business practices. The ICRC also uses an <u>Interim Order Assessment Tool</u> (originally from the Royal College of Dental Surgeons), also posted to the website, which helps determine the appropriate intervention measures for immediate and higher risk cases.</p> <p><i>Provide the year when it was implemented OR evaluated/updated (if applicable):</i></p> <p>The decision-making flow chart was last updated in 2019.</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>

		<i>Additional comments for clarification (optional)</i>
<b>Standard 14</b> <b>The College complaints process is coordinated and integrated.</b>		
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.	<b>The College fulfills this requirement:</b> Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/> The College has engaged in this process, though it is not formalized nor done on a regular basis.
		<i>Insert a link to policy OR describe briefly the policy:</i> This process is conducted on a case-by-case basis. When a PT is suspended or has their license revoked, the College Communications team sends an email with the pertinent details to key stakeholders such as all PT regulator Registrars, insurers, physiotherapy associations (OPA and CPA), and national physiotherapy regulators (CAPR). <i>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> The College does not presently have a formal tracking method for sharing information with other bodies. This process is also generally informal and ad hoc. For example, when the College had a member that was performing acupuncture outside of the scope of physiotherapy and was not registered with CTCMPO (College of Traditional Chinese Medicine and Acupuncturists), the College shared this information with that College. The College attempts to conduct joint investigations with other health regulatory colleges when there may be a shared interest in doing so.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>    <b>Yes</b> <input type="checkbox"/>    <b>No</b> <input checked="" type="checkbox"/></p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>A quality improvement goal of the College is to develop a formal policy on information sharing. It is currently unclear whether work on this will take place over the next reporting year, or beyond.</p>

<p><b>DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT</b></p>		
<p><b>Standard 15</b>  <b>The College monitors, reports on, and improves its performance.</b></p>		
Measure	Required evidence	College response
<p>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.</p>	<p>a. Outline the College’s KPI’s, including a clear rationale for why each is important.</p>	<p><b>The College fulfills this requirement:</b>    <b>Yes</b> <input type="checkbox"/>    <b>Partially</b> <input type="checkbox"/>    <b>No</b> <input checked="" type="checkbox"/></p>
		<p><i>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 <b>OR</b> list KPIs and rationale for selection:</i></p> <p>Nil</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>    <b>Yes</b> <input checked="" type="checkbox"/>    <b>No</b> <input type="checkbox"/></p>
		<p><i>Additional comments for clarification (if needed)</i></p>



		<p>The College had a well-established KPI process which was implemented as part of the previous Strategic Plan. There have been initial discussions to return to this process as the College develops a new set of detailed goals as part of an updated Strategic Plan. The College had a Balanced Scorecard that was used to measure performance indicators. The Balanced Scorecard was last discussed during the <a href="#">March 2017 Council Meeting</a>. Policies around the Balanced Scorecard are outlined in Policy #9.1: Measurement and Reporting in the College’s <a href="#">Governance Manual</a>. The College may revisit this approach in tandem with the development of an updated Strategic Plan in 2021.</p>
	<p>b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.</p>	<p><b>The College fulfills this requirement:</b> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>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></p> <p>None</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>The College has previously used a risk register and begun to implement the principles of risk-based regulation into its ongoing work. The College’s risk register listed potential risks and severity along program lines. Work around risk is now completed ad hoc, whenever emerging risks are identified. At the Committee level, risks are discussed informally on a case-by-case basis. Checks and balances around risk also exist within individual College departments, for example IT and Finance.</p> <p>A more formalized approach to risk, as well as the use of risk-based data, has been identified as an area of improvement. However, this work may not begin in the following reporting year.</p>
		<p><b>The College fulfills this requirement:</b> Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

<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 incorporates performance assessment and risk analysis into its policymaking, though it is not done as part of a formalized risk register or KPIs.</p>
		<p><i>Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</i></p> <p>The College has recently conducted performance and risk reviews of key program areas, which has translated to improvement activities. Reviews were conducted for the following programs:</p> <ul style="list-style-type: none"> <li>• Entry to Practice Scoping Review: The College engaged a consultant to help with the development of a performance and risk review. The final report was presented and discussed at Council’s <a href="#">December 2020 meeting</a>.</li> <li>• QA Program Review: The 2017-2021 redesign of this program is in line with “right touch regulation.” The College engaged in a performance review process during the development stage and integrated their findings with a program design consultant. Details are outlined in the <a href="#">December 2020 Council meeting materials</a>.</li> </ul> <p>In addition, during the early stages of the COVID pandemic and based on a risk assessment, the College’s response and outreach efforts to the public and registrants were spearheaded by the Executive Committee. The Executive Committee, alongside staff provided materials for registrants through a dedicated page on the <a href="#">College website</a> and direct communication efforts. The Executive meeting minutes over this time were also shared publicly as part of the <a href="#">September 2020 Council meeting</a>.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>    <b>Yes</b> <input type="checkbox"/>    <b>No</b> <input checked="" type="checkbox"/></p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>No discussions about improving this process have taken place.</p>
		<p><b>The College fulfills this requirement:</b>    <b>Yes</b> <input type="checkbox"/>    <b>Partially</b> <input checked="" type="checkbox"/>    <b>No</b> <input type="checkbox"/></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>In the past, the College has reported publicly through quarterly dashboards. The dashboards focused reporting on regulatory activities rather than strategic objectives. The College still collects performance data, though it is not currently publicized on the website (apart from the Annual Report).</p>
		<p><i>Insert a link to College’s dashboard or relevant section of the College’s website:</i></p> <p>The College has previously used a dashboard, which was included in meeting materials up to and including <u>December 2019</u>. The last dashboard update was provided for Q2: July-September 2019.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    <b>Yes</b> <input type="checkbox"/>    <b>No</b> <input checked="" type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>No discussions about improving this process have occurred but may start alongside a more robust KPI process.</p>

## PART 2: CONTEXT MEASURES

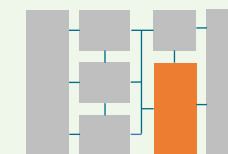
The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' 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: ✓ Recommended 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\***

Type of QA/QI activity or assessment	#
i. Screening Interviews	0
ii. On-site Assessments – Pilot Program*	24
iii. Professional Issues Self Assessment (PISA)	10 077
iv. Jurisprudence Module	440
v. Continuing Professional Development Declaration	9693

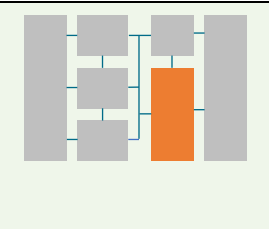
**What does this information tell us?** Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).

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.

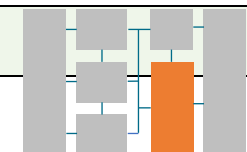
\* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes 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.

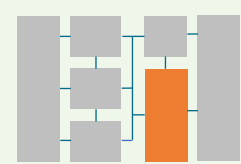
NR = Non-reportable: results are not shown due to < 5 cases

<p><i>Additional comments for clarification (if needed)</i></p> <p>In 2020, no screening interviews were conducted due to the completion of the new Quality Assurance Program. In 2019, 246 screening interviews (pilot project) took place that resulted in 32 PTs being identified for the on-site assessment pilot. In 2021-2022, the College envisions screening approximately 700 – 800 physiotherapists as part of the QA Program, which will result in approximately 10% being referred on to the Quality Assurance Committee and required to partake in an on-site assessments.</p> <p>The Continuing Professional Development Declaration is a mandatory requirement and completed by the physiotherapist each year as part of the annual renewal process. The physiotherapist is declaring that they have participated in continuing education and professional development, keeping a record of such activities and will provide it upon request, as laid out by the <u>College policy</u>.</p>	

<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>			
<b>Standard 11</b>			
<b>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</b>			
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended	<input type="checkbox"/> College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
<b>Context Measure (CM)</b>			
	#	%	

<p><b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2020</p>	<p>24</p>	<p></p>	<p><b>What does this information tell us?</b> 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><b>CM 3.</b> 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. *</p>	<p>8</p>	<p>33.33%</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>
<p><i>Additional comments for clarification (optional)</i></p> <p>The College led a pilot program in 2019-2020 of a new Quality Assurance Program. In 2019, 246 registrants participated in screening interviews. Results from those interviews indicated that 32 registrants were identified to complete an on-site assessment. Two participants were immediately removed at the start of the on-site assessment pilot because they were no longer in practice. Prior to the start of the COVID pandemic, 24 on-site assessments were completed. The new program will commence in 2021. Going forward and based on cut scores determined by Council, approximately 700 - 800 registrants will participate in a screening interview each year (Context Measure #2). The College predicts that out of those 700 - 800 registrants, up to 10% may be referred on to the QA Committee and be required to complete an on-site assessment, based on the results of the interview. This number is based on the College's assessment consultant's research and experience in developing similar, two-step processes.</p>			
<p>* NR = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</p>			

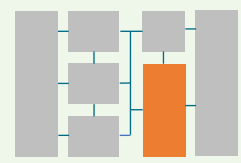


<b>Standard 11</b>			
<b>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</b>			
Statistical data collected in accordance with recommended methodology or College own methodology:		✓ Recommended	College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
<b>Context Measure (CM)</b>			
<b>CM 4.</b> Outcome of remedial activities in CY 2020*:	#	%	<b><i>What does this information tell us?</i></b> 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**	0	0	
II. Registrants still undertaking remediation (i.e. remediation in progress)	6	85.71%	
<i>Additional comments for clarification (if needed)</i>			
As of December 31, 2020, the process for all registrants directed to undertake remediation is still in progress. The calculation does not equate to the full 100% as one file was closed by the Quality Assurance Committee as an unsuccessful completion of the registrant's remediation program, and a new program was subsequently started.			
* 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			
<b>Standard 13</b>			



<b>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b>					
Statistical data collected in accordance with recommended methodology or College own methodology:			✓ Recommended	College methodology	
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>					
<b>Context Measure (CM)</b>					
<b>CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020</b>	<b>Formal Complaints received†</b>		<b>Registrar Investigations initiated†</b>		<i><b>What does this information tell us?</b> 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	0	0	NR	NR	
II. Billing and Fees	6	8.82%	13	44.83%	
III. Communication	12	17.64	0	0	
IV. Competence / Patient Care	16	23.53%	14	48.28%	
V. Fraud	0	0	0	0	
VI. Professional Conduct & Behaviour	0	0	0	0	
VII. Record keeping	6	8.82%	12	41.38%	

VIII. Sexual Abuse / Harassment / Boundary Violations	7	10.29%	NR	NR
IX. Unauthorized Practice	0	0	0	0
X. Other – Professionalism, etc.	24	35.29%	34	117.24%
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>68</b>	<b>100%</b>	<b>29</b>	<b>100%</b>
<p>* <b>Formal Complaint:</b> 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><b>Registrar’s Investigation:</b> 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>‡ <b>NR = Non-reportable:</b> results are not shown due to &lt; 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			
<b>Standard 13</b> 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
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
<b>Context Measure (CM)</b>			
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2020	68		
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	29		
<b>CM 8.</b> 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	NR		
<b>CM 9.</b> Of the formal complaints* received in CY 2020**:	#	%	<p><b><i>What does this information tell us?</i></b> 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. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed** of by ICRC	43		
IV. Formal complaints that proceeded to ICRC and are still pending	8	11.76%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	17	25.00%	

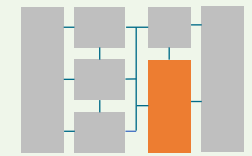
<p>VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>NR</p>	<p>NR</p>	
<p><b>** Disposals:</b> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p><b>* Formal Complaints:</b> 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><b>‡ ADR:</b> Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p><b>Δ</b> 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.</p> <p><b>#</b> May relate to Registrars Investigations that were brought to ICRC in the previous year.</p> <p><b>**</b> 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.</p> <p><b>φ Registrar’s Investigation:</b> 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.</p> <p><b>NR = Non-reportable:</b> results are not shown due to &lt; 5 cases (for both # and %)</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>The College has an early resolution process for concerns that are deemed no or very low risk to the public. Prior to a complaint being confirmed, College staff will contact the reporting individual to provide an overview of the complaints process and gauge interest, if deemed no to low risk, in resolving concerns prior to a formal complaint being field. If agreeable, the College would assist to resolve the matter between the physiotherapist and the reporting individual. If the complainant is not agreeable, then the College would proceed with the formal complaint process.</p> <p>Context Measure 9 (VI) notes seventeen (17) formal complaints were disposed of by the ICRC as frivolous and vexatious (F &amp; V) in 2020. Sixteen (16) out of the seventeen (17) F&amp;V cases were received from one complainant. The complainant was not a patient of any of the physiotherapists. The concerns were related to advertising, which included allegations of names that did not fully match the College’s public registry and for posting an email address on their clinic website as a method to communicate.</p>			

<p>Context Measure 9 (VII) notes both formal complaints and Registrar Investigations that are disposed of by the ICRC as a referral to the Discipline Committee. However, the Technical Specifications and language under the measure clarifies to only to include formal complaints in this calculation. If both formal complaints and Registrar Investigations were intended to both be included in this calculation, it would equate to 11 cases, which makes up for 11.34% of all ICRC dispositions.</p>	
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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 Decisions†

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	0	0	0	0	0	0	0
II. Billing and Fees	NR	0	NR	NR	NR	NR	0
III. Communication	13	NR	NR	NR	NR	0	0

IV. Competence / Patient Care	19	NR	NR	NR	0	0	0
V. Fraud	0	0	0	0	0	NR	0
VI. Professional Conduct & Behaviour	6	NR	NR	NR	NR	NR	0
VII. Record keeping	7	0	NR	NR	0	NR	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	NR	NR	NR	NR	NR	0
IX. Unauthorized Practice	0	0	0	0	0	NR	0
X. Other <Professionalism, etc.>	21	NR	10	NR	NR	7	0

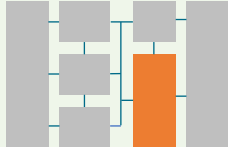
\* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2020.

† 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		
<b>Standard 13</b> <b>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b>		
Statistical data collected in accordance with recommended methodology or College own methodology:		✓ Recommended      College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
<b>CM 11.</b>	90 <sup>th</sup> Percentile disposal* of:	<p><b>What does this information tell us?</b> 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.</p> <p>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.</p>
	Days	
I. A formal complaint in working days in CY 2020	289	
II. A Registrar’s investigation in working days in CY 2020	580	
* <b>Disposal Complaint:</b> 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).		
* <b>Disposal Registrar’s Investigation:</b> 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).		



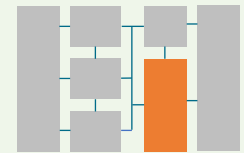
*Additional comments for clarification (if needed)*

Due to the COVID-19 pandemic and at the direction of the chair, the College's Inquiries Complaints and Reports Committee did not meet to dispose of complaints and registrar investigations between March 5, 2020 and June 17, 2020.

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 12.** 90th Percentile disposal\* of:

Days

***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. \*

I. An uncontested^ discipline hearing in working days in CY 2020

316

II. A contested# discipline hearing in working days in CY 2020

391

*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.*

\* **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).

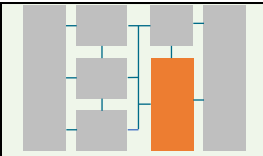
^ **Uncontested Discipline Hearing:** In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

# **Contested Discipline Hearing:** In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

*Additional comments for clarification (if needed)*

DOMAIN 6: SUITABILITY TO PRACTICE		
<b>Standard 13</b> 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
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline finding by type*		<b>What does this information tell us?</b> 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.
Type	#	
I. Sexual abuse	NR	
II. Incompetence	0	

III. Fail to maintain Standard	6	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	6	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	0	
<p>* <i>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.</i></p> <p><b>NR = Non-reportable: results are not shown due to &lt; 5 cases.</b></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 14. Distribution of Discipline orders by type\***

***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.

Type	#
I. Revocation <sup>†</sup>	0
II. Suspension <sup>§</sup>	6
III. Terms, Conditions and Limitations on a Certificate of Registration**	NR
IV. Reprimand <sup>^</sup> and an Undertaking <sup>#</sup>	NR
V. Reprimand <sup>^</sup>	NR

- \* *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*

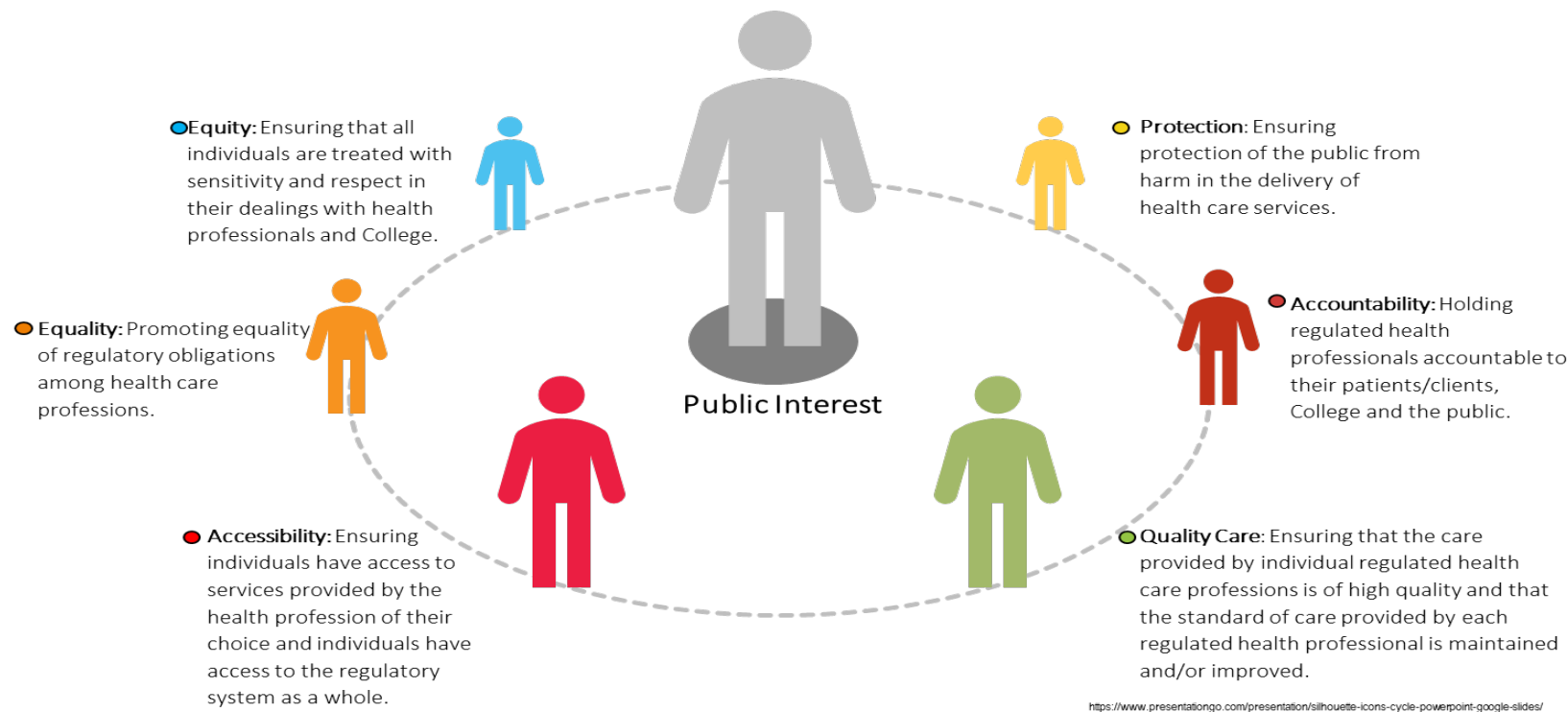
*Additional comments for clarification (if needed)*

**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





COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 9.0**

**Council Meeting  
March 23, 2021**

**Agenda # 9: Annual Budget FY 2022**

It is moved by

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and seconded by

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that:

Council approves the operating and capital budgets for FY2022.

<b>Meeting Date:</b>	March 23, 2021
<b>Agenda Item #:</b>	9
<b>Issue:</b>	Annual Budget for Fiscal Year 2022
<b>Submitted by:</b>	Zoe Robinson, CPA, CMA, Director, Corporate Services

## ISSUE

The College's fiscal year ends on March 31<sup>st</sup> each year and Council must provide Management with an operating budget for the next fiscal year, Fiscal Year 2022 (FY2022), with the necessary financial resources to carry out its duties and operations for the period April 1, 2021 to March 31, 2022.

The Executive Committee recommends the Council to approve the operating and capital budgets for FY2022

## BACKGROUND

### *Executive Summary:*

The FY2022 budget is projecting a **deficit** of \$425,326 based on \$6,281,923 in revenue and \$6,534,226 in expenses.

Appendix 1 provides a detail analysis of the recommended budget and Appendix 2 provides the FY 2022 budget compared to fiscal years 2019 and 2020.

### *Process:*

The College uses a "zero-based budgeted" process to create the budget. Zero-based budgeting starts from a plan of activities and costs those activities for inclusion in the budget<sup>1</sup>.

Assumptions and estimates are used to determine and justify the cost of the activities for the period. A new budget is constructed from "scratch" every year and tells a story, a plan, of how the College will conduct its business during the fiscal year and is based on a business plan.

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<sup>1</sup> There are different ways to create a budget that include management setting targets within which departments create a plan of activities to fit the target or using incremental increases to expense items from a previous period to set a target for the current period. The reality is the College's process uses a mixture of process depending on the nature of the expense and which method is most appropriate to determine a cost for the activity.



*Timeline:*

December 2020	Departments submit proposed budgets to Finance
January 2021	Finance review submitted budgets with departments Prepare draft of budget Distribute draft budget to Finance Committee
February 1, 2021	Finance Committee meeting – review of draft budget
February 2 – 21, 2021	Update budget based on Finance Committee review
February 21, 2021	Distribute Draft #2 budget Finance Committee
February 25, 2021	Finance Committee meeting – recommend budget to Council
March 10, 2021	Executive Committee meeting – review recommendations from Finance Committee
March 17, 2021	Distribute budget materials to the Council
March 23, 2021	Council meeting – budget approval

The budget was reviewed by the Finance Committee during two meetings: February 1, 2021 and February 25, 2021.

**Decision Sought**

The Executive recommend that Council approve the Fiscal Year 2022 operational budget as presented.

**Appendices**

- Appendix 1: FY 2022 Operational Budget Briefing Note
- Appendix 2: FY 2022 Operational Budget – comparison to FY 2019 and 2020
- Appendix 3: Calculation of Revenue
- Appendix 4: Capital Budget

### Briefing Note

Subject: Operating Budget - Fiscal Year 2022, ending March 31, 2022.

#### **Background:**

The College works from a starting position of what are the activities that must be completed for the College to meet its statutory requirements and serve the public interest? The core services provided by the College form the basis of the budget.

This briefing note will provide an explanation of the major costs in the expense categories related to the FY 2022 budget and detailed figures will be available in Appendix 2. The briefing note will also provide context of the changes in the budget compared to FY 2021 and FY 2020, providing explanations of the variance between the fiscal years where appropriate.

#### **Operating Budget FY 2022**

The FY2022 budget is projecting a **deficit** of \$425,326 based on \$6,281,923 in revenue and \$6,534,226 in expenses.

*Table 1 - Summary of Statement of Income*

	<b>FY2022 Budget</b>	<b>FY2021 Projection</b>	<b>FY2020 Actual</b>	<b>FY2019 Actual</b>	<b>Variance FY2022 &amp; FY2021</b>	<b>Variance FY2022 &amp; FY2020</b>
<b>Revenue</b>	\$6,281,923	\$6,097,880	\$6,293,893	\$6,227,905	3%	-0.02%
<b>Expenses</b>	6,534,226	5,895,873	6,046,279	6,809,099	14%	8.1%
<b>Excess of Revenue over Expenses</b>	<u>\$(425,326)</u>	<u>\$202,007</u>	<u>\$247,615</u>	<u>\$(581,194)</u>	<u>7,192%</u>	

#### *1.0 Revenue:*

Revenue is projected to be \$6,284,639, a 3% increase over FY 2021 and a 0.02% decrease over FY 2020.

Table 2 presents a summary of the projected revenue.

Table 2 - Summary of Revenue

Revenue	FY2022 Budget	FY2021 Projection	FY2020 Actual	FY2019 Actual	Variance FY2022 & FY2021	Variance FY2022 & FY2020
<b>4001 – Registration Fees</b>	\$5,882,725	\$5,615,049	\$5,861,151	\$5,718,931	2%	<1%
<b>4008 – Admin Fees</b>	179,350	111,850	168,450	235,450	60%	6.5%
<b>4002 – Interest Income</b>	119,000	119,783	188,450	237,867	<0%	(37)%
<b>4006 – (Gain)loss on sale of Investment</b>	0	0	0	5,166	<0%	0%
<b>4003 – Remediation Chargeback</b>	39,750	14,483	14,588	34,556	174%	173%
<b>4004 – Cost recovery from cost orders</b>	59,098	68,102	58,083	(4,850)	(13)%	1.7%
<b>4010 – Misc. Income</b>	0	0	500	785	0%	(100)%
<b>4022 – Recovery of Therapy costs</b>	2,000	2,143	2,857	0	(7)%	(30)%
<b>Total Revenue</b>	<b>\$6,281,923</b>	<b>\$5,931,410</b>	<b>\$6,293,893</b>	<b>\$6,227,905</b>	<b>4%</b>	<b>(&lt;0)%</b>

94% of the College's revenue is derived from registration fees and is relatively predictable from year to year. The fees used for FY2022 are:

- Independent Practice Certificate = \$575
- Professional Corporation Fee = \$250
- Provisional Practice Certificate = \$75
- Cross Border Fee = \$100

The mix of revenue from registration fees is presented in Table 3.

Table 3 - Registration Fees Detail

Registration Fees	FY2022 Budget	FY2021 Projection	FY2020 Actual	FY2019 Actual	Variance FY2022 & FY2021	Variance FY2022 & FY2020
<b>4011 – Independent Practice - \$575</b>	\$5,594,175	\$5,615,050	\$5,638,875	\$5,421,564	<0%	<0%
<b>4012 – Independent Practice – Pro Rated</b>	191,504	44,572	157,095	158,145	330%	22%
<b>4013 – Professional Corporation Fee - \$250</b>	102,000	115,500	80,250	78,500	(12)%	27%
<b>4014 – Provisional Practice Fee - \$75</b>	33,750	35,400	35,100	35,775	(5)%	(4)%
<b>4021 – Cross Border Fee - \$100</b>	0	600	0	0	(100)%	0%
<b>4007 – Registration Fee Credits</b>	(38,704)	(29,602)	(50,169)	(43,177)	31%	(23)%

Registration Fees	FY2022 Budget	FY2021 Projection	FY2020 Actual	FY2019 Actual	Variance FY2022 & FY2021	Variance FY2022 & FY2020
<b>4001 – Registration Fees – Other</b>	-	-	68,124	0	0%	0%
<b>Total Registration Fees</b>	<b>\$5,882,725</b>	<b>\$5,781,520</b>	<b>\$5,861,152</b>	<b>\$5,718,931</b>	<b>2%</b>	<b>&lt;0%</b>

Appendix 3 provides details on the assumptions and estimates used to determine the registration fees for FY2022.

The largest source of revenue (89% of total revenue) are physiotherapists registering for independent practice Certificates and paying the full registration fee of \$575. The College is projecting 9,729 physiotherapists will register from independent practice Certificate and pay 100% of fees. This represents a < 0.01% decrease from FY2021.

The number of physiotherapists projected to register for an independent practice certificate and pay a pro-rated fee is projected to increase to 870 from 96 in FY2021.<sup>1</sup>

The College, in a normal year, projects an increase in Independent Practice Certificates at approximately 2-4% per year. The lack of increase in physiotherapists paying 100% the Independent Practice Certificate fee in FY2022 is due to the very low number of physiotherapists who registered by for a pro-rated Independent Practice Certificate over the same the period. Professional Competency Exams (PCE) were not held in the calendar year 2020 due to Covid-10 and no physiotherapists in Ontario completed the PCE during the fiscal year.<sup>2</sup> Therefore, physiotherapists were unable to register for a pro-rated independent practice.

The lack of the PCE during FY2021 means a back log of PTs who must write the PCE in FY2022. There are currently 77 PTs who are writing the PCE for a 2<sup>nd</sup> time and 563 PTs who are currently holding a provisional practice Certificate who would have written the exam in 2021 (as of January 25, 2021). PTs from the five (5) Ontario post-secondary programs who would have graduated in September 2020 did not write the PCE in FY2021. In total there are approximately 640 PTs waiting to write to the PCE in FY2022 who would have written the PCE in FY2021. See Table 4 for a summary of the projected registrants.

<sup>1</sup> In a normal year, the number of pro-rated Independent Practice Certificates is approximately 400.

<sup>2</sup> A PCE is scheduled in March 2021 but PTs do not pay for the independent practice Certificate until the results have been confirmed they passed exam, usually a 3-month period between writing the exam and notification. Therefore, PTs writing the PCE in March 2021 will pay their independent practice Certificate on a pro-rated basis in June 2021 during FY2022.

Table 4 - Registration Certificates

Certificate Category	Fiscal Year	
	2022	2021
• Independent Practice Licences – Full Fee	9,729	9,693
• Independent Practice Certificates – Pro-rated <sup>3</sup>	870	96
• Provisional Certificates	250	563
<b>Total</b>	<b>10,849</b>	<b>10,352</b>

Admin Fees represent 3% of the overall budget and Table 5 presents a summary of the fees projected for FY2022.

Table 5 - Summary of Admin Fees

Admin Fees	FY2022 Budget	FY2021 Projection	FY2020 Actual	FY2019 Actual	Variance FY2022 & FY2021	Variance FY2022 & FY2020
<b>4015 – Application Fees \$100</b>	\$132,400	\$62,900	\$124,800	\$128,700	111%	6%
<b>4016 – Letter of Professional Standing \$50</b>	11,000	10,950	11,100	11,300	<0%	<0%
<b>4017 – Wall Certificates \$25</b>	3,000	2,650	3,425	3,600	13%	(12)%
<b>4018 – Late Fees \$225</b>	4,950	3,150	1,125	8,100	57%	340%
<b>4019 – Professional Corporation application \$700</b>	28,000	32,200	28,000	37,100	(13)%	0%
<b>4008 – Admin Fees - Other</b>	-	-	0	46,650	0%	0%
<b>Total Registration Fees</b>	<b>\$179,350</b>	<b>\$118,850</b>	<b>\$168,450</b>	<b>\$235,450</b>	<b>60%</b>	<b>7%</b>

The largest difference in Admin Fees between FY2022 and FY2021 is seen in Application Fees where there is a 111% increase in FY2022. When compared to FY 2020, the increase is 6%. The change between FY 2021 and FY 2022 is driven by a larger than expected number of physiotherapists applying for independent practice Certificates in FY2022 because of a back log of physiotherapists with provisional practice Certificates unable to apply for independent practice Certificates in FY2021. We anticipate a return to a normal pattern of revenue in FY2023 as Canada comes out of the Covid-19 pandemic.

<sup>3</sup> The number of PTs projected to sit for the PCE is 813 with a pass rate of between 70% and 90%, depending on the sitting, totalling 689 PTs passing the PCE. Additional PTs include PTs transferring from other provinces, returning from resignation and international educated graduates.

## 2.0 Expenses

Expenses projected for FY2022 are \$6,914,656, 14% higher than in FY 2021. When compared to prior years of FY 2020 and FY 2019, expenses are 11% higher than FY 2020 and 1.5% lower than FY 2019.

Table 6 presents a summary of expenses:

Table 6 - Summary of Expenses

Expenses	FY2022 Budget	FY2021 Projection	FY2020 Actual	FY2019 Actual	Variance FY 2022 & FY 2021	Variance FY 2022 & FY 2020
<b>5000 – Committee Per Diem / Honoraria</b>	\$224,536	\$106,892	\$122,644	\$124,047	138%	83.1%
<b>5050 – Committee Expenses</b>	74,014	35,458	151,325	146,666	74%	(51)%
<b>5100 – Information Management</b>	380,533	415,740	290,782	478,527	(30)%	31%
<b>5300 – Conf &amp; Travel</b>	15,000	254	47,546	23,322	70%	(68)%
<b>5400 – Office &amp; General</b>	936,109	992,681	940,045	947,840	(6)%	<0%
<b>5500 – Regulatory Effectiveness</b>	158,928	62,354	111,402	69,218	47%	43%
<b>5600 – Communications</b>	123,590	101,319	119,596	156,302	29%	3%
<b>5700 – Professional Fees</b>	410,552	377,317	421,446	718,665	75%	(3)%
<b>5800 - Programs</b>	282,853	119,442	244,177	269,382	37%	16%
<b>5900 – Staffing</b>	3,928,110	3,513,402	3,446,496	3,624,517	12%	14%
<b>6001 – Amortization</b>	173,023	166,450	150,820	250,613	4%	15%
<b>Total Expense</b>	<b>\$6,707,248</b>	<b>\$5,895,873</b>	<b>\$6,046,279</b>	<b>\$6,809,099</b>	<b>14%</b>	<b>11%</b>

The separate expense line items in Table 6 will be discussed in further detail later in this briefing note.

### 3.0 Council & Committee Per Diems and Expenses (a/c 5000 and 5050)

Council and Committee per diems and expenses are 3% of the total expenses and a core part of the College's regular business. Committee per diems and expenses are anticipated to be higher in FY 2022 when compared to FY 2021 as the restrictions due to Covid-19 lessen and committee return to more traditional operations.

Committee per diem is \$224,536 or 138% higher than in FY 2021 and 83.1% higher than in FY 2020. The reduced number of meetings in FY 2021 because of Covid-19 led to lower Council and Committee per diems. In addition, the Discipline Committee is expecting a higher number of hearings in FY 2022 costing

\$77,532 versus \$15,858 projected in FY 2021. A cost-of-living adjustment was not added to the per diems for FY 2022.

Committee expenses are \$38,458 or 109% higher than the previous year yet \$77,311 or 51% lower than in FY 2020. Most of the meetings during FY 2021 were held virtually or a hybrid mixture of in-person and virtual. It is anticipated Council will return to meeting in-person starting in June 2021. Other committees will continue with a mixture of in-person and virtual meetings, resulting in lower expenses than two years previous in FY 2020.

Table 7 presents the assumptions used to create the per diem and expenses budget and Table 8 presents the estimates used.

*Table 7 - Committee and Council Assumptions*

Committee	# Professional Members	# Public Members	# Meetings	Length	Frequency
<b>Council</b>	10	5	4	Full Day	Quarterly
<b>Executive Committee</b>	3	2	4	Full Day	Prior to Council meetings & as required
<b>ICRC</b>	4	2	12	Full Day	Every 6 weeks
<b>Quality Assurance</b>	4	2	8	Full day	May, June, July, Sep, Oct, Dec, Jan, Feb
<b>Finance</b>	4	1	5	Full day or ½ day	Every quarter & extra for budget & audit
<b>Registration</b>	3	2	12	½ Day or 1 hour	1 x ½ day, 11 x 1.5 hours
<b>Patient Relations</b>	3	1	2	2 hours	2x per year
<b>Discipline &amp; Fitness to Practice</b>	2 <sup>4</sup>	1	As required	Full day	As required

*Table 8 - Estimates used for Committee and Council meetings*

Item	Member	Chair	Notes
Per Diem – Full Day – per day	\$340	\$464	Full day is considered a meeting over 3 hours
Per Diem – Partial Day – Per Hour	\$48	\$65	A partial day is considered a meeting under 3 hours and committee members are compensated by the hour
Per Diem – Preparation Time	\$48	\$48	Each Committee uses an estimate of the amount of time members generally take to prepare for a meeting. This is based on a historical average.

<sup>4</sup> Per hearing. Each hearing is heard by a panel of 3 members and drawn from a larger pool of committee members.



			<ul style="list-style-type: none"> <li>• Council = 6.5 hours</li> <li>• Executive Committee = 5 hours</li> <li>• Finance Committee = 5 hours</li> <li>• ICRC = 7 hours</li> <li>• QA Committee = 7 hours</li> <li>• Registration Committee = 1 hour</li> <li>• Patient Relations Committee = 1 hour</li> <li>• Discipline &amp; FTP Committee = 0 hours</li> </ul>
Travel – per hour	\$30	\$30	
Meals	\$60	\$60	Breakfast = \$25 pp, Lunch = \$35 pp
Hotel – Per night	\$200	\$200	
Travel	\$311	\$311	Average cost for committee travel

Table 9 provides a summary of the expenses for committee per diems and expenses.

Table 9 - Summary of Committee Per Diems and Expenses

			Per Diem (a/c 5000s)			Expenses (ac 5050s)				Totals		
Committee	Account(s)	Detail	Meeting	Prep	Travel	Travel	Hotel	Meals	Sundry	Per Diem	Expenses	Grand Total
Council Meetings	5003 & 5053		29,802	10,729	3,060	12,238	14,800	6,960	-	43,591	33,998	77,589
Council - Dinner			-	-	-	-	-	8,642	420	-	9,062	9,062
Concil - CAPR Board	5003 & 5053		680	624	90	622	-	-	-	1,394	622	2,016
Council - Extra Orientation	5003 & 5053		2,653	-	270	797	-	-	-	2,923	797	3,720
Council - Sexual Abuse Training	5003 & 5053	Non council	3,400	3,120	270	1,730	1,600	600	-	6,790	3,930	10,720
	5003 & 5053	Council	-	3,120	-	-	-	-	-	3,120	-	3,120
		Sub Total	3,400	6,240	270	1,730	1,600	600	-	9,910	3,930	13,840
<b>Council - Total</b>	5003 & 5053		36,535	17,593	3,690	15,387	16,400	16,202	420	57,818	48,409	106,227
Exec	5006 & 5056	Meetings	4,576	2,880	4,786	2,628	1,600	2,400	-	12,242	6,628	18,870
		President Work	4,760	-	-	-	-	-	-	4,760	-	4,760
<b>Exec Total</b>			9,336	2,880	4,786	2,628	1,600	2,400	-	17,002	6,628	23,630
<b>Finance</b>	5017 & 5075		8,904	5,760	-	-	-	-	-	14,664	-	14,664
<b>ICRC</b>	5002 & 5052		12,968	11,520	-	1,080	-	840	-	24,488	1,920	26,408
<b>Quality Assurance</b>	5011 & 5062		11,872	8,064	1,440	3,044	1,800	2,580	-	21,376	7,424	28,800
<b>Registration</b>	5012 & 5063		3,139	3,600	-	-	-	-	-	6,739	-	6,739
Discipline	5005 & 5055	Meeting	32,308	22,752	-	-	-	-	-	55,060	-	55,060
		Deliberations	4,550	-	-	-	-	-	-	4,550	-	4,550
		Decision Writing Cost	19,152	-	-	-	-	-	-	19,152	-	19,152
<b>Discipline Total</b>			56,010	22,752	-	-	-	-	-	78,762	-	78,762
Chair's Meeting	5001 & 5051	Meeting	2,040	480	540	1,783	600	720	-	3,060	3,103	6,163
		Facilitator	-	-	-	-	-	-	7,000	-	7,000	7,000
<b>Chair's Meeting Total</b>			2,040	480	540	1,783	600	720	7,000	3,060	10,103	13,163
<b>Totals</b>			140,804	72,649	10,456	23,922	20,400	22,742	7,420	223,909	74,484	298,393



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#### 4.0 Information Management (a/c 5100)

Information Management includes hardware and software that supports the College's operations. The anticipated budget for information management is \$380,533, 8.5% lower when compared to the previous fiscal year and 31% higher than in FY 2020. The change in this area was the purchase of Regulate 365, the College's database, in FY 2021, reducing the annual cost from approximately \$100,000 per year to \$24,000, which represents the service agreement with KMPG to maintain the software program.

\$75,000 is budgeted in FY 2021 to support two major digital and information technology projects: (a) development of a modern digital and information strategy that will guide the growth College's use of technology, improving our internal operations and ability to serve the public interest over the next 3 to 5 years; (b) improving the College's information architecture and use of already in-use digital platforms such as Microsoft 365.

The College uses a wide variety of software to operate its daily business. Software is used for surveys, polling and elections, video conferencing, website management, accounting, file transfer sites, mailing and communications, and creative design. The budget for software in FY 2022 is \$88,554.

The other areas captured in Information Management relate to the College's database and hardware such as computers, printers, and management of the College's information management system.

Major costs related to this area include:

- Leases for computers
- Variety of software annual licenses. The significant software: iComp for the QA Program (\$23,730), Microsoft Dynamics 365 (\$77,739) to operate Atlas, DiliTrust to manage committee meetings (\$22,651), KPMG Master Service Agreement for Regulate 365 (\$23,730).
- Support for our network services provided by Pace Technical (\$59,579).
- Special Project: Information architecture design, migration of files, and improving the use of MS 365 (\$50,000).

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#### 5.0 Travel and Conferences (a/c 5300)

Networking includes conferences attended by staff, council, and committee members over the fiscal year. Costs for this category are \$15,000 or 70% higher than in FY 2021 and management expect travel restrictions and attendance at conferences will continue to be limited in FY 2022 due to Covid-19.

These conferences serve as opportunities to engage with other professional from the field of government regulation, learn about new trends in our industry, and professional development opportunities that will improve the skill level of our team members.

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## 6.0 Office and General (a/c 5400)

Office and General covers expenses related to the non-program related operational expenses to run the regular business of the College. The total expenses budgeted for FY 2022 are \$924,138 or 6% less when compared with FY 2021.

Office and General expenses cover bank and service charges, association membership fees and publication subscriptions, CAPR registration levy, rent, printing, mailing and courier, telephone and internet, office supplies, and bad debt.

The major expenses related to office and general are:

Item	Total Amount
CAPR Registration Levy: \$21 per registrant x \$10,840 members	\$227,304
Rent and Annual utility cost payable to Manulife (building manager)	
<ul style="list-style-type: none"> <li>• Annual Rent @ \$277,234</li> <li>• Manulife Utility cost to building managers @ \$239,980.</li> <li>• Leasehold improvement rebates @ \$(33,846)</li> </ul>	\$483,368
Note: Rent increased in March 2021 as per lease and utility costs were increased by 2%.	

## 7.0 Regulatory Effectiveness (a/c 5500)

The Policy Department is responsible for College's policy development program and monitoring the College's compliance with its regulatory requirements. Expenses covered by this area include strategic projects, council education, council elections, and policy development. The cost for maintaining and advancing the College's regulatory effectiveness in \$148,448 or a 45% increase when compared with the previous fiscal year.

The Policy Department's priorities and key activities in FY 2022 include:

- Review of the CPO's governance policies, including a review of the By-Laws.
- Review of the standards of practice, including consultations with public and registrants.
- Review of the College's Entry to Practice standards.
- Implementing the Ontario MOH's College Performance Management Framework (CPMF).
- Conducting Strategic Planning.
- Review of CPO's relationship with CAPR.
- Review of support for International Educated Physiotherapists.

Major projects include<sup>5</sup>:

<sup>5</sup> See note 6.

Item	Total Amount
Strategic Planning	\$20,036
Entry to Practice Review	\$53,512
CAPR Review	\$28,000
Support for Internationally Educated Physiotherapists	\$20,000
Diversity, Equity, and Inclusion policy development	\$10,000

## 8.0 Communications (a/c 5600)

The Communications Departments provides important support to the College as it communicates internally and externally with stakeholders, including the public. The budget prepared for Communications is \$123,590, a 23% increase when compared with the previous fiscal year and 3% when compared to FY 2020.

Communications goals in FY 2022 are:

- To increase awareness of the College's standards with PTs and other key stakeholders.
- To raise awareness of the College, its role, and the services it offers (Public Register, Practice Advice, ability to make a complaint) with stakeholders.
- To increase traffic and time spent on to specific website pages on the College's website.

Key activities include:

- Increase user experience of the College's website by making improvements such as updating the FAQ functionality, adding new templates, and improving the search.
- Improve the security and accessibility of the website through additional investments.
- Promoting the College through online advertising targeted at patients, caregivers, employers, and new PTs to enable them to find the College and its specific resources.
- Create additional online supports and experiences for PTs.
- Centralize internal communications within the College to the Communications department as the lead department.

Major expenses include:

Item	Total Amount
Translation to French of E-learning modules, Jurisprudence, PISA, and QA materials	\$15,800
On-line advertising	\$24,000
Security enhancement for the College's website	\$23,000
Support for website development	\$26,400

## 9.0 Professional Fees (a/c 5700)

Professional fees include fees paid to lawyers, accountants, consultants, secure court documents, and fees paid to conduct investigations. The budget for professional fees is \$410,552, an increase of 16% when compared with the previous fiscal year and a 3% decrease compared to FY 2020.

The major expenses in this category include:

Item	Total Amount
Professional Services – Other:	
<ul style="list-style-type: none"> <li>HR consultant to support employee growth and development and redesign the employee performance management and appraisal system.</li> </ul>	\$52,963
<ul style="list-style-type: none"> <li>Salary Market Review</li> <li>Accounting and financial services (not including audit)</li> </ul>	
Legal Fees:	
<ul style="list-style-type: none"> <li>Discipline and General</li> </ul>	\$241,260

Legal costs for discipline cases accrued at the year end of fiscal year 2021 are managed through adjustments made to liabilities established on March 31, 2021. Legal costs for cases not accrued at the year end of 2021 are expensed.

## 10.0 Programs (a/c 5800)

Programs covers expenses related to the Quality Assurance Program, Jurisprudence, Remediation, and Therapy and Counselling. Table 10 presents a summary of the expenses covered in this area.

Table 10 - Summary Programs

Expenses – 5800 - Programs	FY2022 Budget	FY2021 Projection	FY2020 Actual	FY2019 Actual	Difference FY 2022 & FY 2021
<b>5810 - Quality Assurance</b>	198,094	165,512	192,023	234,219	20%
<b>5802 – Jurisprudence</b>	22,550	13,089	13,089	14,438	72%
<b>5870 – QA Practice Enhancement Fees</b>	0	5,169	6,563	4,143	(100)%
<b>5880 – Remediation</b>	48,676	18,510	17,273	4,266	163%
<b>5890 – Therapy &amp; Counselling</b>	13,533	3,515	14,229	12,316	285%
<b>Total 5800</b>	<b>282,853</b>	<b>205,794</b>	<b>244,177</b>	<b>269,382</b>	<b>37%</b>

The renewed Quality Assurance Program launched in January 2021 with a shift in the costs from development to execution and implementation. Table 11 present a summary of expenses for the QA Program in FY 2022:

Table 11 - Quality Assurance Program Costs

AC	Description	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Projected	2022 Budget
	Number of Assessments	310	362	QAP in development			750
5821	Assessor Travel	\$70,056	\$81,635	\$6,200	\$4,659	\$3,447	\$9,284
5823	Assessor Training	51,998	6,826	91,565	23,493	80,431	35,240
5824	Assessor Onsite Assessment Fee	115,321	132,928	6,370	6,750	4,050	26,595
5825	Assessor Remote Assessment	0	0	0	42,499	65,600	121,890
	Subtotal	237,375	221,389	104,135	77,401	153,528	193,009
	QA Salaries	214,160	191,844	200,043	278,370	229,854	287,541
	Grand Total	451,535	413,233	304,178	355,771	383,382	480,550
	<b>FV @ 2021(1)</b>	<b>\$481,870</b>	<b>\$433,628</b>	<b>\$314,651</b>	<b>\$359,412</b>	<b>\$383,382</b>	<b>\$480,550</b>
	<b>Cost Per Assessment (2021 \$)</b>	<b>1,554.42</b>	<b>1,197.87</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>640.73</b>
	QA Program - FTEs	2.5	2.0	2.5	3.0	2.0	3.0

### 11.0 Salaries (a/c 5900)

Salaries is the largest expense item in the CPO annual budget. \$3,928,110 is allocated to salaries for FY 2022. This represents 60% of the College's annual expense and is a 12% increase from the previous fiscal year.

Salaries includes salaries, benefits, and employer taxes, staff development, contractors, recruitment, and staff professional development. A cost-of-living adjustment was not added for FY 2022. See Table 12 for a summary of the expenses related to Salaries.

The Council approved one new position in FY 2021 and a Director of Corporate Services was hired. This position is budgeted in FY 2022 as a full-time employee for the entire fiscal year.

In addition, several positions were not filled due to personal leaves (maternity, paternal, or personal) and the impact of Covid-19 and the review of the QA program on College staffing needs. As a result, the staffing complement in FY 2021 was lower than anticipated and represented 27.4 full-time equivalents (FTEs). People on leave are anticipated to return in FY 2022, raising our staffing levels to 30.8 FTEs and impacting the budget

In FY 2022, the College is proposing the addition of two employees:

The first is the Quality Assessment Specialist. The QA Specialist is required to provide the necessary service levels to manage the new QA Program and returns the Quality Assurance Department to its original staffing level.

The second is a Strategy and Governance specialist. Upon the return of the current Policy manager who is on parental leave till November, the College plans on rolling the existing incumbent into this new role to manage the College's strategic and CPMF reporting work. This role would begin in calendar year 2022.

Table 12 - Summary of Salaries

Expenses – 5900 – Salaries	FY2022 Budget	FY2021 Projection	FY2020 Actual	FY2019 Actual	Variance FY 2022 & FY 2021	Variance FY 2022 & FY 2020
Salaries, Benefits, Taxes	\$3,794,264	3,397,886	3,190,037	3,399,663	12%	19%
Independent Contractor	58,935	64,141	179,475	3,915	(8)%	(67)%
Recruitment	2,335	1,996	1,540	3,470	17%	52%
Staff Recognition	14,275	10,595	12,876	13,710	35%	11%
Professional Development	58,300	38,783	62,173	53,322	50%	(7)%
<b>Total 5900</b>	<b>\$3,928,109</b>	<b>\$3,513,401</b>	<b>\$3,446,496</b>	<b>\$3,624,517</b>	<b>12%</b>	<b>14%</b>

## 12.0 Amortization (a/c 6001)

Amortized expenses are capital assets that are expensed annually over the life of the asset when the asset has a life greater than 12 months. This is a non-cash item, meaning it does not impact cash flow, but is an element of the Statement of Operations. The anticipated amortized expense for FY 2022 is \$173,023.

Table 14 presents the amortization schedules for the periods ending March 31, 2021 (FY 2021) and March 31, 2022 (FY 2022). The difference of Accumulated Amortization between March 31, 2021 and March 31, 2022 equals \$173,023.

Table 13 - Amortization Schedule @ March 31, 2021 and March 31, 2022

Amort Pd (years)	@ March 31, 2021			
	New Purchase	Adj Cost	Acc Amort (\$)	Net (\$)
Furniture & Equipment	31,915	377,049	282,178	94,871
Computer Equipment	74,557	110,604	53,528	57,077
Computer Software	-	-	-	-
Leashold Improvement	-	793,263	305,879	487,384
<b>Total</b>	<b>106,472</b>	<b>1,280,916</b>	<b>641,584</b>	<b>639,332</b>



		@ March 31, 2022			
	Amort Pd (years)	New Purchase	Adj Cost	Acc Amort (\$)	Net (\$)
Furniture & Equipment	5	-	377,049	350,991	26,058
Computer Equipment	3	12,057	122,661	76,370	46,291
Computer Software	2	6,500	6,500	1,083	5,417
Leashold Improvement	10	-	793,263	386,162	407,101
<b>Total</b>		<b>18,557</b>	<b>1,299,473</b>	<b>814,606</b>	<b>484,867</b>

### 13.0 Capital Budget Items

The need to purchase equipment is low for Fiscal Year 2022. Purchases are related to the maintenance of our computer servers. Table 15 presents a list of assets scheduled to be purchased in FY 2022.

Table 14 - Capital Asset Purchases in FY 2022

Asset	Cost
Server Room Data Switches	7,797
Internet Access Points	2,260
UPS 1500VA + Batteries	2,000
OCR – Computer Software	6,500
<b>Total</b>	<b>18,557</b>



## APPENDIX 2: FY 2022 Operating budget comparison FY2019 and 2020

# Council

College of Physiotherapists of Ontario

Operating Budget

For the year ending March 31, 2022

Prepared March 3, 2021

Ordinary Income/Expense	Actual	Actual	Projected	Budget - 2-28-21
	Apr '18 - Mar 19	Apr '19 - Mar 20	Apr '20 - Mar 21	Apr '21 - Mar 22
<b>Income</b>				
<b>4001 · Registration Fees</b>				
4011 · Independent Practice - \$575	5,421,564.00	5,638,874.83	5,615,049.96	5,594,175.00
4012 · Independent Practice - ProRated	158,145.00	157,094.70	44,571.68	191,503.75
4013 · Prof Corp Fees \$250	78,500.00	80,250.00	115,500.00	102,000.00
4014 · Provisional Practice Fees \$75	35,775.00	35,100.00	35,400.00	33,750.00
4021 · Cross Border Fee \$100	0.00	0.00	600.00	0.00
4007 · Registration fee credits	-43,177.00	-50,168.55	-29,601.81	-38,704.09
4001 - Registration fees - Other	68,124.08	0.00	0.00	0.00
<b>Total 4001 · Registration Fees</b>	<b>5,718,931.08</b>	<b>5,861,150.98</b>	<b>5,781,519.83</b>	<b>5,882,724.66</b>
<b>4008 · Admin Fees</b>				
4015 · Application Fees \$100	128,700.00	124,800.00	62,900.00	132,400.00
4016 · Letter of Prof Stand / NSF \$50	11,300.00	11,100.00	10,950.00	11,000.00
4017 · Wall Certificates \$25	3,600.00	3,425.00	2,650.00	3,000.00
4018 · Late Fees \$225	8,100.00	1,125.00	3,150.00	4,950.00
4019 · Prof Corp Application \$700	37,100.00	28,000.00	32,200.00	28,000.00
4008 - Admin Fees - Other	46,650.00	0.00	0.00	0.00
<b>Total 4008 · Admin Fees</b>	<b>235,450.00</b>	<b>168,450.00</b>	<b>111,850.00</b>	<b>179,350.00</b>
<b>4002 · Interest Income</b>	<b>237,867.08</b>	<b>188,264.06</b>	<b>119,783.15</b>	<b>119,000.00</b>
<b>4006 (Gain)loss on sale of investment</b>	<b>5,166.49</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>4003 · Remediation Chargeback</b>	<b>34,555.52</b>	<b>14,587.78</b>		<b>39,750.00</b>
4025 - Office of the Registrar Chargeback			100.00	
4026 · Discipline Chargeback			8,706.89	
4027 - Registration Chargeback			1,001.00	
4028 · ICRC Remediation Chargeback			4,274.40	
4029 - QA Remediation Chargeback			400.00	





College of Physiotherapists of Ontario

Operating Budget

For the year ending March 31, 2022

Prepared March 3, 2021

	Actual Apr '18 - Mar 19	Actual Apr '19 - Mar 20	Projected Apr '20 - Mar 21	Budget - 2-28-21 Apr '21 - Mar 22
<b>4004 · Cost recovery from cost orders</b>	-4,850.00	58,083.28	68,101.96	59,098.00
<b>4010 · Miscellaneous Income</b>	785.00	500.00	0.00	0.00
<b>4022 · Recovery of Therapy Costs</b>	0.00	2,857.16	2,142.84	2,000.00
<b>Total Income</b>	<b>6,227,905.17</b>	<b>6,293,893.26</b>	<b>6,097,880.07</b>	<b>6,281,922.66</b>
<b>Gross Profit</b>	<b>6,227,905.17</b>	<b>6,293,893.26</b>	<b>6,097,880.07</b>	<b>6,281,922.66</b>
<b>Expense</b>				
<b>5000 · Committee Per Diem</b>				
5001 · Chairs meeting - per diem	0.00	2,212.00	0.00	3,060.00
5002 · ICRC - per diem	19,432.63	20,409.00	14,200.00	24,488.00
5003 · Council - per diem	50,063.25	35,874.75	26,870.00	57,818.00
5005 · Discipline Committee - per diem	17,828.00	29,977.50	18,213.00	78,762.00
5006 · Executive - per diem	25,535.00	17,640.92	20,472.42	17,002.40
5010 · Patient Relations - per diem	63.00	252.00	-94.00	627.00
5011 · QA Committee - per diem	3,203.00	2,144.00	17,540.50	21,376.00
5012 · Registration Com. - per diem	3,516.00	4,134.00	5,067.00	6,739.50
5017 · Finance Committee - per diem	4,406.00	9,999.50	4,624.00	14,664.00
<b>Total 5000 · Committee Per Diem</b>	<b>124,046.88</b>	<b>122,643.67</b>	<b>106,892.92</b>	<b>224,536.90</b>
<b>5050 · Committee Reimbursed Expenses</b>				
5051 · Chairs meeting - expenses	0.00	10,689.83	0.00	9,323.00
5052 · ICRC - expenses	20,799.18	23,173.46	9,655.71	1,920.00
5053 · Council - expenses	89,278.95	55,239.32	14,687.31	48,409.00
5055 · Discipline Committee - expenses	19,095.44	41,807.48	3,095.87	0.00
5056 · Executive Committee - expenses	11,263.82	7,890.54	3,864.19	6,628.00
5062 · QA Committee - expenses	1,711.33	2,426.75	502.41	7,424.00
5063 · Registration Comm. - expenses	1,854.71	2,064.09	759.40	0.00
5075 · Finance Committee - expenses	2,662.17	8,033.41	2,893.38	310.00
<b>Total 5050 · Committee Reimbursed Expenses</b>	<b>146,665.60</b>	<b>151,324.88</b>	<b>35,458.27</b>	<b>74,014.00</b>



College of Physiotherapists of Ontario

Operating Budget

For the year ending March 31, 2022

Prepared March 3, 2021

	Actual Apr '18 - Mar 19	Actual Apr '19 - Mar 20	Projected Apr '20 - Mar 21	Budget - 2-28-21 Apr '21 - Mar 22
<b>5100 · Information Management</b>				
<b>5101 · IT Hardware</b>	33,487.15	25,936.98	31,168.94	7,887.84
<b>5102 · Software</b>	17,569.31	46,063.15	48,477.74	88,553.54
<b>5103 · IT Maintenance</b>	94,644.88	93,347.05	78,429.17	107,622.17
<b>5104 · IT Database</b>	332,825.73	125,434.76	257,663.71	101,469.48
<b>5105 - Digital / Information Management Strategy</b>	0.00	0.00	0.00	75,000.00
<b>Total 5100 · Information Management</b>	478,527.07	290,781.94	415,739.56	380,533.03
<b>5200 · Insurance</b>	10,445.35	9,477.54	8,991.00	11,068.04
<b>5300 · Networking</b>	23,322.48	47,546.16	254.02	0.00
<b>5709 - Registration - Other</b>	0.00	0.00	4,562.38	0.00
<b>5301- Conference and Travel</b>				15,000.00
<b>5400 · Office and General</b>				
<b>5402 · Bank &amp; service charges</b>	136,773.50	104,469.11	195,619.28	111,013.50
<b>5403 · Maintenance &amp; repairs</b>	4,031.04	13,104.99	3,104.24	4,270.00
<b>5405 · Memberships &amp; publications</b>	224,747.93	20,767.29	21,641.25	29,712.32
<b>5406 · CAPR Registration Levy</b>	16,566.62	201,704.91	210,421.32	216,733.96
<b>5407 · Office &amp; kitchen supplies</b>	22,558.57	17,707.47	5,360.57	11,400.00
<b>5408 · Postage &amp; courier</b>	4,561.67	3,900.72	9,073.76	3,476.65
<b>5409 · Rent</b>	462,825.07	481,159.17	469,915.20	483,368.49
<b>5411 · Printing, Filing &amp; Stationery</b>	3,407.23	35,630.31	33,959.92	18,459.37
<b>5412 · Telephone &amp; Internet</b>	48,164.20	32,491.48	34,012.81	36,606.90
<b>5413 · Bad Debt</b>	13,759.29	19,631.07	582.25	10,000.00
<b>Total 5400 · Office and General</b>	937,395.12	930,566.52	983,690.60	925,041.20
<b>5500 · Regulatory Effectiveness</b>				
<b>5502 · Strategic Operations</b>	0.00	72,269.73	21,666.67	19,944.00
<b>5503 · Council Education</b>	47,879.80	15,207.11	14,670.18	15,212.00
<b>5504 · Elections</b>	3,500.00	3,550.00	3,450.00	3,550.00
<b>5505 · Policy Development</b>	17,838.14	20,374.76	22,567.42	120,222.00



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<b>Total 5500 · Regulatory Effectiveness</b>	69,217.94	111,401.60	62,354.27	158,928.00
<b>5600 · Communications</b>				
<b>5605 · French Language Services</b>	6,314.40	13,323.95	3,572.96	18,200.00
<b>5620 · Print Communication</b>	12,346.38	22,606.96	2,195.27	510.00
<b>5621 · Online Communication</b>	106,937.23	55,602.25	94,650.67	104,880.00
<b>5622 · In-Person Communication</b>	30,703.93	28,062.67	900.00	0.00
<b>Total 5600 · Communications</b>	156,301.94	119,595.83	101,318.90	123,590.00
<b>5700 · Professional fees</b>				
<b>5701 · Audit</b>	25,990.00	19,572.50	20,420.00	19,492.50
<b>5702 · Hearing Expenses</b>	2,259.05	10,847.65	2,422.68	6,842.94
<b>5705 · Professional services - Other</b>	0.00	7,401.50	6,299.75	52,963.00
<b>5706 · Investigator Travel</b>	0.00	0.00	0.00	400.00
<b>5707 · Decision writing &amp; Undercover</b>	0.00	10,059.47	7,806.46	1,544.00
<b>5708 · Peer / Expert opinions</b>	0.00	0.00	4,008.60	20,362.00
<b>5710 · Temporary staff</b>	35,246.15	0.00	0.00	0.00
<b>5711 · External investigators</b>	42,115.78	64,338.14	37,769.38	39,900.00
<b>5712 · PC Chart Review</b>			18,294.15	24,000.00
<b>5713 · Summons - Conduct Fees</b>			250.00	1,000.00
<b>5714 · Fee to Secure Records</b>			470.11	200.00
<b>5715 · Corporate Searches</b>			0.00	188.00
<b>5716 · Transcripts</b>			1,267.27	2,400.00
<b>5750 · Legal</b>				
<b>5751 · Legal - QA</b>	0.00	11,400.80	19,488.80	10,848.00
<b>5752 · Legal - Registration</b>	11,911.90	30,388.76	22,250.11	27,100.00
<b>5753 · Legal - Professional Conduct</b>				
<b>5754 · Legal - Council Advice</b>	0.00	0.00	7,635.99	9,040.00
<b>5760 · General Counsel</b>	34,471.53	19,228.97	32,628.02	30,000.00
<b>5761 · Independent Legal Advice</b>	51,159.42	88,184.59	61,512.22	31,000.00
<b>5762 · Hearing Counsel</b>	82,829.56	135,859.69	83,648.71	10,000.00



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5763 · Court Proceedings & Appeals	13,220.47	50,336.18	13,474.30	0.00
<b>Total 5753 · Legal - Professional Conduct</b>	<b>181,680.98</b>	<b>293,609.43</b>	<b>198,899.24</b>	<b>80,040.00</b>
5755 · General Legal	39,360.13	7,651.23	7,155.17	5,932.50
5756 - Legal - C&D Accruals	380,101.00	-36,067.00	22,474.00	111,000.00
5757 · Legal - Executive Office	0.00	2,243.05	8,041.33	6,000.00
5758 - Legal - Practice Advice				339.00
<b>Total 5750 · Legal</b>	<b>613,054.01</b>	<b>309,226.27</b>	<b>278,308.65</b>	<b>241,259.50</b>
<b>Total 5700 · Professional fees</b>	<b>676,549.21</b>	<b>421,445.53</b>	<b>377,317.05</b>	<b>410,551.94</b>
<b>5800 · Programs</b>				
5810 · Quality Program				
5811 · QA Program Development & Eval.	130,083.69	115,621.79	21,701.38	5,085.00
5821 · Assessor Travel	6,200.44	4,659.08	3,735.05	9,284.00
5823 · Assessor Training	91,565.10	23,492.98	17,448.00	35,240.00
5824 · Assessor Onsite Assessment Fee	6,370.00	6,750.00	4,275.00	26,595.00
5825 · Assessor Remote Assessment	0.00	42,499.25	29,410.00	121,890.00
<b>Total 5810 · Quality Program</b>	<b>234,219.23</b>	<b>193,023.10</b>	<b>76,569.43</b>	<b>198,094.00</b>
5802 · Jurisprudence	14,437.50	13,088.85	13,088.85	22,550.00
5870 · Practice Enhancement - QA				
5871 · QA Practice Enhancement fees	4,143.11	6,562.85	4,368.59	0.00
<b>Total 5870 · Practice Enhancement - QA</b>	<b>4,143.11</b>	<b>6,562.85</b>	<b>4,368.59</b>	<b>0.00</b>
5880 · Remediation	4,266.14	17,273.30		0.00
5882 - Remediation - ICRC			6,184.55	16,226.00
5883 - Remediation - Registration			1,371.22	2,550.00
5884 - Remediation - Discipline			8,021.45	29,400.00
5885 - Remediation - Office of the Registrar			100.00	500.00
<b>Total 5880 - Remediation</b>	<b>4,266.14</b>	<b>17,273.30</b>	<b>15,677.22</b>	<b>48,676.00</b>
5890 · Therapy and Counselling Fund	12,315.80	14,229.30	9,737.70	13,533.33
<b>Total 5800 · Programs</b>	<b>269,381.78</b>	<b>244,177.40</b>	<b>119,441.79</b>	<b>282,853.33</b>



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<b>5900 · Staffing</b>				
<b>5901 · Salaries</b>	3,117,826.09	2,746,100.42	2,956,711.12	3,314,254.34
<b>5902 · Employer Benefits</b>	107,529.25	122,102.54	112,373.67	116,327.46
<b>5903 · Employer RRSP Contribution</b>	108,371.95	139,792.31	140,279.80	164,336.91
<b>5904 · Consultant fees</b>	3,915.38	179,475.11	64,141.48	58,935.12
<b>5905 · Staff Development</b>	53,322.27	62,173.61	38,683.68	58,000.00
<b>5906 · Recruitment</b>	3,469.59	1,540.47	1,996.43	2,335.43
<b>5907 · Staff Recognition</b>	13,709.65	12,875.81	10,594.54	14,275.00
<b>5908 · Registrar and Requested Education</b>			100.00	300.00
<b>5911 · CPP - Canadian Pension Plan</b>	81,739.54	91,880.17	98,129.16	108,338.55
<b>5912 · EI - Employment Insurance</b>	35,297.30	36,562.27	37,270.03	40,284.11
<b>5913 · EHT - Employer Health Tax</b>	48,868.91	53,598.57	53,122.05	50,722.94
<b>5914 · Vacation Pay Adjustment</b>	50,467.29	394.99	0	0.00
<b>Total 5900 · Staffing</b>	<b>3,624,517.22</b>	<b>3,446,496.27</b>	<b>3,513,401.96</b>	<b>3,928,109.86</b>
<b>Total Expense</b>	<b>6,516,370.59</b>	<b>5,895,457.34</b>	<b>5,729,422.72</b>	<b>6,534,226.30</b>
<b>Net Ordinary Income</b>	<b>-288,465.42</b>	<b>398,435.92</b>	<b>368,457.35</b>	<b>-252,303.63</b>
<b>Other Income/Expense</b>				
<b>Other income</b>				
<b>6001 · Amortization</b>	-250,612.74	-150,820.33	-166,450.39	-173,022.53
<b>Total Other Income</b>	<b>-250,612.74</b>	<b>-150,820.33</b>	<b>-166,450.39</b>	<b>-173,022.53</b>
<b>Net Other Income</b>	<b>-250,612.74</b>	<b>-150,820.33</b>	<b>-166,450.39</b>	<b>-173,022.53</b>
<b>Net Income</b>	<b>-539,078.16</b>	<b>247,615.59</b>	<b>202,006.96</b>	<b>-425,326.16</b>

### Fiscal Year 2022

#### Assumptions & estimates - Revenue

##### 4011 - Independent Practice Fees

FY2021 registrants		9,789		@ February 1, 2021, number of invoices of issued
less projected retirements		-100		- PTs who discontinue practising
Total Renewals for FY2022		9,689		
Plus # new members		40		- PTs not previously registered as IP in FY 2021 who join in Feb and March 2021
Est. total PT registrants for FY2022		9,729		
<b>Total estimated Fees</b>	<b>\$ 575</b>		<b>\$ 5,594,175</b>	

##### 4012 - Independent Practice - Prorated Fees

# Provisional Members FY 2021		563		- current number of members @ January 25, 2021
# est. Candidates PCE Clinical Exam - March 2021		210		- 77 PTs writing 2nd time + 133 PTs on provisional license status
# est. Candidates PCE Clinical Exam - June 2021		303		- equals the number of PTs registered as of Jan 25, 2021
# est. Candidates PCE Clinical Exam - August 2021		50		- equals the number of PTs registered as of Jan 25, 2021
# est. Candidates PCE Clinical Exam - November 2021		250		- includes 250 PT graduates from Sep 2021
Pass Rate for exams				
Fees pd by March exam candidates	147 \$	63,394		- March candidates pay in June 2021 (9 month remaining); 70% PR
Fees pd by June exam candidates	272 \$	60,979		- June candidates pay in September 2021 (6 months remaining); 70% PR
Fees pd by August exam candidates	45 \$	6,708		- August candidates Pay in December 2021 (4 months remaining); 70% PR
Fees pd by November exam candidates	225 \$	8,385		- November candidates pay in February 2022 (1 month remaining); 70% PR
Fees pd by PTs provincial transfer	50 \$	14,375		
Fees pd by PTs returning from resignation	81 \$	23,288		- similar number to FY2021
Fees pd by PTs applying for independent practice license	50 \$	14,375		- International education graduates
<b>Total estimated Pro-rated fees</b>	<b>870 \$</b>	<b>191,504</b>		

##### 4013 - Professional Corporation Fees (@ \$250)

		#	\$
2018		0	
2019		314	\$ 78,500

# Council

**Note:**

Registration Fee to balance budget = 617  
 Registration Fees % of Revenue 0.921004

**Fiscal Year 2022**

**Assumptions & estimates**

	2022 Estimate	408	\$ 102,000	
4015 - Application Fees (@ \$100)				
Application - Provisional License				
- Domestic graduates	250	\$	25,000	- From Ontario programs Sep 2021
- International education graduates	200	\$	20,000	- Based on historical trends, confirmed with Registration
<b>Sub Total - Provisional License App Fees</b>	<b>450</b>	<b>\$</b>	<b>45,000</b>	
Application - Independent Practice License				
- PTs who took the PCE exam in FY2022	553	\$	55,300	- includes all PTs who passed the PCE exam and pay IP Pro-rate
- 2021 intl education graduates	140	\$	14,000	
- PTs transfer from other provinces	50	\$	5,000	
- Fees pd by PTs applying for independent practice license	50	\$	5,000	- International education graduates
- PTs returning from resignation	81	\$	8,100	- similar number to FY2021
<b>Sub Total - IP License App Fees</b>	<b>874</b>	<b>\$</b>	<b>87,400</b>	
<b>Grand Total - 4015 - Application Fees</b>	<b>1,324</b>	<b>\$</b>	<b>132,400</b>	

4007 - Registration Fee Credits

2018	-31,869.00	
2019	-43,177.00	
2020	-50,168.55	
2021 estimate	-37,431.55	
2022 model	-40,661.53	- Rolling 4y average (2018-2021)



### CAPITAL BUDGET

March 3, 2021

<b>Asset</b>	<b>Cost</b>
Server Room Data Switches	7,797
Internet Access Points	2,260
UPS 1500VA + Batteries	2,000
OCR – Computer Software	6,500
<b>Total</b>	<b>18,557</b>



## **Agenda # 10**

Program Area Operations Report 2020

Presentation- no material

<b>Meeting Date:</b>	March 23, 2021
<b>Agenda Item #:</b>	11
<b>Issue:</b>	Q3 Financial Management Report
<b>Submitted by:</b>	Zoe Robinson, Director, Corporate Services

This report will provide a review of the College's financial performance at the end of Q3, December 31, 2020. The report includes a summary of significant financial impacts on the College's Statement of Operations (i.e., Income Statement) and Statement of Financial Position (i.e., Balance Sheet), including a report explaining variances more than 5% of the budgeted amount as required by College policy.

The College's financial statements are presented on an accrual basis in accordance with Canadian Accounting Standards for Non-Profit Organizations ("ASNPO") and reflect the financial performance between April 1, 2020 and December 31, 2020.

### **Background:**

The College has now come to the end of the third quarter of its fiscal year.

At the end of third quarter Income is at 91.4% of planned revenue. We are projecting 98.3% of members register by the end of the fiscal year and most of the Independent practice revenue has been received by December 31, 2021.

Total revenues were higher than expenses which resulted in a net income of \$25,916.71 (Table 1). This figure does not account for the College's complaints and discipline accrual adjustment. We are in the process of reviewing the accounting for the accrued liabilities related to the C&D accrual.

### **Executive Summary**

Covid-19 continues to impact the College's operations in a significant manner. The most significant driver was the decision to delay the registration renewal date, which delayed the arrival of much of the College's revenue. This is reflected in the Statement of Operations for the period between April 1, 2020 and December 31, 2020.

Revenues recognized from Independent Practice fees were higher in Q3 (i.e., October to December 2020) compared to Q1 and Q2 (i.e., April to September 2020) due to a change in the method of accruals for these fees. Revenues were higher in Q3 when compared to previous quarters while expenses for Q3 have increased compared to Q1 and Q2. Overall impact is a surplus of \$25,917 at Q3 YTD. (See Table 1)

During the period April 1, 2020 to December 31, 2020, revenues totalled \$4,264,188, 8.62% under the anticipated budget, expenses totalled \$4,114,864, 9.82% under the anticipated budget, and net operating

income (i.e., prior to amortization and depreciation) totalled a surplus of \$149,323. The Net Income (i.e., Net Operating Income less amortization and depreciation) for this period totalled a surplus of \$25,917. (See Table 2)

Table 1 provides a summary of the Statement of Operations separated into Q1, Q2 and Q3 and Table 2 provides a summary of the actuals compared to the budget for the Statement of Operations for the period April 1, 2020 to December 31, 2020.

*Table 1 - Summary - Statement of Operations – Q1 to Q3 Actuals*

Item	Q3	Q2	Q1	Total
	Oct – Dec 20	Jul – Sep 20	Apr – Jun 20	
<b>Revenues</b>	\$1,884,833	\$917,770	\$1,461,584	\$4,264,188
<b>Expenses</b>	\$1,450,908	\$1,342,984	\$1,320,972	\$4,114,864
<b>Net Operating Income</b>	\$433,925	\$(425,214)	\$140,612	\$149,323
<b>Less Amortization &amp; Depreciation</b>	\$42,352	\$42,352	\$38,702	\$123,406
<b>Net Income (Excess of Expenses over Revenue)</b>	\$391,573	\$(467,566)	\$101,910	<b>\$25,917</b>

*Table 2 – Summary Comparative Statement of Operations April 1, 2020 to December 31, 2020 – Actuals to Budget*

Item	Actual	Budget	Variance (\$)	(%)
<b>Revenues</b>	\$4,264,188	\$4,666,256	\$(402,068)	91.38%
<b>Expenses</b>	\$4,114,864	\$4,563,029	\$(448,164)	90.18%
<b>Net Operating Income</b>	\$149,323	\$103,227	\$46,096	144.66%
<b>Less Amortization &amp; Depreciation</b>	\$(123,406)	\$(120,423)	\$(2,984)	102.48%
<b>Net Income (Excess of Expenses over Revenue)</b>	<b>\$25,917</b>	\$(17,196)	\$43,112	(150.72%)

The College's financial position remains strong through Q3. Cash on hand between Q2 and Q3 decreased by \$1,280,934 to \$3,071,990. Deferred Registration Fees decreased by \$1,709,096 from \$3,437,183 to \$1,728,08 as revenues are recognized during the quarter (See Table 3). The College has enough cash on hand to cover its current liabilities.

Table 3 - Summary - Statement of Financial Position - Q2 to Q3

Item	Q3 @ Dec 31, 2020	Q2 @ Sept 30, 2020	Variance (\$)
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash on Hand	\$3,071,990	\$4,352,924	\$(1,280,934)
Investments	\$5,114,791	\$5,087,791	\$27,000
Accounts Receivable	\$51,879	\$59,935	\$(8,056)
Other Current Assets	\$17,744	\$80,195	\$(62,451)
<b>Total Current Assets</b>	<b>\$8,256,403</b>	<b>\$9,580,845</b>	<b>\$(1,324,442)</b>
Fixed Assets (Net)	\$669,628	\$711,981	\$(42,352)
<b>TOTAL ASSETS</b>	<b>\$8,926,032</b>	<b>\$10,292,824</b>	<b>\$(1,366,792)</b>
<b>LIABILITIES &amp; EQUITY</b>			
<b>Current Liabilities</b>			
Accounts Payable	\$67,015	\$57,954	\$9,061
Vacation Accrual	\$133,903	\$133,903	\$0
Accrued Liabilities	\$636,837	\$677,319	\$(40,482)
Deferred Revenue – Fees	\$1,728,087	\$3,437,183	\$(1,709,096)
Banked Refunds	\$31,786	\$42,858	\$(11,072)
<b>Total Current Liabilities</b>	<b>\$2,597,628</b>	<b>\$4,349,217</b>	<b>\$(1,751,589)</b>
Long Term Liabilities	\$171,680	\$178,457	\$(6,777)
<b>Total Liabilities</b>	<b>\$2,769,308</b>	<b>\$4,527,674</b>	<b>\$(1,758,366)</b>
<b>Equity</b>			
Unrestricted Net Assets	\$4,411,446	\$4,411,446	\$0
Invested in Capital Assets	\$619,361	\$619,361	\$0
Restricted Net Assets	\$1,100,000	\$1,100,000	\$0
Net Income	\$25,917	-\$365,656	\$391,573
<b>Total Equity</b>	<b>\$6,156,724</b>	<b>\$5,765,151</b>	<b>\$391,573</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>\$8,926,032</b>	<b>\$10,292,824</b>	<b>\$(1,366,792)</b>

### Statement of Operations Analysis:

The year-to-date net income at December 31, 2020 was 25,917. This is \$8,721 higher than forecasted for the period.

The Statement of Operations provides information on the financial performance of the College over a period, in this case between April 1, 2020 to December 31, 2020, and consists of revenue and expenses. The financial performance is summary shown as:

- Net Operating Income = Revenues less Expenses
- Net Income (Excess of Revenues over Expenses) = Operating Income less Amortization and Depreciation

**Revenue:**

Revenue recognized on December 31, 2020 was \$4,264,187.53 or 8.6% lower than budgeted.

The main drivers of revenue for the College are:

- Independent Practice – Full Fees = 91.58% of total revenue
- Admin Fees – 2.18%
- Interest Income = 2.19%
- Professional Corporation Fees = 1.96%

Revenues fell short of expectation because of the changes in accrual methods for the registration fees, as described above, and fewer physiotherapists registering than projected. As of December 31, 2020, 98.36% of the projected independent practice fees were received from 9,687 physiotherapists, 162 fewer memberships than projected for FY 2021 (Note: 9,687 PTs have registered).

Pro-rated Independent Practice fees are accrued over the fiscal year to March 31, 2021. Revenue recognized from Pro-rated Independent Practice fees at the end of the quarter is \$29,379.16 or 34.5% of the projected \$55,688.72.<sup>1</sup>

Revenue from application fees were slightly higher than forecast. \$56,900 in application fees was received, \$2,900 more than anticipated.

The cancellation of the PCE (Physiotherapy Competency Exam) Clinical exams in June and November had an impact on revenue as fewer PTs will apply for a license and pay the pro-rated independent practice fees because they will not be eligible to apply to the College.

Appendix B provides further detail on variances for revenue related to Q3.

**Expenses:**

Expenses for the period ending on December 31, 2020 were \$4,114,864.43 or 9.8% lower than budgeted. The main drivers of expenses are:

- Staffing costs (including salaries and benefits) = 62.70% of total expense
- Office and General costs = 15.88%
- Information Management = 8.67%
- Legal = 5.84%

Staffing and Office & General costs are on track as projected at 97.99% and 101.72% of projected expense.

Information technology costs are higher than budgeted by 12.15% due to the timing of recording expenses and the payment of invoices. This will balance out by Q4.

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<sup>1</sup> As of December,31 2020, \$47,497.42 has been received for pro-rated independent practice fees.

Covid-19 impacted the costs related to meetings of Council and committees. As of December 30, 2020, Council and committee per diems amounted to \$70,883.92 or 49.39% of the forecast and Council and committee expenses were \$27,495.27 or 28.67% of the forecast. The lower costs are due to fewer or cancelled meetings as well as virtual meetings held due to Covid-19.

Legal costs related to professional conduct were lower than budgeted because fewer hearings were held than originally anticipated. \$119,564.25 (58.00% of budget) was spent on legal costs for professional conduct versus \$206,164.60 that was planned. Several of the case files are still under investigation. You will notice the investigation services costs have slightly increased.

Several items that were planned for Q3 have been deferred to later periods and include:

- Planning activities related to strategic operations and policy development.
- QA (Quality Assurance) programs launch and in-person assessor trainings.
- Review of performance evaluation program.

#### **Statement of Operations-Prior year comparison:**

Committee reimbursed per-diems and expenses have gone down significantly relative to last year because of meetings conducted virtually as oppose to in-person due to the pandemic. Legal costs have been down this year due to several cases still in the investigation phase. This resulted in less legal advice required. Total income has gone down by 389,000 and total expenses, excluding amortization, have gone down by \$307,000 compared to last year. As a result, we are seeing a reduction in surplus by 92,000 at FY 2021 Q3 compared to FY 2020 Q3.

#### **Statement of Financial Position Analysis:**

Our statement of financial position remains strong as of December 31,2020. Total Assets increased by \$334,052.83 to \$8,926,032, Total Liabilities increased by \$178,453 to \$2,597,628, and Total Equity increase by \$155,599 to \$6,156,723 when compared to December 31, 2019 (note: Total Assets = Total Liabilities + Total Equity).

The College's overall financial position compared with Q2, ending on September 30, 2020, shows a decrease in cash to cover expenses for ongoing operations while investments continue to increase. Deferred revenue continues to decrease as revenue is recognized for Independent Practice – Full Fees and Pro-rated Independent Fees. Total equity increased by \$391,573 between Q2 and Q3 due to the change in accruals for registration fees made in Q2.

#### **Statement of Cash Flows**

Cash decreased by \$1,253,934 between Q2 and Q3. This is mainly driven by the changes deferred revenue for registration fees as the revenue is being recognized. See Table 4 for comparison of cash flow over Q1, Q2 and Q3.

Table 4 - Cash Flow by Quarters FY 2021

	Oct - Dec 20	Jun - Sep 20	Apr - Jun 20
<b>OPERATING ACTIVITIES</b>			
Net Income	391,572.86	790,410.40	101,910.08
<b>Adjustments to reconcile Net Income to net cash provided by operations:</b>			
1200 · Accounts Receivable	8,055.92	-14,522.89	-1,655,898.02
1201 · Allowance for Doubtful Accounts	496.73	-2,164.48	-1,833.07
1400 · Prepaid Expenses	61,953.80	92,308.36	127,384.83
2000 · Accounts Payable	9,061.28	-53,924.82	21,977.79
2010 · Accrued Liabilities	-40,482.37	33,233.58	-33,120.07
2102 · Deferred Full Fee Revenue	-1,701,843.50	-184,888.00	764,893.75
2103 · Pro-Rated Fee Revenue	-7,252.46	9,172.21	15,886.25
2152 · Due to Manulife (RRSP)	0.00	-4,924.87	0.00
2110 · Banked refunds	-11,071.76	-23,860.73	-4,857.20
<b>Net cash provided by Operating Activities</b>	<b>-1,289,509.50</b>	<b>640,838.76</b>	<b>-663,655.66</b>
<b>INVESTING ACTIVITIES</b>			
1301 · Computer equipment	0.00	0.00	-62,500.24
1305 · Computer equipment - Acc dep	5,208.36	7,297.80	2,089.44
1310 · Furniture and Equipment	0.00	0.00	-31,914.97
1312 · Furniture & Equipment -Acc Dep	17,073.18	33,614.43	16,541.25
1322 · Leasehold Improvements -Acc dep	20,070.87	40,141.75	20,070.88
<b>Net cash provided by Investing Activities</b>	<b>42,352.41</b>	<b>81,053.98</b>	<b>-55,713.64</b>
<b>FINANCING ACTIVITIES</b>			
2125 · Deferred Rent - Tenant Incentiv	-6,776.83	-6,776.83	-6,776.83
<b>Net cash provided by Financing Activities</b>	<b>-6,776.83</b>	<b>-6,776.83</b>	<b>-6,776.83</b>
<b>Net cash increase for period</b>	<b>-1,253,933.92</b>	<b>715,115.91</b>	<b>-726,146.13</b>
<b>Cash at beginning of period</b>	<b>9,440,714.31</b>	<b>8,725,598.40</b>	<b>9,531,713.52</b>
<b>Cash at end of period</b>	<b>8,186,780.39</b>	<b>9,440,714.31</b>	<b>8,805,567.39</b>

### Financial Projections to March 31, 2021

A forecast has been prepared considering the actuals for periods Q1, Q2, and Q3 and projected revenues and expense for Q4. This forecast is built on the forecast provided at the end of Q2.

The financial performance during Q3 was better than projected. There was a 4% increase in revenues, a 10% decrease in expenses, 120% increase in operating income, and a 154% increase revenue in excess of expenses between October 1, 2020 and December 31, 2020 than projected at the end of September 2020. See Table 5 for details.

Table 5 - Comparison of Q3 results - Projected vs Actual

Category	Q3 Actuals	Q3 Projected Forecast	Difference	Variance
Revenue	1,884,833	1,814,138	70,695	4%
Expense	1,450,908	1,616,698	- 165,790	-10%
Operating Income	433,925	197,440	236,485	120%
Amortization	42,352	43,044	- 692	-2%
<b>Revenue in Excess of Expenses</b>	<b>391,573</b>	<b>154,396</b>	<b>237,177</b>	<b>154%</b>

The current and updated forecast at the end of Q3 projects at March 31, 2021:

- Revenues = \$6,097,880, \$205,958 lower than budgeted.
- Expenses = \$5,729,423, \$473,528 lower than budgeted.
- Net Operating Income = \$368,457, \$267,570 higher than budgeted.
- Revenue in excess of Expenses (ie. net income) = \$202,006, an improvement of \$264,586

Table 6 provides a summary of the financial forecast and a comparison to the approved budget.

Table 6 - Forecast to March 31, 2021 (as of 12-31-20)

Item	Forecast @ 12-31-20	Forecast @ 9-30-20	Budget (Sep 2020)	Variance (\$) To Budget Projected at 12-31-20	Variance (%)
Revenues	\$6,097,880	\$6,027,185	\$6,303,838	\$(205,958)	-3.3%
Expenses	\$5,729,423	\$5,871,839	\$6,202,950	\$(473,528)	-8.0%
<b>Net Operating Income</b>	<b>\$368,457</b>	<b>\$155,346</b>	<b>\$100,888</b>	<b>\$267,570</b>	<b>287.6%</b>
Less					
Amortization & Depreciation	166,450	\$167,142	\$163,467	\$2,984	1.8%
<b>Net Income (Excess of Expenses over Revenue)</b>	<b>\$202,007</b>	<b>\$(11,796)</b>	<b>\$(62,579)</b>	<b>\$264,586</b>	<b>458.7%</b>

A detailed forecast to March 31, 2021 is provided in Appendix D.



**Appendix A-Statement of  
Cash flows April-Dec 31,  
2020**

**College of Physiotherapists of Ontario  
Statement of Operations  
Prior Year Comparison  
April through December 2020**

College of Physiotherapists of Ontario

Comparative Statement of Operations for FY 2021 for the period ending December 31, 2020

	<u>Apr - Dec 20</u>	<u>Apr - Dec 19</u>	<u>\$ Change</u>	<u>% Change</u>
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>4001 · Registration Fees</b>				
4011 · Independent Practice - \$575	3,905,154.95	4,236,017.61	-330,862.66	-7.81%
4012 · Independent Practice - ProRated	29,379.16	84,750.11	-55,370.95	-65.33%
4013 · Prof Corp Fees \$250	83,750.00	48,500.00	35,250.00	72.68%
4014 · Provisional Practice Fees \$75	30,075.00	31,275.00	-1,200.00	-3.84%
4021 · Cross Border Fee \$100	600.00	0.00	600.00	100.0%
4007 · Registration fee credits	-29,601.82	-50,168.55	20,566.73	41.0%
<b>Total 4001 · Registration Fees</b>	<b>4,019,357.29</b>	<b>4,350,374.17</b>	<b>-331,016.88</b>	<b>-7.61%</b>
<b>4008 · Admin Fees</b>				
4015 · Application Fees \$100	56,900.00	78,500.00	-21,600.00	-27.52%
4016 · Letter of Prof Stand / NSF \$50	7,550.00	7,700.00	-150.00	-1.95%
4017 · Wall Certificates \$25	1,750.00	2,525.00	-775.00	-30.69%
4018 · Late Fees \$225	3,150.00	1,125.00	2,025.00	180.0%
4019 · Prof Corp Application \$700	23,800.00	19,600.00	4,200.00	21.43%
<b>Total 4008 · Admin Fees</b>	<b>93,150.00</b>	<b>109,450.00</b>	<b>-16,300.00</b>	<b>-14.89%</b>
4002 · Interest Income	93,182.15	131,486.86	-38,304.71	-29.13%
<b>4003 · Remediation Chargeback</b>				
4026 · Discipline Chargeback	4,473.05	0.00	4,473.05	100.0%
4027 · Registration Chargeback	833.84	0.00	833.84	100.0%
4028 · ICRC Remediation Chargeback	2,273.40	0.00	2,273.40	100.0%
4003 · Remediation Chargeback - Other	0.00	8,737.27	-8,737.27	-100.0%
<b>Total 4003 · Remediation Chargeback</b>	<b>7,580.29</b>	<b>8,737.27</b>	<b>-1,156.98</b>	<b>-13.24%</b>
4004 · Cost recovery from cost orders	48,774.96	52,624.96	-3,850.00	-7.32%
4010 · Miscellaneous Income	0.00	500.00	-500.00	-100.0%
4022 · Recovery of Therapy Costs	2,142.84	714.29	1,428.55	200.0%
<b>Total Income</b>	<b>4,264,187.53</b>	<b>4,653,887.55</b>	<b>-389,700.02</b>	<b>-8.37%</b>
<b>Gross Profit</b>	<b>4,264,187.53</b>	<b>4,653,887.55</b>	<b>-389,700.02</b>	<b>-8.37%</b>
<b>Expense</b>				
5709 · Registration - Other	4,562.38	0.00	4,562.38	100.0%
5756 · C & D Accrual Expense	0.00	-128,120.58	128,120.58	100.0%
<b>5000 · Committee Per Diem</b>				
5001 · Chairs meeting - per diem	0.00	2,212.00	-2,212.00	-100.0%
5002 · ICRC - per diem	9,356.00	16,506.00	-7,150.00	-43.32%
5003 · Council - per diem	19,822.00	35,874.75	-16,052.75	-44.75%
5005 · Discipline Committee - per diem	7,853.00	27,723.00	-19,870.00	-71.67%
5006 · Executive - per diem	16,768.42	11,098.59	5,669.83	51.09%
5010 · Patient Relations - per diem	-94.00	0.00	-94.00	-100.0%

**College of Physiotherapists of Ontario**  
**Statement of Operations**  
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**April through December 2020**

College of Physiotherapists of Ontario

Comparative Statement of Operations for FY 2021 for the period ending December 31, 2020

	<u>Apr - Dec 20</u>	<u>Apr - Dec 19</u>	<u>\$ Change</u>	<u>% Change</u>
5011 · QA Committee - per diem	14,558.50	2,144.00	12,414.50	579.04%
5012 · Registration Com. - per diem	1,585.00	3,335.00	-1,750.00	-52.47%
5017 · Finance Committee - per diem	1,035.00	7,275.00	-6,240.00	-85.77%
<b>Total 5000 · Committee Per Diem</b>	<b>70,883.92</b>	<b>106,168.34</b>	<b>-35,284.42</b>	<b>-33.23%</b>
<b>5050 · Committee Reimbursed Expenses</b>				
5051 · Chairs meeting - expenses	0.00	10,689.83	-10,689.83	-100.0%
5052 · ICRC - expenses	6,869.71	20,693.85	-13,824.14	-66.8%
5053 · Council - expenses	13,527.31	54,157.43	-40,630.12	-75.02%
5055 · Discipline Committee - expenses	3,095.87	40,528.17	-37,432.30	-92.36%
5056 · Executive Committee - expenses	2,864.19	5,692.94	-2,828.75	-49.69%
5062 · QA Committee - expenses	502.41	2,426.75	-1,924.34	-79.3%
5063 · Registration Comm. - expenses	78.40	2,064.09	-1,985.69	-96.2%
5075 · Finance Committee - expenses	557.38	6,378.45	-5,821.07	-91.26%
<b>Total 5050 · Committee Reimbursed Expenses</b>	<b>27,495.27</b>	<b>142,631.51</b>	<b>-115,136.24</b>	<b>-80.72%</b>
<b>5100 · Information Management</b>				
5101 · IT Hardware	26,657.60	18,823.29	7,834.31	41.62%
5102 · Software	39,590.74	29,715.95	9,874.79	33.23%
5103 · IT Maintenance	56,794.19	73,302.26	-16,508.07	-22.52%
5104 · IT Database	233,586.71	176,592.97	56,993.74	32.27%
<b>Total 5100 · Information Management</b>	<b>356,629.24</b>	<b>298,434.47</b>	<b>58,194.77</b>	<b>19.5%</b>
5200 · Insurance	8,991.00	7,103.28	1,887.72	26.58%
5300 · Networking	194.02	42,853.05	-42,659.03	-99.55%
<b>5400 · Office and General</b>				
5402 · Bank & service charges	62,242.28	22,613.92	39,628.36	175.24%
5403 · Maintenance & repairs	1,929.24	5,823.08	-3,893.84	-66.87%
5405 · Memberships & publications	17,577.50	16,940.45	637.05	3.76%
5406 · CAPR Registration Levy	157,815.99	149,099.58	8,716.41	5.85%
5407 · Office & kitchen supplies	4,010.57	12,454.46	-8,443.89	-67.8%
5408 · Postage & courier	7,032.50	2,699.96	4,332.54	160.47%
5409 · Rent	347,767.85	362,990.32	-15,222.47	-4.19%
5411 · Printing, Filing & Stationery	33,186.73	33,712.16	-525.43	-1.56%
5412 · Telephone & Internet	23,527.21	24,904.70	-1,377.49	-5.53%
5413 · Bad Debt	-1,667.75	12,149.44	-13,817.19	-113.73%
<b>Total 5400 · Office and General</b>	<b>653,422.12</b>	<b>643,388.07</b>	<b>10,034.05</b>	<b>1.56%</b>
<b>5500 · Regulatory Effectiveness</b>				
5503 · Council Education	14,670.18	15,757.11	-1,086.93	-6.9%
5504 · Elections	3,450.00	3,550.00	-100.00	-2.82%
5505 · Policy Development	15,103.42	15,903.75	-800.33	-5.03%
<b>Total 5500 · Regulatory Effectiveness</b>	<b>33,223.60</b>	<b>35,210.86</b>	<b>-1,987.26</b>	<b>-5.64%</b>

**College of Physiotherapists of Ontario**  
**Statement of Operations**  
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College of Physiotherapists of Ontario

Comparative Statement of Operations for FY 2021 for the period ending December 31, 2020

	<u>Apr - Dec 20</u>	<u>Apr - Dec 19</u>	<u>\$ Change</u>	<u>% Change</u>
<b>5600 · Communications</b>				
<b>5605 · French Language Services</b>	1,522.96	8,623.44	-7,100.48	-82.34%
<b>5620 · Print Communication</b>	2,045.27	10,082.04	-8,036.77	-79.71%
<b>5621 · Online Communication</b>	67,250.67	23,450.77	43,799.90	186.77%
<b>5622 · In-Person Communication</b>	0.00	21,578.16	-21,578.16	-100.0%
<b>Total 5600 · Communications</b>	<u>70,818.90</u>	<u>63,734.41</u>	<u>7,084.49</u>	<u>11.12%</u>
<b>5700 · Professional fees</b>				
<b>5701 · Audit</b>	-80.00	18,080.00	-18,160.00	-100.44%
<b>5702 · Hearing Expenses</b>	944.68	10,173.04	-9,228.36	-90.71%
<b>5704 · Investigation Services</b>				
<b>5711 · External Investigators</b>	32,769.38	0.00	32,769.38	100.0%
<b>5712 · PC - Chart Review</b>	16,294.15	0.00	16,294.15	100.0%
<b>5714 · Fees to Secure Records</b>	170.11	0.00	170.11	100.0%
<b>5716 · Transcripts</b>	667.27	0.00	667.27	100.0%
<b>5704 · Investigation Services - Other</b>	0.00	53,867.44	-53,867.44	-100.0%
<b>Total 5704 · Investigation Services</b>	<u>49,900.91</u>	<u>53,867.44</u>	<u>-3,966.53</u>	<u>-7.36%</u>
<b>5705 · Professional services - Other</b>	6,299.75	6,328.00	-28.25	-0.45%
<b>5707 · Decision writing &amp; Undercover</b>	6,063.46	0.00	6,063.46	100.0%
<b>5708 · Peer / Expert opinions</b>	2,508.60	0.00	2,508.60	100.0%
<b>5750 · Legal</b>				
<b>5751 · Legal - QA</b>	17,808.80	12,943.00	4,865.80	37.59%
<b>5752 · Legal - Registration</b>	18,950.11	27,846.26	-8,896.15	-31.95%
<b>5753 · Legal - Professional Conduct</b>				
<b>5760 · General Counsel</b>	28,801.02	10,931.02	17,870.00	163.48%
<b>5761 · Independent Legal Advice</b>	34,284.22	75,785.66	-41,501.44	-54.76%
<b>5762 · Hearing Counsel</b>	44,038.66	100,332.06	-56,293.40	-56.11%
<b>5763 · Court Proceedings &amp; Appeals</b>	12,440.35	50,000.00	-37,559.65	-75.12%
<b>Total 5753 · Legal - Professional Conduct</b>	<u>119,564.25</u>	<u>237,048.74</u>	<u>-117,484.49</u>	<u>-49.56%</u>
<b>5754 · Legal - Council Advice</b>	5,375.99	0.00	5,375.99	100.0%
<b>5755 · General Legal</b>	6,590.17	7,651.23	-1,061.06	-13.87%
<b>5757 · Legal - Executive Office</b>	6,541.33	1,436.23	5,105.10	355.45%
<b>Total 5750 · Legal</b>	<u>174,830.65</u>	<u>286,925.46</u>	<u>-112,094.81</u>	<u>-39.07%</u>
<b>Total 5700 · Professional fees</b>	<u>240,468.05</u>	<u>375,373.94</u>	<u>-134,905.89</u>	<u>-35.94%</u>
<b>5800 · Programs</b>				
<b>5810 · Quality Program</b>				
<b>5811 · QA Program Development &amp; Eval.</b>	21,701.38	63,855.15	-42,153.77	-66.02%
<b>5821 · Assessor Travel</b>	280.05	0.00	280.05	100.0%
<b>5823 · Assessor Training</b>	12,552.00	10,804.98	1,747.02	16.17%
<b>5824 · Assessor Onsite Assessment Fee</b>	1,125.00	0.00	1,125.00	100.0%

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**Statement of Operations**  
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College of Physiotherapists of Ontario

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	<b>Apr - Dec 20</b>	<b>Apr - Dec 19</b>	<b>\$ Change</b>	<b>% Change</b>
5825 · Assessor Remote Assessment	0.00	42,499.25	-42,499.25	-100.0%
<b>Total 5810 · Quality Program</b>	<b>35,658.43</b>	<b>117,159.38</b>	<b>-81,500.95</b>	<b>-69.56%</b>
5802 · Jurisprudence	13,088.85	13,088.85	0.00	0.0%
5870 · Practice Enhancement - QA				
5871 · QA Practice Enhancement fees	1,568.59	6,562.85	-4,994.26	-76.1%
<b>Total 5870 · Practice Enhancement - QA</b>	<b>1,568.59</b>	<b>6,562.85</b>	<b>-4,994.26</b>	<b>-76.1%</b>
5880 · Remediation				
5882 · Remediation - ICRC	4,183.55	0.00	4,183.55	100.0%
5883 · Remediation - Registration	1,105.06	0.00	1,105.06	100.0%
5884 · Remediation - Discipline	3,187.61	0.00	3,187.61	100.0%
5880 · Remediation - Other	0.00	10,995.48	-10,995.48	-100.0%
<b>Total 5880 · Remediation</b>	<b>8,476.22</b>	<b>10,995.48</b>	<b>-2,519.26</b>	<b>-22.91%</b>
5890 · Therapy and Counselling Fund	9,287.70	10,482.30	-1,194.60	-11.4%
<b>Total 5800 · Programs</b>	<b>68,079.79</b>	<b>158,288.86</b>	<b>-90,209.07</b>	<b>-56.99%</b>
5900 · Staffing				
5901 · Salaries	2,190,274.39	2,051,862.93	138,411.46	6.75%
5902 · Employer Benefits	82,655.13	91,456.81	-8,801.68	-9.62%
5903 · Employer RRSP Contribution	103,778.23	104,637.21	-858.98	-0.82%
5904 · Consultant fees	47,639.64	255,275.20	-207,635.56	-81.34%
5905 · Staff Development	23,204.94	38,295.84	-15,090.90	-39.41%
5906 · Recruitment	1,536.99	1,155.33	381.66	33.04%
5907 · Staff Recognition	8,684.54	11,012.72	-2,328.18	-21.14%
5911 · CPP - Canadian Pension Plan	55,209.47	54,478.22	731.25	1.34%
5912 · EI - Employment Insurance	20,377.36	20,759.66	-382.30	-1.84%
5913 · EHT - Employer Health Tax	46,735.45	48,595.43	-1,859.98	-3.83%
<b>Total 5900 · Staffing</b>	<b>2,580,096.14</b>	<b>2,677,529.35</b>	<b>-97,433.21</b>	<b>-3.64%</b>
<b>Total Expense</b>	<b>4,114,864.43</b>	<b>4,422,595.56</b>	<b>-307,731.13</b>	<b>-6.96%</b>
Net Ordinary Income				
Other				
Other Income				
6001 · Amortization	-123,406.39	-113,359.12	-10,047.27	-8.86%
<b>Total Other Income</b>				
Net Other Income				
<b>Net Income</b>				

Appendix B- Q3 Statement of Operations (with  
variances to budget)

College of Physiotherapists of Ontario  
Statement of Operations - Budget vs. Actual  
April 2020 through March 2021

College of Physiotherapists of Ontario				
FY 2021 Q3 Financial Results as of December 31, 2020				
Q3 YTD				
	Apr - Dec 20	Budget	% of Budget	Notes for Council
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>4001 · Registration Fees</b>				
4011 · Independent Practice - \$575	3,905,154.95	4,242,589.58	92.05%	Change in accounting procedure for accruing independent practice fees. Number of members registered @ 12/31/2020 = 9,687 or 98.36% of projected numbers for FY 2021.
4012 · Independent Practice - ProRated	29,379.16	85,067.88	34.54%	Due to cancelled PCE-Clinical exam by CAPR, the College did not receive the expected number of independent practice applications.
4013 · Prof Corp Fees \$250	83,750.00	68,750.00	121.82%	PHC audit conducted earlier in the year resulting in an increase number of renewals.
4014 · Provisional Practice Fees \$75	30,075.00	25,575.00	117.60%	Increased number of Provisional practice applicants.
4021 · Cross Border Fee \$100	600.00	300.00	200.00%	Additional use of cross-border due to Covid-19.
4007 · Registration fee credits	-29,601.82	-34,848.71	84.94%	Fewer PTs returning to practice.
<b>Total 4001 · Registration Fees</b>	<b>4,019,357.29</b>	<b>4,387,433.75</b>	<b>91.61%</b>	
<b>4008 · Admin Fees</b>				
4015 · Application Fees \$100	56,900.00	54,000.00	105.37%	
4016 · Letter of Prof Stand \$50	7,550.00	4,900.00	154.08%	These requests have been ongoing from PT's who left the province during Covid-19 to work in another jurisdiction.
4017 · Wall Certificates \$25	1,750.00	1,950.00	89.74%	Not as many PTs requested wall certificates.
4018 · Late Fees \$225	3,150.00	22,725.00	13.86%	There was a lower number of PTs that were subject to the late fee than anticipated. Most PTs renewed by the Sept 30 deadline.
4019 · Prof Corp Application \$700	23,800.00	21,700.00	109.68%	As a CQI, College completed an audit of PHC and identified PHC's which were expired - these PHC's were required to submit a new application to get re-instated.
<b>Total 4008 · Admin Fees</b>	<b>93,150.00</b>	<b>105,275.00</b>	<b>88.48%</b>	
4002 · Interest Income	93,182.15	92,399.50	100.85%	
<b>4003 · Remediation Chargeback</b>				
4025 · Office of Registrar Chargeback	0.00	900.00	0.00%	
4026 · Discipline Chargeback	4,473.05	12,326.80	36.29%	Cost order payments delayed due to Covid-19.
4027 · Registration Chargeback	833.84	2,833.83	29.42%	Individuals who were issued certificates with Terms, Conditions and Limitations have not registered. (TCL)
4028 · ICRC Remediation Chargeback	2,273.40	8,399.99	27.06%	ICRC did not meet from mid march to august - as such no new referrals were made during this time.
4029 · QA Remediation Chargeback	0.00	700.00	0.00%	QA remediation not required.
<b>Total 4003 · Remediation Chargeback</b>	<b>7,580.29</b>	<b>25,160.62</b>	<b>30.13%</b>	
4004 · Cost recovery from cost orders	48,774.96	53,593.92	91.01%	Some PT's paid their orders in installments as oppose to paying in full.
4010 · Miscellaneous Income	0.00	250.00	0.00%	
4022 · Recovery of Therapy Costs	2,142.84	2,142.87	100.00%	
<b>Total Income</b>	<b>4,264,187.53</b>	<b>4,666,255.66</b>	<b>91.38%</b>	
<b>Gross Profit</b>	<b>4,264,187.53</b>	<b>4,666,255.66</b>	<b>91.38%</b>	
<b>Expense</b>				
5709 · Registration - Other	4,562.38	0.00	100.00%	An independent medical assessment was conducted on an applicant and the cost of the fees was not budgeted for.
5301 · Conferences and Travel	0.00	10,000.00	0.00%	CNAR was held virtually resulting in no expenses.
<b>5000 · Committee Per Diem</b>				
5001 · Chairs meeting - per diem	0.00	3,060.00	0.00%	No Committee Chairs meeting held.
5002 · ICRC - per diem	9,356.00	18,445.00	50.72%	Hybrid meetings since Covid-19. No meetings in April and May.
5003 · Council - per diem	19,822.00	46,257.00	42.85%	Pandemic resulted in cancellation of meetings as well as a shift to one day hybrid in person/virtual meetings resulting in fewer meeting days.

**College of Physiotherapists of Ontario**  
**Statement of Operations - Budget vs. Actual**  
April 2020 through March 2021

College of Physiotherapists of Ontario				
FY 2021 Q3 Financial Results as of December 31, 2020				
	Q3 YTD			Notes for Council
	Apr - Dec 20	Budget	% of Budget	
5005 · Discipline Committee - per diem	7,853.00	31,267.50	25.12%	Several cases are still in the investigation phase due to ICRC not meeting from March to August 2020.
5006 · Executive - per diem	16,768.42	17,194.40	97.52%	
5010 · Patient Relations - per diem	-94.00	627.00	-14.99%	No application for funding received and over accrued expense claims from last fiscal year.
5011 · QA Committee - per diem	14,558.50	13,422.00	108.47%	QAC Members attended the last QAWG meeting. (cut-score & on-site assessment pilot data)
5012 · Registration Com. - per diem	1,585.00	6,082.00	26.06%	Fewer and shorter Registration meetings due to Covid-19.
5017 · Finance Committee - per diem	1,035.00	7,178.00	14.42%	Reversal of per-diems and prep-time time over accrued for a member and less per-diems and prep-time charged for meetings.
<b>Total 5000 · Committee Per Diem</b>	<b>70,883.92</b>	<b>143,532.90</b>	<b>49.39%</b>	
<b>5050 · Committee Reimbursed Expenses</b>				
5051 · Chairs meeting - expenses	0.00	9,923.00	0.00%	No Committee Chairs meeting held.
5052 · ICRC - expenses	6,869.71	12,969.35	52.97%	Meetings held virtually.
5053 · Council - expenses	13,527.31	41,790.00	32.37%	Pandemic resulted in cancellation of meetings as well as a shift to one day hybrid in person/virtual meetings resulting in lower expenses.
5055 · Discipline Committee - expenses	3,095.87	16,071.00	19.26%	Several cases are still in the investigation phase due to ICRC not meeting from March to August 2020.
5056 · Executive Committee - expenses	2,864.19	4,320.00	66.30%	Executive Committee meetings held virtually due to Covid-19, lower travel and catering expenses.
5062 · QA Committee - expenses	502.41	5,002.00	10.04%	Underspent on Committee expenses due to Covid-19.
5063 · Registration Comm. - expenses	78.40	681.00	11.51%	Meetings held virtually.
5075 · Finance Committee - expenses	557.38	5,152.00	10.82%	Meetings held virtually.
<b>Total 5050 · Committee Reimbursed Expenses</b>	<b>27,495.27</b>	<b>95,908.35</b>	<b>28.67%</b>	
<b>5100 · Information Management</b>				
5101 · IT Hardware	26,657.60	29,652.41	89.90%	College had initially planned to add 4 headcounts. The expense related to sourcing the 4 new laptops and staging charges didn't get realized.
5102 · Software	39,590.74	38,294.93	103.38%	
5103 · IT Maintenance	56,794.19	64,904.94	87.50%	Renegotiated PACE's complete care program and got the cost down significantly.
5104 · IT Database	233,586.71	185,136.56	126.17%	The difference results from timing of activities: KPMG continued working in Atlas development in Q3, while the budget proposed for Q3 had no expense and the bulk of work to be paid in Q4.
<b>Total 5100 · Information Management</b>	<b>356,629.24</b>	<b>317,988.84</b>	<b>112.15%</b>	
<b>5200 · Insurance</b>	<b>8,991.00</b>	<b>8,991.00</b>	<b>100.00%</b>	
<b>5300 · Networking</b>	<b>194.02</b>	<b>2,533.48</b>	<b>7.66%</b>	Fewer networking requirements as result of the pandemic.
<b>5400 · Office and General</b>				
5402 · Bank & service charges	62,242.28	28,374.50	219.36%	Registration fees were collected between April 1, 2020 and September 30, 2020 due to registration extension. Fees are normally paid prior to March 31st of each but Covid-19 resulted in members paying up to the end of September 2020.
5403 · Maintenance & repairs	1,929.24	5,338.00	36.14%	Did not undertake many planned maintenance programs.
5405 · Memberships & publications	17,577.50	21,556.78	81.54%	INPTRA has ceased operations so no membership fee paid.
5406 · CAPR Registration Levy	157,815.99	157,815.99	100.00%	
5407 · Office & kitchen supplies	4,010.57	6,800.00	58.98%	Office and kitchen supplies cost reduced due to office closure during Covid-19.
5408 · Postage & courier	7,032.50	5,958.75	118.02%	Additional courier cost related to off-site work.
5409 · Rent	347,767.85	347,659.05	100.03%	
5411 · Printing, Filing & Stationery	33,186.73	32,596.38	101.81%	

**College of Physiotherapists of Ontario**  
**Statement of Operations - Budget vs. Actual**  
April 2020 through March 2021

College of Physiotherapists of Ontario				
FY 2021 Q3 Financial Results as of December 31, 2020				
	Q3 YTD			Notes for Council
	Apr - Dec 20	Budget	% of Budget	
5412 - Telephone & Internet	23,527.21	28,514.37	82.51%	Amount provisioned for Wireless hardware devices and anticipated Covid-19 funds not realized.
5413 - Bad Debt	-1,667.75	7,750.00	-21.52%	Collected AR greater than 90 days that was previously provisioned for bad debts.
<b>Total 5400 - Office and General</b>	<b>653,422.12</b>	<b>642,363.82</b>	<b>101.72%</b>	
5500 - Regulatory Effectiveness				
5502 - Strategic Operations	0.00	51,808.33	0.00%	Planned activities deferred.
5503 - Council Education	14,670.18	18,979.00	77.30%	Fewer Councillors attended virtual conference than originally scheduled.
5504 - Elections	3,450.00	3,550.00	97.18%	
5505 - Policy Development	15,103.42	28,436.00	53.11%	Anticipate coming in on budget as item anticipated to come out in Q4 rather than Q3.
<b>Total 5500 - Regulatory Effectiveness</b>	<b>33,223.60</b>	<b>102,773.33</b>	<b>32.33%</b>	
5600 - Communications				
5605 - French Language Services	1,522.96	10,450.00	14.57%	Fewer requests for translation this year and two larger projects for translation pushed to Q4.
5620 - Print Communication	2,045.27	7,610.00	26.88%	Anticipate coming in under budget due to some projects not proceeding due to Covid-19.
5621 - Online Communication	67,250.67	53,700.00	125.23%	Higher costs than anticipated related to website security and accessibility. As well work planned for Q4 was completed ahead of schedule in Q3.
5622 - In-Person Communication	0.00	1,200.00	0.00%	Anticipate coming in under budget due to some projects not proceeding due to Covid-19.
<b>Total 5600 - Communications</b>	<b>70,818.90</b>	<b>72,960.00</b>	<b>97.07%</b>	
5700 - Professional fees				
5701 - Audit	-80.00	0.00	100.00%	Over accrued expense.
5702 - Hearing Expenses	944.68	10,593.40	8.92%	Costs less than anticipated.
5704 - Investigation Services				
5711 - External Investigators	32,769.38	35,000.00	93.63%	Closure of some clinics in Q2 resulted in some backlog due to Covid-19.
5712 - PC - Chart Review	16,294.15	6,000.00	271.57%	Additional files required chart review.
5713 - Summons - Conduct fees	0.00	750.00	0.00%	Summons not required for files.
5714 - Fees to Secure Records	170.11	150.00	113.41%	Two cases requiring additional photocopying fees.
5715 - Corporate Searches	0.00	188.00	0.00%	Corporate Searches were not required.
5716 - Transcripts	667.27	1,800.00	37.07%	Fewer cases required transcription.
<b>Total 5704 - Investigation Services</b>	<b>49,900.91</b>	<b>43,888.00</b>	<b>113.70%</b>	
5705 - Professional services - Other	6,299.75	10,900.00	57.80%	Review of performance evaluation program deferred.
5706 - Investigator travel	0.00	200.00	0.00%	No travel required due to Covid-19.
5707 - Decision writing & Undercover	6,063.46	2,000.00	303.17%	Unanticipated decision writing cost.
5708 - Peer / Expert opinions	2,508.60	16,500.00	15.20%	Only one case requiring an expert opinion.
5750 - Legal				
5751 - Legal - QA	17,808.80	11,760.00	151.44%	Overspent on legal advice due to Committee orientation and QA cases requiring legal advice.
5752 - Legal - Registration	18,950.11	18,800.00	100.80%	
5753 - Legal - Professional Conduct				
5760 - General Counsel	28,801.02	48,754.12	59.07%	Fewer cases required legal advice or opinions for ICRC.
5761 - Independent Legal Advice	34,284.22	65,961.48	51.98%	Some hearings did not occur as anticipated.
5762 - Hearing Counsel	44,038.66	91,449.00	48.16%	Some hearings did not occur as anticipated.
5763 - Court Proceedings & Appeals	12,440.35	0.00	100.00%	Unanticipated appeal of an ICRC decision.
<b>Total 5753 - Legal - Professional Conduct</b>	<b>119,564.25</b>	<b>206,164.60</b>	<b>58.00%</b>	
5754 - Legal - Council Advice	5,375.99	6,780.00	79.29%	Council did not need as much legal advice at the time anticipated.
5755 - General Legal	6,590.17	6,215.00	106.04%	Contract advice required relating to purchase of database

**College of Physiotherapists of Ontario**  
**Statement of Operations - Budget vs. Actual**  
April 2020 through March 2021

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	Apr - Dec 20	Budget	% of Budget	
5757 · Legal - Executive Office	6,541.33	4,500.00	145.36%	KPMG changed the software sales contract for Atlas resulting in a need for legal contract advice.
<b>Total 5750 · Legal</b>	<b>174,830.65</b>	<b>254,219.60</b>	<b>68.77%</b>	
<b>Total 5700 · Professional fees</b>	<b>240,468.05</b>	<b>338,301.00</b>	<b>71.08%</b>	
<b>5800 · Programs</b>				
<b>5810 · Quality Program</b>				
5811 · QA Program Development & Eval.	21,701.38	21,256.06	102.10%	
5821 · Assessor Travel	280.05	3,414.00	8.20%	Underspent on assessor travel.
5823 · Assessor Training	12,552.00	81,271.00	15.45%	Underspent on assessor training due to no in-person training.
5824 · Assessor Onsite Assessment Fee	1,125.00	3,150.00	35.71%	Underspent on on-site assessments.
5825 · Assessor Remote Assessment	0.00	41,140.00	0.00%	Program launch is in January 2021. (Q4)
<b>Total 5810 · Quality Program</b>	<b>35,658.43</b>	<b>150,231.06</b>	<b>23.74%</b>	
5802 · Jurisprudence	13,088.85	13,088.85	100.00%	
<b>5870 · Practice Enhancement - QA</b>				
5871 · QA Practice Enhancement fees	1,568.59	1,600.00	98.04%	
<b>Total 5870 · Practice Enhancement - QA</b>	<b>1,568.59</b>	<b>1,600.00</b>	<b>98.04%</b>	
<b>5880 · Remediation</b>				
5882 · Remediation - ICRC	4,183.55	8,399.98	49.80%	ICRC did not meet from mid March to August - as such no new referrals were made during this time.
5883 · Remediation - Registration	1,105.06	1,989.43	55.55%	No applicants were issued certificates which required terms, conditions, and Limitations. (TCL)
5884 · Remediation - Discipline	3,187.61	6,426.80	49.60%	Scheduling of coaching sessions did not occur as anticipated.
5886 · Remediation - Office+Registrar	0.00	900.00	0.00%	
<b>Total 5880 · Remediation</b>	<b>8,476.22</b>	<b>17,716.21</b>	<b>47.84%</b>	
5890 · Therapy and Counselling Fund	9,287.70	12,120.00	76.63%	No new applications for funding and current funding payments were minimal in Q3 due to Covid-19.
<b>Total 5800 · Programs</b>	<b>68,079.79</b>	<b>194,756.12</b>	<b>34.96%</b>	
<b>5900 · Staffing</b>				
5901 · Salaries	2,190,274.39	2,210,586.65	99.08%	
5902 · Employer Benefits	82,655.13	98,938.88	83.54%	The new rates were reduced upon the renewal of the contract in October; one employee on leave. (opted out of the benefits)
5903 · Employer RRSP Contribution	103,778.23	105,297.27	98.56%	
5904 · Consultant fees	47,639.64	44,201.37	107.78%	Number of hours for the Practice Advisor increased due to higher volume of calls during Covid-19.
5905 · Staff Development	23,204.94	35,696.23	65.01%	Staff unable to attend in-person courses due to pandemic.
5906 · Recruitment	1,536.99	1,237.50	124.20%	Additional recruitment cost for new staff not included in the budget.
5907 · Staff Recognition	8,684.54	11,295.00	76.89%	Fewer opportunities for recognition due to pandemic.
5908 · Registrar & Requested Education	0.00	2,070.00	0.00%	Registrar & Requested education not required.
5911 · CPP - Canadian Pension Plan	55,209.47	55,531.63	99.42%	
5912 · EI - Employment Insurance	20,377.36	21,970.67	92.75%	Two employees on unpaid leave.
5913 · EHT - Employer Health Tax	46,735.45	46,094.70	101.39%	
<b>Total 5900 · Staffing</b>	<b>2,580,096.14</b>	<b>2,632,919.90</b>	<b>97.99%</b>	
<b>Total Expense</b>	<b>4,114,864.43</b>	<b>4,563,028.74</b>	<b>90.18%</b>	
<b>Net Ordinary Income</b>	<b>149,323.10</b>	<b>103,226.92</b>	<b>144.66%</b>	
<b>Other Income/Expense</b>				
<b>Other Income</b>				
6001 · Amortization	-123,406.39	-120,422.69	102.48%	
<b>Total Other Income</b>	<b>-123,406.39</b>	<b>-120,422.69</b>	<b>102.48%</b>	
<b>Net Other Income</b>	<b>-123,406.39</b>	<b>-120,422.69</b>	<b>102.48%</b>	
<b>Net Income</b>	<b>25,916.71</b>	<b>-17,195.77</b>	<b>-150.72%</b>	



College of Physiotherapists of Ontario  
Statement of Cash Flows

April through December 2020

Appendix C-Statement of Cash  
Flows Dec 31, 2020

Apr - Dec 20

OPERATING ACTIVITIES

Net Income	25,916.71
Adjustments to reconcile Net Income to net cash provided by operations:	
1200 · Accounts Receivable	2,249.27
1201 · Allowance for Doubtful Accounts	-1,667.75
1401 · Prepaid Software	31,557.87
1403 · Prepaid IT services	75,646.32
1405 · Prepaid Insurance	-138.24
1406 · Prepaid Membership	169,373.03
1408 · Prepaid staff development	613.77
1410 · Prepaid meetings	122.42
1411 · Prepaid Rent	-336.61
2000 · Accounts Payable	9,005.36
2010 · Accrued Liabilities	-94,201.10
2102 · Deferred Full Fee Revenue	-1,573,356.50
2103 · Pro-Rated Fee Revenue	17,618.26
2110 · Banked refunds	-15,996.63
Net cash provided by Operating Activities	<u>-1,353,593.82</u>

INVESTING ACTIVITIES

1301 · Computer equipment	-62,500.24
1305 · Computer equipment - Acc dep	12,506.16
1310 · Furniture and Equipment	-31,914.97
1312 · Furniture & Equipment -Acc Dep	50,687.61
1322 · Leasehold Improvements -Acc dep	60,212.62
Net cash provided by Investing Activities	<u>28,991.18</u>

FINANCING ACTIVITIES

2125 · Deferred Rent - Tenant Incentiv	-20,330.49
Net cash provided by Financing Activities	<u>-20,330.49</u>

Net cash increase for period -1,344,933.13

Cash at beginning of period 9,531,713.52

Cash at end of period 8,186,780.39

College of Physiotherapists of Ontario  
Financial Forecast @ March 31, 2021  
Prepared on March 3, 2021  
Prepared by Zoe Robinson, CPA, CMA, Director, Corporate Services

	Apr - Sep 20	Q3	Q4	Forecast FY2021 Total	Budget FY2021 Approved @ Sep 2020	Forecast to Budget FY2021 \$ Variance
<b>Ordinary Income/Expense</b>						
<b>Income</b>						
4001 - Registration Fees						
4011 - Independent Practice - \$575	2,178,444.42	1,726,710.54	1,709,895.00	5,615,049.96	5,663,175.00	- 48,125.04
4012 - Independent Practice - ProRated	13,391.00	15,988.20	15,192.48	44,571.68	170,711.00	- 126,139.32
4013 - Prof Corp Fees \$250	60,250.00	23,500.00	31,750.00	115,500.00	87,250.00	28,250.00
4014 - Provisional Practice Fees \$75	4,800.00	25,275.00	5,325.00	35,400.00	30,900.00	4,500.00
4021 - Cross Border Fee \$100	600.00	-	-	600.00	400.00	200.00
4007 - Registration fee credits	-24,431.55	5,170.26	-	29,601.81	34,849.00	5,247.19
<b>Total 4001 - Registration Fees</b>	<b>2,233,053.87</b>	<b>1,786,303.48</b>	<b>1,762,162.48</b>	<b>5,781,519.83</b>	<b>5,917,587.00</b>	<b>-136,067.17</b>
4008 - Admin Fees						
4015 - Application Fees \$100	17,700.00	39,200.00	6,000.00	62,900.00	90,600.00	- 27,700.00
4016 - Letter of Prof Stand / NSF \$50	4,800.00	2,750.00	3,400.00	10,950.00	7,200.00	3,750.00
4017 - Wall Certificates \$25	1,125.00	625.00	900.00	2,650.00	2,725.00	- 75.00
4018 - Late Fees \$225	0.00	3,150.00	-	3,150.00	22,950.00	- 19,800.00
4019 - Prof Corp Application \$700	16,800.00	7,000.00	8,400.00	32,200.00	36,400.00	- 4,200.00
<b>Total 4008 - Admin Fees</b>	<b>40,425.00</b>	<b>52,725.00</b>	<b>18,700.00</b>	<b>111,850.00</b>	<b>159,875.00</b>	<b>-48,025.00</b>
4002 - Interest Income	63,567.11	29,615.04	26,601.00	119,783.15	119,000.00	783.15
4003 - Remediation Chargeback						
4025 - Office of the Registrar Chargeback	0.00	-	100.00	100.00	1,000.00	- 900.00
4026 - Discipline Chargeback	2,525.05	2,281.84	3,900.00	8,706.89	16,226.80	- 7,519.91
4027 - Registration Chargeback		500.00	501.00	1,001.00	3,333.85	- 2,332.85
4028 - ICRC Remediation Chargeback	1,323.90	949.50	2,001.00	4,274.40	10,400.00	- 6,125.60
4029 - QA Remediation Chargeback		-	400.00	400.00	1,100.00	- 700.00
<b>Total 4003 - Remediation Chargeback</b>	<b>3,848.95</b>	<b>3,731.34</b>	<b>6,902.00</b>	<b>14,482.29</b>	<b>32,061.00</b>	<b>-17,578.71</b>
4004 - Cost recovery from cost orders	36,316.64	12,458.32	19,327.00	68,101.96	72,922.00	- 4,820.04
4010 - Miscellaneous Income	0.00	-	-	-	250.00	- 250.00
4022 - Recovery of Therapy Costs	2,142.84	-	-	2,142.84	2,143.00	- 0.16
<b>Total Income</b>	<b>2,379,354.41</b>	<b>1,884,833.18</b>	<b>1,833,692.48</b>	<b>6,097,880.07</b>	<b>6,303,838.00</b>	<b>-205,957.93</b>
<b>Gross Profit</b>	<b>2,379,354.41</b>	<b>1,884,833.18</b>	<b>1,833,692.48</b>	<b>6,097,880.07</b>	<b>6,303,838.00</b>	<b>- 205,957.93</b>
<b>Expense</b>						
5709 - Registration - Other	0.00	4,562.38	-	4,562.38	-	4,562.38
5301 - Conferences and Travel	0.00	-	-	-	10,000.00	- 10,000.00
5000 - Committee Per Diem						
5001 - Chairs Meeting - per diem	0.00	-	-	-	3,060.00	- 3,060.00
5002 - ICRC - per diem	4,824.00	4,532.00	4,844.00	14,200.00	23,289.00	- 9,089.00
5003 - Council - per diem	5,818.00	14,004.00	7,048.00	26,870.00	55,574.00	- 28,704.00
5005 - Discipline Committee - per diem	5,598.00	2,255.00	10,360.00	18,213.00	33,104.00	- 14,891.00
5006 - Executive - per diem	10,756.42	6,012.00	3,704.00	20,472.42	20,898.00	425.58
5010 - Patient Relations - per diem	-94.00	-	-	94.00	627.00	- 721.00
5011 - QA Committee - per diem	8,894.00	5,664.50	2,982.00	17,540.50	16,404.00	1,136.50
5012 - Registration Com. - per diem	1,057.00	528.00	3,482.00	5,067.00	9,563.00	- 4,496.00
5017 - Finance Committee - per diem	-758.00	1,793.00	3,589.00	4,624.00	10,767.00	- 6,143.00
<b>Total 5000 - Committee Per Diem</b>	<b>36,095.42</b>	<b>34,788.50</b>	<b>36,009.00</b>	<b>106,892.92</b>	<b>173,286.00</b>	<b>- 66,393.08</b>
5050 - Committee Reimbursed Expenses						
5051 - Chair meeting - expenses	0.00	-	-	-	9,923.00	- 9,923.00
5052 - ICRC - expenses	5,693.80	1,175.91	2,786.00	9,655.71	15,466.70	- 5,810.99
5053 - Council - expenses	10,879.16	2,648.15	1,160.00	14,687.31	51,814.00	- 37,126.69
5055 - Discipline Committee - expenses	3,095.87	-	-	3,095.87	16,071.00	- 12,975.13
5056 - Executive Committee - expenses	2,532.75	331.44	1,000.00	3,864.19	6,480.00	- 2,615.81
5062 - QA Committee - expenses	397.07	105.34	-	502.41	5,002.00	- 4,499.59

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5063 - Registration Committee - expenses	0.00	78.40	681.00	759.40	1,362.00 -	602.60
5075 - Finance Committee - expenses	537.38	20.00	2,336.00	2,893.38	7,968.00 -	5,074.62
<b>Total 5050 - Committee Reimbursed Expenses</b>	<b>23,136.03</b>	<b>4,359.24</b>	<b>7,963.00</b>	<b>35,458.27</b>	<b>114,086.70 -</b>	<b>78,628.43</b>
<b>5100 - Information Management</b>						
5101 - IT Hardware	15,398.96	11,258.64	4,511.34	31,168.94	34,163.75 -	2,994.81
5102 - Software	21,880.22	17,710.52	8,887.00	48,477.74	46,870.47	1,607.27
5103 - IT Maintenance	42,851.42	13,942.77	21,634.98	78,429.17	86,539.92 -	8,110.75
5104 - IT Database	95,622.02	137,964.69	24,077.00	257,663.71	244,210.08	13,453.63
<b>Total 5100 - Information Management</b>	<b>175,752.62</b>	<b>180,876.62</b>	<b>59,110.32</b>	<b>415,739.56</b>	<b>411,784.22</b>	<b>3,955.34</b>
5200 - Insurance	3,255.12	5,735.88	-	8,991.00	10,343.96 -	1,352.96
5300 - Networking	92.21	101.81	60.00	254.02	3,224.68 -	2,970.66
<b>5400 - Office and General</b>						
5402 - Bank & service charges	58,846.88	3,395.40	133,377.00	195,619.28	161,751.50	33,867.78
5403 - Maintenance & repairs	1,303.77	625.47	1,175.00	3,104.24	6,093.00 -	2,988.76
5405 - Memberships & publications	5,749.19	11,828.31	4,063.75	21,641.25	23,481.78 -	1,840.53
5406 - Alliance Registration Levy	105,210.66	52,605.33	52,605.33	210,421.32	210,421.32	-
5407 - Office & kitchen supplies	2,664.94	1,345.63	1,350.00	5,360.57	9,400.00 -	4,039.43
5408 - Postage & courier	4,809.01	2,223.49	2,041.26	9,073.76	8,000.00	1,073.76
5409 - Rent	229,599.00	118,168.85	122,147.35	469,915.20	469,806.40	108.80
5411 - Printing, Filing & Stationery	32,639.22	547.51	773.19	33,959.92	33,369.57	590.35
5412 - Telephone & Internet	16,520.73	7,006.48	10,485.60	34,012.81	39,000.00 -	4,987.19
5413 - Bad Debt	-2,164.48	496.73	2,250.00	582.25	10,000.00 -	9,417.75
<b>Total 5400 - Office and General</b>	<b>455,178.92</b>	<b>198,243.20</b>	<b>330,268.48</b>	<b>983,690.60</b>	<b>971,323.57</b>	<b>12,367.03</b>
<b>5500 - Regulatory Effectiveness</b>						
5502 - Strategic Operations	0.00	-	21,666.67	21,666.67	73,475.00 -	51,808.33
5503 - Council Education	1,406.85	13,263.33	-	14,670.18	18,979.00 -	4,308.82
5504 - Elections	0.00	3,450.00	-	3,450.00	3,550.00 -	100.00
5505 - Policy Development	15,103.42	-	7,464.00	22,567.42	35,900.00 -	13,332.58
<b>Total 5500 - Regulatory Effectiveness</b>	<b>16,510.27</b>	<b>16,713.33</b>	<b>29,130.67</b>	<b>62,354.27</b>	<b>131,904.00 -</b>	<b>69,549.73</b>
<b>5600 - Communications</b>						
5605 - French Language Services	1,103.45	419.51	2,050.00	3,572.96	12,400.00 -	8,827.04
5620 - Print Communication	1,626.26	419.01	150.00	2,195.27	7,760.00 -	5,564.73
5621 - Online Communication	44,821.54	22,429.13	27,400.00	94,650.67	81,100.00	13,550.67
5622 - In-person Communication	0.00	-	900.00	900.00	2,100.00 -	1,200.00
<b>Total 5600 - Communications</b>	<b>47,551.25</b>	<b>23,267.65</b>	<b>30,500.00</b>	<b>101,318.90</b>	<b>103,360.00 -</b>	<b>2,041.10</b>
<b>5700 - Professional fees</b>						
5701 - Audit	0.00	80.00	20,500.00	20,420.00	19,492.50	927.50
5702 - Hearing Expenses	944.68	-	1,478.00	2,422.68	12,071.44 -	9,648.76
<b>5704 - Investigation Services</b>						
5711 - External Investigators	18,958.39	13,810.99	5,000.00	37,769.38	40,000.00 -	2,230.62
5712 - PC - Chart Review	8,578.92	7,715.23	2,000.00	18,294.15	8,000.00	10,294.15
5713 - Summons - Conduct Fees	0.00	-	250.00	250.00	1,000.00 -	750.00
5714 - Fees to Secure Records	128.86	41.25	300.00	470.11	200.00	270.11
5715 - Corporate Searches	0.00	-	-	-	188.00 -	188.00
5716 - Transcripts	0.00	667.27	600.00	1,267.27	2,400.00 -	1,132.73
<b>Total 5704 - Investigation Services</b>	<b>27,666.17</b>	<b>22,234.74</b>	<b>8,150.00</b>	<b>58,050.91</b>	<b>51,788.00</b>	<b>6,262.91</b>
5705 - Professional services - Other	6,299.75	-	-	6,299.75	10,900.00 -	4,600.25
5706 - Investigator Travel	0.00	-	-	-	300.00 -	300.00
5707 - Decision writing & Undercover	4,293.46	1,770.00	1,743.00	7,806.46	3,743.46	4,063.00
5708 - Peer / Expert opinions	2,508.60	-	1,500.00	4,008.60	18,000.00 -	13,991.40
<b>5750 - Legal</b>						
5751 - Legal - QA	10,113.50	7,695.30	1,680.00	19,488.80	13,440.00	6,048.80
5752 - Legal - Registration	17,983.96	966.15	3,300.00	22,250.11	27,100.00 -	4,849.89
<b>5753 - Legal - Professional Conduct</b>						
5754 - Legal - Council Advice	0.00	5,375.99	2,260.00	7,635.99	9,040.00 -	1,404.01
5760 - General Counsel	18,461.50	10,339.52	3,827.00	32,628.02	52,581.36 -	19,953.34

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5761 - Independent Legal Advice	29,399.79	4,884.43	27,228.00	61,512.22	93,189.48	- 31,677.26
5762 - Hearing Counsel	38,177.67	4,827.04	40,644.00	83,648.71	132,093.00	- 48,444.29
5763 - Court Proceedings & Appeals	2,727.66	10,746.64	-	13,474.30	-	13,474.30
<b>Total 5753 - Legal - Professional Conduct</b>	<b>88,766.62</b>	<b>36,173.62</b>	<b>73,959.00</b>	<b>198,899.24</b>	<b>286,903.84</b>	<b>- 88,004.60</b>
5755 - General Legal	4,759.57	1,830.60	565.00	7,155.17	6,780.00	375.17
5756 - C&D Accrual Expense	0.00	-	22,474.00	22,474.00	-	-
5757 - Legal - Executive Office	4,521.45	2,019.88	1,500.00	8,041.33	6,000.00	2,041.33
<b>Total 5750 - Legal</b>	<b>126,145.10</b>	<b>48,685.55</b>	<b>103,478.00</b>	<b>278,308.65</b>	<b>340,223.84</b>	<b>- 61,915.19</b>
<b>Total 5700 - Professional fees</b>	<b>167,857.76</b>	<b>72,610.29</b>	<b>136,849.00</b>	<b>377,317.05</b>	<b>456,519.24</b>	<b>- 79,202.19</b>
<b>5800 - Programs</b>						
5810 - Quality Program						
5811 - QA Program Development & Eval.	8,226.25	13,475.13	-	21,701.38	21,256.06	445.32
5821 - Assessor Travel	-7.95	288.00	3,455.00	3,735.05	6,869.00	- 3,133.95
5823 - Assessor Training	1,032.00	11,520.00	4,896.00	17,448.00	86,167.00	- 68,719.00
5824 - Assessor Onsite Assessment Fee	900.00	225.00	3,150.00	4,275.00	6,300.00	- 2,025.00
5825 - Assessor Remote Assessment	0.00	-	29,410.00	29,410.00	70,550.00	- 41,140.00
<b>Total 5810 - Quality Program</b>	<b>10,150.30</b>	<b>25,508.13</b>	<b>40,911.00</b>	<b>76,569.43</b>	<b>191,142.06</b>	<b>- 114,572.63</b>
5802 - Jurisprudence	13,088.85	-	-	13,088.85	13,088.85	-
5870 - Practice Enhancement - QA						
5871 - QA Practice Enhancement fees	1,568.59	-	2,800.00	4,368.59	4,400.00	- 31.41
<b>Total 5870 - Practice Enhancement - QA</b>	<b>1,568.59</b>	<b>0.00</b>	<b>2,800.00</b>	<b>4,368.59</b>	<b>4,400.00</b>	<b>- 31.41</b>
<b>5880 - Remediation</b>						
5881 - Remediation - QA	-	-	-	-	-	-
5882 - Remediation - ICRC	2,668.05	1,515.50	2,001.00	6,184.55	10,400.00	- 4,215.45
5883 - Remediation - Registration	-	771.22	600.00	1,371.22	2,589.43	- 1,218.21
5884 - Remediation - Discipline	1,239.61	2,281.84	4,500.00	8,021.45	10,326.80	- 2,305.35
5886 - Office+Registrar	-	-	100.00	100.00	1,000.00	- 900.00
<b>Total 5880 - Remediation</b>	<b>3,907.66</b>	<b>4,568.56</b>	<b>7,201.00</b>	<b>15,677.22</b>	<b>24,316.23</b>	<b>- 8,639.01</b>
5890 - Therapy and Counselling Fund	4,860.00	4,427.70	450.00	9,737.70	12,570.00	- 2,832.30
<b>Total 5800 - Programs</b>	<b>33,575.40</b>	<b>34,504.39</b>	<b>51,362.00</b>	<b>119,441.79</b>	<b>245,517.14</b>	<b>- 126,075.35</b>
<b>5900 - Staffing</b>						
5901 - Salaries	1,437,396.31	752,878.08	766,436.73	2,956,711.12	2,977,023.38	- 20,312.26
5902 - Employer Benefits	56,351.75	26,303.38	29,718.54	112,373.67	136,177.68	- 23,804.01
5903 - Employer RRSP Contribution	70,581.55	33,196.68	36,501.57	140,279.80	141,508.24	- 1,228.44
5904 - Consultant fees	33,019.12	14,620.52	16,501.84	64,141.48	58,935.15	5,206.33
5905 - Staff Development	13,936.15	9,343.79	15,403.74	38,683.68	51,099.96	- 12,416.28
5906 - Recruitment	909.18	627.81	459.44	1,996.43	1,650.00	346.43
5907 - Staff Recognition	2,957.07	5,652.47	1,985.00	10,594.54	13,280.00	- 2,685.46
5908 - Registrar & Requested Education	-	-	100.00	100.00	2,170.00	- 2,070.00
5911 - CPP - Canadian Pension Plan	42,730.57	12,478.90	42,919.69	98,129.16	98,411.79	- 282.63
5912 - EI - Employment Insurance	16,625.80	3,751.56	16,892.67	37,270.03	38,863.36	- 1,593.33
5913 - EHT - Employer Health Tax	30,444.04	16,291.41	6,386.60	53,122.05	52,481.30	640.75
<b>Total 5900 - Staffing</b>	<b>1,704,951.54</b>	<b>875,144.60</b>	<b>933,305.82</b>	<b>3,513,401.96</b>	<b>3,571,600.86</b>	<b>- 58,198.90</b>
<b>Total Expense</b>	<b>2,663,956.54</b>	<b>1,450,907.89</b>	<b>1,614,558.29</b>	<b>5,729,422.72</b>	<b>6,202,950.37</b>	<b>- 473,527.65</b>
<b>Net Ordinary Income</b>	<b>-284,602.13</b>	<b>433,925.29</b>	<b>219,134.19</b>	<b>368,457.35</b>	<b>100,887.63</b>	<b>267,569.72</b>
<b>Other Income/Expense</b>						
Other income						
6001 - Amortization	-81,053.98	-42,352.41	-43,044.00	-166,450.39	-163,466.87	- 2,983.52
<b>Total Other Income</b>	<b>-81,053.98</b>	<b>-42,352.41</b>	<b>-43,044.00</b>	<b>-166,450.39</b>	<b>-163,466.87</b>	<b>- 2,983.52</b>
<b>Net Other Income</b>	<b>-81,053.98</b>	<b>-42,352.41</b>	<b>-43,044.00</b>	<b>-166,450.39</b>	<b>-163,466.87</b>	<b>- 2,983.52</b>
<b>Net Income</b>	<b>-365,656.11</b>	<b>391,572.88</b>	<b>176,090.19</b>	<b>202,006.96</b>	<b>-62,579.24</b>	<b>264,586.20</b>

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

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

**Operating Income:**

- 4011 92.05% - Change in accounting procedure for accruing independent practice fees. Number of members registered @ 12/31/2020 = 9,687 or 98.36% of projected numbers for FY 2021.
- 4012 34.54% - College did not receive the expected number of independent practice applications due to cancelled PCE-Clinical exam by CAPR.
- 4013 121.82% - PHC audit conducted earlier in the year resulting in an increase number of renewals.
- 4014 117.60% - Increased number of Provisional practice applicants.
- 4021 200.00% - Additional use of cross-border due to Covid-19.
- 4007 84.94% - Fewer PTs returning to practice.
- 4016 154.08% - These requests have been ongoing from PTs who left the province during Covid-19 to work in another jurisdiction.
- 4017 89.74% - Not as many PTs requested wall certificates.
- 4018 13.86% - Most PTs renewed by the Sept 30 deadline. Fewer PT's were subjected to late fees.
- 4019 109.68% - As a CQI, College completed an audit of PHC and identified PHCs which were expired - these PHCs were required to submit a new application to get re-instated.
- 4026 36.29% - Cost order payments delayed due to Covid-19.
- 4027 29.42% - Individuals who were issued certificates with Terms, Conditions and Limitations have not registered. (TCL)
- 4028 27.06% - ICRC did not meet from mid march to august - as such no new referrals were made during this time.
- 4029 QA remediation not required.
- 4004 91.01% - Some PT's paid their orders in installments as oppose to paying in full.

## Operating Expenses:

- 5001 No Committee Chairs meeting held.
- 5002 50.72% - Hybrid meetings since Covid-19. No meetings in April and May.
- 5003 42.85% - Pandemic resulted in cancellation of meetings as well as a shift to one day hybrid in person/virtual meetings resulting in fewer meeting days.
- 5005 25.12% - Several potential cases are still in the investigation phase due to ICRC not meeting from March to August 2020.
- 5010 -14.99% - No application for funding received and over accrued expense claims from last fiscal year.
- 5011 108.47% - QAC Members attended the last QAWG meeting. (cut score & on-site assessment pilot data)
- 5012 26.06% - Fewer and shorter Registration meetings due to Covid-19.
- 5017 14.42% - Reversal of per-diems and prep-time time over accrued for a member and less per-diems and prep-time charged for meetings.
- 5051 No Committee Chairs meeting held.
- 5052 52.97% - Meetings held virtually.
- 5053 32.37% - Pandemic resulted in cancellation of meetings as well as a shift to one day hybrid in person/virtual meetings resulting in lower expenses.
- 5055 19.26% - Several potential cases are still in the investigation phase due to ICRC not meeting from March to August 2020.
- 5056 66.30% - Executive Committee meetings held virtually due to Covid-19, lower travel, and catering expenses.
- 5062 10.04% - Underspent on Committee expenses due to Covid-19.
- 5063 11.51% - Meetings held virtually.
- 5075 10.82% - Meetings held virtually.
- 5101 89.90% - College had initially planned to add 4 headcounts. The expense related to sourcing the 4 new laptops and staging charges did not get realized.
- 5103 87.50% - Renegotiated PACE's complete care program and got the cost down significantly.

- 5104 126.17% - The difference results from timing of activities: KPMG continued working in Atlas development in Q3, while the budget proposed for Q3 had no expense and the bulk of work to be paid in Q4.
- 5300 7.66% - Fewer networking requirements as result of the pandemic.
- 5301 CNAR was held virtually resulting in no expenses.
- 5402 219.36% - Registration fees were collected between April 1, 2020 and September 30, 2020 due to registration extension. Fees are normally paid prior to March 31st of each but Covid-19 resulted in members paying up to the end of September 2020.
- 5403 36.14% - Did not undertake many planned maintenance programs.
- 5405 81.54% - INPTRA has ceased operations so no membership fee paid.
- 5407 58.98% - Office and kitchen supplies cost reduced due to office closure during Covid-19.
- 5408 118.02% - Additional courier cost related to off-site work.
- 5412 82.51% - Amount provisioned for Wireless hardware devices and anticipated Covid-19 funds not realized.
- 5413 -21.52% - Collected AR greater than 90 days that was previously provisioned for bad debts.
- 5502 Planned activities deferred.
- 5503 77.30% - Fewer Councillors attended virtual conference than originally scheduled.
- 5505 53.11% - Anticipate coming in on budget as item anticipated to come out in Q4 rather than Q3.
- 5605 14.57% - Fewer requests for translation this year and two larger projects for translation pushed to Q4.
- 5620 26.88% - Anticipate coming in under budget due to some projects not proceeding due to Covid-19.
- 5621 125.23% - Higher costs than anticipated related to website security and accessibility. As well work planned for Q4 was completed ahead of schedule in Q3.
- 5622 Anticipate coming in under budget due to some projects not proceeding due to Covid-19.
- 5701 Over accrued expense.

- 5702 8.92% - Costs less than anticipated.
- 5709 An independent medical assessment was conducted on an applicant and the cost of the fees was not budgeted for.
- 5711 93.63% - Closure of some clinics in Q2 resulted in some backlog due to Covid-19.
- 5712 271.57% - Additional files required chart review.
- 5713 Summons not required for files.
- 5714 113.41% - Two cases requiring additional photocopying fees.
- 5715 Corporate Searches were not required.
- 5716 37.07% - Fewer cases required transcription.
- 5705 57.80% - Review of performance evaluation program deferred.
- 5706 No travel required due to Covid-19.
- 5707 303.17% - Unanticipated decision writing cost.
- 5708 15.20% - Only one case requiring an expert opinion.
- 5751 151.44% - Overspent on legal advice due to Committee orientation and QA cases requiring legal advice.
- 5760 59.07% - Fewer cases required legal advice or opinions for ICRC.
- 5761 51.98% - Some hearings did not occur as anticipated.
- 5762 48.16% - Some hearings did not occur as anticipated.
- 5763 Unanticipated appeal of an ICRC decision.
- 5754 79.29% - Council did not need as much legal advice at the time anticipated.
- 5755 106.04% - Contract advice required relating to purchase of database
- 5757 145.36% - KPMG changed the software sales contract for Atlas resulting in a need for legal contract advice.
- 5821 8.20% - Underspent on assessor travel.
- 5823 15.45% - Underspent on assessor training due to no in-person training.



- 5824 35.71% - Underspent on on-site assessments.
- 5825 Program launch is in January 2021. (Q4)
- 5882 49.80% - ICRC did not meet from mid March to August - as such no new referrals were made during this time.
- 5883 55.55% - No applicants were issued certificates which required terms, conditions, and Limitations. (TCL)
- 5884 49.60% - Scheduling of coaching sessions did not occur as anticipated.
- 5890 76.63% - No new applications for funding and current funding payments were minimal in Q3 due to Covid-19.
- 5902 83.54% - The new rates were reduced upon the renewal of the contract in October; one employee on leave. (opted out of the benefits)
- 5904 107.78% - Number of hours for the Practice Advisor increased due to higher volume of calls during Covid-19.
- 5905 65.01% - Staff unable to attend in-person courses due to pandemic.
- 5906 124.20% - Additional recruitment cost for new staff not included in the budget.
- 5907 76.89% - Fewer opportunities for recognition due to pandemic.
- 5908 Registrar & Requested education not required.
- 5912 92.75% - Two employees on unpaid leave.



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 12.0**

**Council Meeting**  
**March 23, 2021**

**Agenda # 12: Entry to Practice Scoping Review: Report and Next Steps**

It is moved by

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and seconded by

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that:

Council approve the establishment of a working group with the required expertise to consider the issues. The membership of the group is to be considered by Council at a forthcoming meeting.

<b>Meeting Date:</b>	March 23, 2021
<b>Agenda Item #:</b>	12
<b>Issue:</b>	Entry to Practice Scoping Review: Report and Next Steps
<b>Submitted by:</b>	Darryn Mandel, President Rod Hamilton, Registrar

**Issue:**

Council is being asked to consider next steps in the College's consideration of the College's Entry to Practice Scoping review. The Executive Committee is recommending the establishment of a working group, the membership of which is yet to be decided, in order to allow the College to consider the output of the report and bring forward issues for Council to consider.

**Background:**

In March 2019, Council decided to conduct a review of the College's Entry to Practice (ETP) Program.

The purpose of the review would be to begin the process of ensuring that the College's entry to practice program meets certain criteria including to:

- be effective in protecting the public,
- be efficient,
- meet organizational needs,
- take into account effective and evidence-based practices related to entry,
- be legally compliant in all respects and
- be fair to all College applicants.

The review was intended to be conducted in two phases.

The first phase was to engage an external consultant to conduct a scoping review to help determine the scope of a full review of the program. The scoping review would lay the groundwork for a comprehensive review and evaluation of the College's entry to practice program, which would then inform (potentially substantial) changes to the program. Phase one was completed in November 2019 and the report is attached to this briefing note.

To date Council has not had the opportunity to review the report in detail. It should be noted that there are likely additional components of the program area that should be explored in further detail given the passage of time. Council may wish to learn about these items in additional detail in order to make an informed decision regarding priority setting.

Council would then be required to consider the output of the report and decide upon which opportunities for improvement or issues or concern that it wanted to pursue in greater detail. This would be known as Phase 2. This would include a need to consider the issues and assign priority for which (potentially substantial) changes to the program it would focus on. Given the magnitude of this work, its complexity and its conceivable expense and duration, Council may also wish to consider the inclusion of this work into the strategic planning it is intending to undertake later this year.

### **Phase one**

The consultant was asked to undertake the following work:

- Provide a clear description of the College's entry to practice program, including each component and their relationships to one another
- Explore how other organizations manage entry to practice certification to identify current practices, trends, best practices, and innovative practices
- Assess the impact of legal obligations for fairness and equity in entry to practice programs
- Analyse the College's entry to practice program in light of current/best practices and legal obligations.
- Identify areas that need more careful/deeper review before recommendations can be made to improve the entry to practice program.
- Create a plan for a complete and detailed review of the entry to practice program that will support recommendations for improvement.
- Provide a preliminary gap analysis to determine if our Entry to Practice program meets organizational needs, statutory requirements and effective and evidence-based practices.
- Provide detail on how the College might pursue a detailed review of components of its Entry to Practice program if needed.

The work was completed in November 2019.

The following is a summary of the consultant's approach to the project:

- The work was based on information from multiple sources: program documents, program leads, a cross section of stakeholders, the research literature, relevant legislation, and entry to practice programs in other jurisdictions and professions.
- The scoping review project was carried out in phases, with each phase informing and shaping the next.

The phases of the project were:

1. A description of the College program, including an overview of the program, a description of each component, and relationships between the components.
2. A scoping review summary, including an overview of the legal obligations, effective practices in entry to practice programming, and current practices in entry to practice programming.
3. A summary of the comparative analysis
4. A final report and detailed review plan for further work, if desired by Council. The group also projected additional work that would be required to complete each phase of the review. Council is not obligated to continue the work with the original consultant group. It is important to keep in mind the projected recommendations were for research and planning purposes only and not to take any of the activities through to completion.

Each of these steps (other than the final one) included an interim report which summarized the results of that component. The following interim reports were produced and attached:

- **ETP program description** 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** 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** 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.

Brief summaries of each of these reports are provided below to facilitate understanding of the work process the consultants went through.

### **Interim Report 1 – Entry to Practice Program Description**

This document provides a description of the College's entry to practice (ETP) program and the legislative requirements that underpin it as of 2019. It was designed to support discussion about the relative strengths and challenges of the current program, and served as a starting point for the comparative analysis (comparison to practices adopted by other regulators or proposed in the literature).

This program description was based on a review of documents furnished by the College or available online, including relevant legislation; the College's annual reports, by-laws, manuals, website, and internal reviews; and materials prepared by closely allied organizations in the Canadian Physiotherapy regulatory space (e.g. Canadian Alliance of Physiotherapy Regulators [CAPR], Canadian Council of

Physiotherapy University Programs [CCPUP], and Physiotherapy Education Accreditation Canada [PEAC]).

### Strengths of the College's entry to practice program

This preliminary report suggested that based on the initial review of documents, the College's ETP program appears to be robust, carefully designed, and devoted to honest review and continuous improvement. It appears to be generally very fair, objective, transparent, and clear, striking a good balance between rigour (protecting public safety) and inclusivity (ensuring all qualified individuals, including those trained abroad, can register without undue burden). In general, the program seems to comply with both the broad directives and the fine details of relevant legislation.

### Opportunities for improvement in the College's entry to practice program

The preliminary report suggested that there are some areas in which the College may not be fully complying with legislation, or where the ETP program could be improved. The most important of these are the following:

- There is no up-to-date, comprehensive ETP program manual; the last one was in 2014, and information about the current program is scattered among various documents. As of today's date all policies and procedures have been updated but they are not yet available on the College's website.
- The "good character" requirement is currently based mainly on self-report and letters of professional standing from other jurisdictions, which creates the possibility that the College does not have accurate information about registrants. As recommended by CAPR's Good Character Workgroup, many PT Colleges nationally were moving towards adopting criminal background checks. In Ontario, implications of the new *Police Record Checks Reform Act* will need to be carefully considered. There remain many unresolved questions (e.g. renewal requirements, foreign criminal background checks) about how best to vet physiotherapists for competence and moral integrity. Council had previously considered the possibility of incorporating another exam pre-registration focussed on ethical decision making however this work was not pursued.
- The requirement to have practiced 1200 hours in the last 5 years creates some challenges.: One - it is based on self-report, and two – it can include sales, administration, research, and other adjunct activities that may not keep physiotherapists' patient care skills current. A physiotherapist who has worked in sales could switch over to clinical practice tomorrow and there are no safeguards in place to ensure that they are safe to practice. In addition the College does not have a non clinical certificate of registration. CAPR had expressed an interest in exploring the concept of practice hours nationally.
- The College Review Program, which can take the place of the 1200 hours requirement, may not fully ensure that a PT remains competent to practice. Because of the way it was designed it is no longer used in the way it was originally envisaged in the College's registration regulation.
- Although fees appear to be on a cost-recovery basis, they may adversely affect some individuals; this area requires further exploration.
- Monitoring standards for Physiotherapy Residents have been relaxed over time (no longer requiring on-site supervision) and current practices may no longer fully protect the public.

- Physiotherapists who registered before 1994 and have maintained their certificate of registration since that time or who transferred their registration from Quebec to Ontario do not need to have successfully completed the Physiotherapy Competency Examination. The ability to move between provinces is set out in the Ontario Labour Mobility Act.
- Language exams are generic to many professions and may not ensure applicants can interact appropriately with Physiotherapy patients and colleagues specifically. Some professions are exploring professional specific language assessments.

## **Interim Report 2 - Jurisdictional scan and literature review**

This document summarizes trends, common practices, and unique/notable practices in the entry to practice (ETP) programs of health profession regulators. It was based on a targeted scan of Ontario's 26 health profession regulators, Canada's 11 Physiotherapy (PT) regulators, and the PT regulators of 4 international jurisdictions, as well as an exploratory review of recent relevant literature about health profession regulation.

This document was compared with the previously submitted description of the College of Physiotherapists of Ontario's (CPO's) ETP program, in order to determine priority areas for improvement that CPO can investigate further.

The headings below summarize the findings from this exercise that may be most relevant for CPO to consider as it contemplates any changes to its ETP program. *Note: the report was careful to point out that these were preliminary findings and they would need to be further investigated and verified before forming the basis of any policy/program decision.*

### Basic regulatory mandate:

- Regulators should focus on the minimum requirements to ensure public safety relying on evidence and a risk-based management approach.
- PT Assistants (PTAs) are usually unregulated. PTA regulation is probably not necessary to protect the public and has been explored in the past. That being said CPO could consider other ways of strengthening the relationship between the PT and the PTA.

### Registration committees:

- The work of the Registration Committee is considered to be high stakes. In order to ensure that the decisions are well thought out CPO may wish to carefully consider the *competencies* of committee members. To ensure the right mix of skills and perspectives the CPO may require: more committee members; longer terms of office; staggered terms; formal skills gap analysis.

### Provisional practice:

- Many regulators have more stringent requirements for residents as they work towards obtaining their Independent Practice certificate of registration and the CPO may wish to explore this. The CPO could also consider moving away from a Provisional Practice certificate of

registration and requiring that applicants have completed both the written and clinical PCE prior to applying for a certificate of registration.

#### Good character requirements:

- General trend towards more stringent requirements and greater use of objective evidence, e.g.:
  - Criminal background checks (in Canada and abroad)
  - Vulnerable sector checks
  - Declarations under oath
  - Checking on academic misconduct, civil proceedings, employer discipline
  - Letters of standing received directly from regulators (this is a part of current practice)

The CPO may wish to revisit its practices in this regard. The provinces have considered the results of the CAPR working group on Good Character and many PT regulators have been moving in this direction.

#### Insurance requirements:

- Other regulators tend to have less stringent/prescriptive insurance requirements than CPO and the CPO may want to explore if their requirements are still fit for purpose.

#### Examination requirements:

- Entry to practice exams are nearly universal among Ontario health regulators and in the United States and considered to be best practice. Québec, UK, Australia, NZ do not require exams for PTs. CPO may wish to consider the best way to ensure that individuals are prepared to practice PT in Ontario and this may require the consideration of alternative pathways to registration.

#### Bridging programs:

- In order to support internationally educated physiotherapists or physiotherapists who have been away from the profession for some time there may be a way to support their transition to practice in Ontario which is efficient, effective and can be carried out at a reasonable cost.

#### Fees:

- The College will need to ensure that the fees that physiotherapists pay each year are reflective of the costs of the College conducting its business. The College currently has different fees for different types of certificates of registration and it offers fee credits when a physiotherapist resigns during the year. CPO may wish to review the fee model.

#### Language requirements:

- The CPO has traditionally relied on standard language assessments for individuals to demonstrate language proficiency. A number of professions are moving away from these types of exams towards ones that are profession specific. The CPO may wish to explore this.

#### Professionalism requirements:

- Cultural competence and professionalism: there are few ways to assess this of applicants and individuals once they become members. The CPO may want to explore ways of doing this. One consideration to date was to re-purpose the current Jurisprudence module and move it to an



entry to practice exam. Although work had been done in this area final decisions were deferred until such time that the entry to practice review was completed.

Recency of practice/re-entry requirements:

- CPO's definition of practice hours should be revisited in order to ensure that it is still fit for purpose.
- CPO may wish to consider providing a structured program to support individuals who have been away from the profession for some time and who wish to return without the matter needing to be considered by the Registration Committee.

In deciding what priorities should be considered moving forward, Council will wish to consider the broader social context:

- Aging population and increased demand for PTs: need to ensure continuing access
- Advances in telehealth; need for remote access to care
- Increased emphasis on labour mobility/newcomer rights
- Increased attention to diversity, cultural competence & Indigenous reconciliation
- MeToo: greater awareness of sexual abuse and public calls to prevent it
- Increased interprofessional collaboration: need for communication skills and other soft skills
- Big data: opportunity to analyze large datasets to precisely identify risk points in an ETP program

### **Interim Report 3 - Preliminary comparative analysis**

This document summarizes the results of a preliminary analysis comparing the College's current entry to practice (ETP) program against obligations, effective practices identified in the literature, and current practices used by other regulatory bodies.

Since the majority of the conclusions in this report were duplicated in the final report (with some minor wording changes), the preliminary comparative analysis is not included here.

The analysis identified elements of CPO's program that are clearly aligned with current and effective practices, elements that are not aligned, decisions that need to be made and immediate actions that should be taken. It also identified alternative ways of doing things that could be fairer, more effective or more efficient.

Approach to the preliminary comparative analysis:

Elements of the entry to practice program were assessed using four broad criteria:

- Alignment with CPO's mandate to protect the public (requirements and processes ensure safe, competent practice at the entry level)

- The reasonableness and fairness of registration requirements and processes (requirements and processes are reasonable, don't pose unnecessary barriers or have undue impact on specific groups of applicants)
- Alignment with effective practices (requirements and processes are aligned with evidence-informed practices, or if there is limited evidence, appear reasonable and/or are aligned with practices used by other regulators)
- Consideration of any other concerns identified.

### **Final Report**

Using the three interim reports, the consultants developed a final report which included a detailed review plan which could be considered as a complete blueprint for phase two of this project – or as a pick list for the College to identify priority issues to consider in a review its entry to practice program.

This final report is attached.

To provide a brief summary of the final report, the authors say that the preliminary review found that CPO currently has a very strong entry to practice program.

The program 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 authors note that 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 over-burdening practitioners, and that it doesn't fall behind (e.g., validation of good character requirements).

In some areas, the authors suggest that the actions required are clear and straightforward. These include Insurance requirements, transparency and information requirements and requirements respecting physiotherapy assistants.

These assessments have been summarized in Section 1 of the report. 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.

However, there are other areas where additional information will be needed to support evidence-based decisions. These are:

- Educational credentials
- Entry exams
- Language proficiency

- Good character
- Fees
- Provisional practice & supervision
- Registration decisions

The issues in relation to these topics are summarized in Section 2 of the report, along with plans for more detailed review (which Council may consider for phase two of the Entry to Practice review).

### **Prior Council Consideration of the Report**

Some councillors will recall that a preliminary discussion of the report was held Council at its December meeting.

No resolution on what to do with the report was proposed at that point in time, nor were priorities considered. However, Council did ask for the preliminary reports to be provided to it as background for further discussion on the report. As noted above, this background is provided.

### **Executive Committee Recommendation:**

The Executive Committee discussed how the College should proceed to address the scoping review report at its March 2021 meeting.

The Committee ultimately came to conclusion that the College should undertake additional work on reviewing the components of the College's Entry to Practice Program. The Executive Committee did not assign any priority to which components of the program should be reviewed.

The Committee also recognized that the College's Entry to Practice review is complex, highly interrelated with other organizations, legalistic and of high stakes to the participants. Decisions cannot be made lightly without significant research, planning, consultation and careful consideration. As such the Executive Committee recognized the need to have the appropriate expertise to conduct a review of each of the priorities once the priorities have been set.

With this in mind the Executive Committee is proposing that Council approve of establishment of a working group of individuals with the required expertise to consider the issues. The membership of the group will be considered by Council at a forthcoming meeting.

Should the Council approve the establishment of a working group or topic specific working groups, Executive Committee also recommends that staff be asked to:

- Establish proposed terms of reference for the working group(s),
- identify needed competencies, including knowledge, expertise, and perspectives to be demonstrated by members

- identify other areas of expertise may need to be sought out as needed for the specific issues under consideration.

Once the membership of a working group(s) and its terms of reference are approved by Council, the group would begin to conduct further study of the issues identified in the report and put forward recommendations for Council's consideration.

## Other Considerations

In addition to the actions proposed by the Executive Committee, Council may also wish to consider other activities such as:

- Given the magnitude of the activity, linking the entry to practice review the strategic planning exercise that the College is planning to undertake later this year
- Setting priorities for the entry to practice issues to be considered
- Have staff develop workplans for considering each priority area
- Have Council review and approve the individual workplans
- Consider whether each priority issue should have its own work group (membership of the working groups could include relevant experts in the topic and be approved by Council at the same time that the individual work plans are approved).

## Decision Sought:

Council is being asked to consider next steps in the College's consideration of the College's Entry to Practice Scoping review.

## Attachments: **Below ETP appendix attached separate from Council Package**

Entry to Practice Scoping Review Final Report and Detailed Review Plan

Preliminary Report one - ETP program description

Preliminary Report two - Jurisdictional scan and literature review

Preliminary Report three - Preliminary comparative analysis

## **Agenda # 13**

Member's Motion/s



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO

ORDRE DES  
**PHYSIOTHÉRAPEUTES**  
de l'ONTARIO

**Motion No.: 14.0**

**Council Meeting**  
**March 23, 2021**

**Agenda # 14: Motion to go in camera pursuant to section 7(2)(d) of the Health Professions Procedural Code**

It is moved by

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and seconded by

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that:

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



## In-camera

*Any meeting or portion of a meeting held in-camera is not open to the public. As per section 7(2) of the Health Professions Procedural Code (Schedule 2 of the Regulation Health Professions Act) provides for limited circumstances where the public may be excluded from a Council meeting. This includes issues of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel*

General principles associated with the use of *in-camera* components of meetings

	<b>Board with Registrar</b>	<b>Board Alone</b>
<b>Topics</b>	<ul style="list-style-type: none"> <li>• Legal issues</li> <li>• Major strategic &amp; business issues</li> <li>• Crisis management</li> <li>• Roles, responsibilities &amp; expectations of board and Registrar</li> </ul>	<ul style="list-style-type: none"> <li>• Registrar performance</li> <li>• Registrar compensation</li> <li>• Succession Planning</li> <li>• Legal issues involving Registrar</li> <li>• Board practices, behavior and performance</li> </ul>
<b>Rationale</b>	<ul style="list-style-type: none"> <li>• To maintain confidentiality required by law and further the organization's interests</li> <li>• To discuss highly sensitive business issues in private</li> <li>• To foster a more constructive partnership between board and registrar</li> <li>• To build capacity for robust discussion</li> </ul>	<ul style="list-style-type: none"> <li>• To create a forum that is not unduly influenced by Registrar</li> <li>• To encourage more open communication among the board</li> <li>• To discuss issues related to the way the board operates</li> <li>• To address issues related to the Registrar</li> <li>• To build capacity for robust discussion</li> </ul>
<b>Possible Invitees</b>	<ul style="list-style-type: none"> <li>• Senior Staff</li> <li>• Professional advisors</li> </ul>	<ul style="list-style-type: none"> <li>• Professional advisors</li> </ul>
<b>Frequency</b>	<ul style="list-style-type: none"> <li>• At the start or end of regular meetings</li> <li>• As needed eg. Litigation</li> </ul>	<ul style="list-style-type: none"> <li>• At the start or end of regular meetings</li> <li>• As needed</li> </ul>