



**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

and seconded by

that:

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



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

Motion No.: 2.0

**Council Meeting
March 23, 2021**

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

It is moved by

and seconded by

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 Motion Approval of the Council Meeting Minutes of December 18, 2020 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 Motion Revision to the Committee Slate 2020-2021

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 Amended Motion Priority Setting for the College 2021/2022

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 Motion (Legal Review)

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.

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

<u>Position</u>	<u>Nominee</u>	<u>Candidate Statement</u>
President	Theresa Stevens	✓
<hr/>		
Vice President	Jennifer Clifford	✓
	Janet Law	✓
<hr/>		
Executive Committee Member	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

Agenda # 6

Registrar's Report

Agenda # 7

President's Report



COLLEGE OF
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ORDRE DES
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de l'ONTARIO

Motion No.: 8.0

Council Meeting
March 23, 2021

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

It is moved by

and seconded by

that:

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

Meeting Date:	March 23, 2021
Agenda Item #:	8
Issue:	College Performance Measurement Framework – CPO Submission to Ministry of Health
Submitted by:	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 31st 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

Domain 1: Governance			
<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	
Standard 2: Council decisions are made in the public interest.			
<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	
Standard 3: The College acts to foster public trust through transparency about decisions made and actions taken.			
<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	
Domain 2: Resources			
Standard 4: The College is a responsible steward of its (financial and human) resources.			
<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	
Domain 3 System Partners (narratives for each of these standards are found in the report on pages 33-41)			
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.			
Standard 6: The College maintains cooperative and collaborative relationships to ensure its responsive to changing public expectations.			
Standard 7: The College responds in a timely and effective manner to changing public expectations.			
Domain 4: Information Management			
Standard 8: Information collected by the College is protected from unauthorized disclosure.			
<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	
Domain 5: Regulatory Policies			

<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	
Domain 6: Suitability to Practice			
<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	
Domain 7: Measurement, Reporting and Improvement			
<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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 The College Performance Measurement Framework (CPMF) 3

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

help Colleges improve their performance.

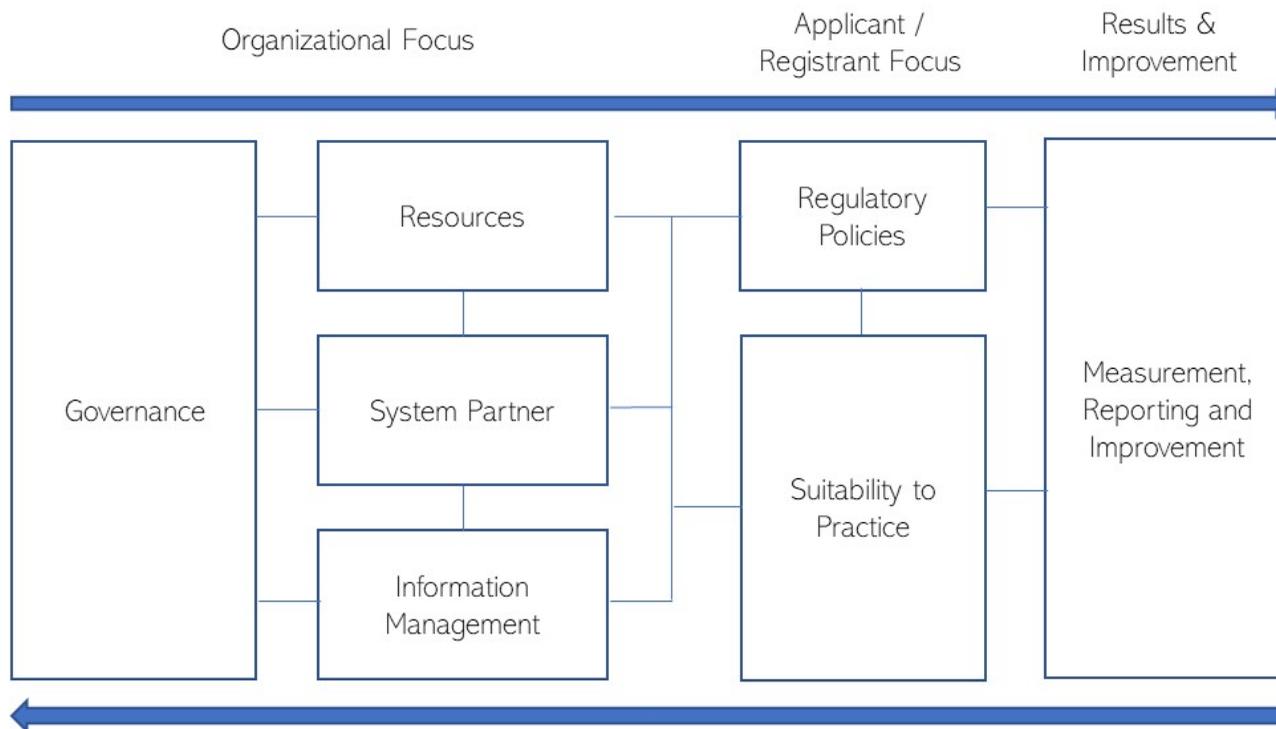
Components of the CPMF:

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

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

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"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	Nil

	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings ii. Council 	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

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

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

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence

can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

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

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

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges 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.¹

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

Completing the CPMF Reporting Tool

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

Furthermore,

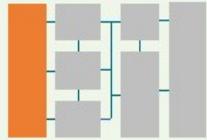
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required: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

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

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

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

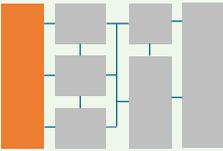
Example:

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

	<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"> • The roles and responsibilities of a Council member are laid out in the College’s Governance Manual under Policy #1.2: Role of a Council Member. Further accountabilities are outlined in the College’s Code of Conduct. • The College’s Council Elections webpage highlights a variety of skills prospective Council members must possess. • Additional election suitability criteria can be found in the By-laws (Part 3: Election or Appointment of Councillors) and as part of the candidate recruitment process on the College website. • The College does not currently have a core competency framework in place prior to being eligible to run for Council election. <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 College’s Governance Manual 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"> • New Council Member Training • Sexual Abuse Awareness Training • Decision Writing Training • Inquires Complaints and Reports Committee Training • Quality Assurance Committee Training • Registration Committee Training • Patient Relations Committee Training • Discipline Committee Chair Training • Discipline Committee Training • Finance Committee Training is set to be completed in March 2021 <p>In addition, all members appointed to the Discipline Committee must complete a Discipline Orientation Workshop 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>
		<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"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially ✓ 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 ✓ 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 Governance Manual 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 Code of Conduct.</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 By-laws (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 College’s Governance Manual 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 Governance Manual. 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>The College fulfills this requirement: 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 College’s Governance Manual 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"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></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 College’s Governance Manual under Policy #9.1: Measurement and Reporting.</p> <p><i>Evaluation and assessment results are discussed at public Council meeting:</i></p> <p>Yes <input type="checkbox"/> No <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> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>Meeting Evaluation</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>Member Evaluation</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>The College fulfills this requirement: 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></p> <p>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"> i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></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></p> <p>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 Governance Manual 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 October 22, 2020 at the Council meeting.</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 e-learning module.</p> <p>Policy #8.1: Orientation Program of the College’s Governance Manual highlights this annual requirement. This requirement is also outlined in Part 5.3(1) of the College By-laws. 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 October 22, 2020 Council meeting. 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>Standard 2 Council decisions are made in the public interest.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</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>The College fulfills this requirement: 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 College’s By-laws (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 November 27, 2020 Council meeting 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 training session on conflict of interest 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 periods².</p>	<p><i>Cooling off period is enforced through:</i></p> <p>Conflict of interest policy <input type="checkbox"/> By-law <input checked="" type="checkbox"/></p> <p>Competency/Suitability criteria <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/> <Governance Manual></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 College By-laws. 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"> - <i>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</i> - <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> <p>Cooling Off Period</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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² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		<ul style="list-style-type: none"> • 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; • a responsible position with any organization or group whose mandate or interests conflict with the mandate of the College; or • an employee of the College (College By-laws s. 3.1(8)) <p>The cooling off period applies to elected professional members and appointed academic professional members.</p> <p>Term Limits</p> <p>A term on Council is set as three years, per section 3.1 (6) of the College By-laws. 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 College’s Governance Manual. 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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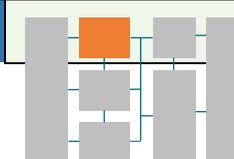
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<p><i>Additional comments for clarification (optional)</i></p> <p>The College fulfills this requirement: 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 Declaration of Office 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 College By-laws. 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></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>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i> No discussions about this process have taken place.</p>

Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	<p>The College fulfills this requirement: 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 College’s website 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>The College fulfills this requirement: 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"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<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 September 2020 Council meeting materials. 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? Yes ✓ No <input type="checkbox"/></i></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>The College fulfills this requirement: Yes ✓ Partially <input type="checkbox"/> No <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 College website. The College plans to conduct a review and update of the strategic objectives in the 2021 reporting period. The complete Strategy Map 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? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

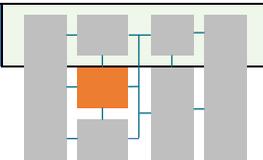
		<i>Additional comments for clarification (optional)</i>
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> The College provides notice of meetings and relevant materials on the College website 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)	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> The College provides Discipline hearing notices and relevant materials on the College website 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.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> 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 Council meeting materials 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 December 2020 meeting.</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"> 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; ii. possesses the level of reserve set out in its “financial reserve policy”. 	<p>The College fulfills this requirement: 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 December 2017 Council Meeting, and the review was approved in June 2019. 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 September 2019 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 June 2019 Council Meeting. Council added a process allowing the College to access its designated reserves during its September 2019 meeting.</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>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input 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>Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p>		
<p>Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.</p>		
<p>Standard 7 The College responds in a timely and effective manner to changing public expectations.</p>		
<p>Measure / Required evidence: N/A</p>	<p>College response</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>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <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>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <p>Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.</p>	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <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>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <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>Standard 5</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 Canadian Alliance of Physiotherapy Regulators (CAPR). CAPR is a credentialling and assessment agency that provides evaluation services on behalf of Canadian physiotherapy regulators. The College engages CAPR services for credentialling of internationally educated physiotherapists to assess eligibility to write the national Physiotherapy Competency Exam (PCE) 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 projects which aligned practice expectations within Ontario and throughout Canada. The College engages with CAPR</p>	

to ensure its advice is implemented and aligned with other regulators. Most recently, the College developed its [virtual practice guidance after reviewing examples of other system partners, including CAPR and the Physiotherapy Alberta College](#).

The College is a member of the [Health Profession Regulators of Ontario \(HPRO\)](#), 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 **Communications Working Group**, 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, ontariohealthregulators.ca, 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.

The **Practice Advice team** 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.

The **Quality Assurance team** 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: [December Council materials](#)), launched in January 2021.

HPRO is involved in multiple initiatives and projects with the goal of addressing shared, emerging issues among Colleges. The aim is to develop aligned approaches and practices. Two noteworthy examples include projects related to informed consent and shared spaces and resources.

An **Informed Consent & Capacity Working Group** 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.

A **Shared Spaces and Resources Working Group** 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 [on their website](#).

Through HPRO, the College initiated a roundtable with other regulators to discuss tools, resources, and best practices to support compliance monitoring activities.

	<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 Ontario Physiotherapy Association (OPA), 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 professional education courses 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>Standard 6</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 Citizen Advisory Group (CAG), 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 18 regulatory partners. 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 (December 2019 Council materials). Comprehensive independent reports of Group meetings and matters discussed can be found on the CAG website here.</p> <p>In addition, the College has brought forward several initiatives in collaboration with the CAG. Resuming Non-essential Care During the COVID-19 Pandemic (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 June 23, 2018. 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 what information should appear on the public register (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 Public Register.</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 ‘Questions you can ask your Physiotherapist and ‘Your Rights as a Patient’ 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 College Outreach Events. 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 Annual Report.</p> <p>As well, the College engages the public through its Public Consultations 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 Ontario Internationally Educated Physiotherapy Bridging Program (OIEPB). 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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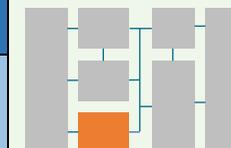
<p>Standard 7</p>	<p>The College’s policies and programs respond to changing public expectations and are developed through stakeholder engagement. Some recent successes are highlighted in this section.</p> <p>The College’s Accessibility (AODA) policies were developed with public protection in mind. Alongside 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 September Council materials). 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 Enginess. 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 professional standard. This standard includes resources developed in conjunction with stakeholders, such as this informational document on the misuse of registration numbers.</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 webinars 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 return to work guidance documents during the COVID-19 pandemic, as well as virtual care advice. 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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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.

The College is also a member of the [Ontario Regulators for Access Consortium \(ORAC\)](#). 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.

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.

DOMAIN 4: INFORMATION MANAGEMENT



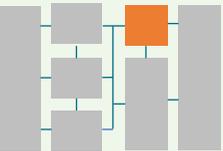
Standard 8

Information collected by the College is protected from unauthorized disclosure.

Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></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"> • 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 (Found under About, College Privacy). Policy #4.3: College Privacy Code – Requests for Access or Corrections and Compliance Concerns in the

		<p>College’s Governance Manual 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"> • 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 found on the College’s website under Standards & Resources. • Confidentiality declaration: Staff, Council, non-Council, contractors: Under Policy #4.1: Confidentiality – General of the College’s Governance Manual, 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. • Code of Conduct: 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. • 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. • 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. • Human Resource Policies: <ul style="list-style-type: none"> ○ HR Policy #1.05: Confidentiality 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. ○ HR Policy #1.07: Employee Records and Personal Information Protection is the internal framework for managing employee personal and confidential
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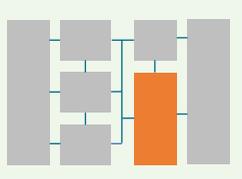
		<p>information. The document outlines employee responsibilities with respect to personal information management and highlights the preservation of privacy of employees and confidentiality of their records.</p> <ul style="list-style-type: none"> ○ <u>HR Policy #2.09: Public Register Information and College 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. ● 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 October 2020 Council Meeting. <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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DOMAIN 5: REGULATORY POLICIES		
Standard 9 Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	Required evidence	College response
		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>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"> i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></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"> • 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>. • 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). • Current practice environment: The current advertising environment was looked at when deciding whether to update or rescind the Standard (page 87). • Environmental scan: A review of other Colleges and health regulators was conducted throughout the redevelopment of this Standard (pages 87 and 90). • 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).

		<ul style="list-style-type: none"> Stakeholders: Stakeholder considerations are outlined in page 88 of the materials. <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"> 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.” Current practice environment: The College asked for feedback from the Ontario Physiotherapy Association (OPA) in developing this guidance. 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. Stakeholders: The College considered feedback from registered physiotherapists, insurers and patients, as well as cross border physiotherapy advice from the national physiotherapy body, CAPR. <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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DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 10			
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.			
Measure	Required evidence	College response	
		The College fulfills this requirement: 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.)³.</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"> • Credentials are assessed for all applicant types by CAPR. Required documentation is noted in the Checklists page for prospective applicants. • The considerations outlined in the Eligibility Questionnaire 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. <p><i>For cases referred to the Registration Committee:</i></p> <ul style="list-style-type: none"> • The Registration Committee uses an internal Decision-Making Tool to assess the criteria and qualifications for registering new applicants. • Applicants previously practicing in another jurisdiction or within a different regulated health profession must submit a Regulatory History Form to the College. • For internationally educated physiotherapists: The Canadian Alliance of Physiotherapy Regulators (CAPR) is a credentialling and assessment agency that provides credential evaluation services for all physiotherapy regulators in Canada. International credentials are assessed through CAPR prior to review by the Registration Committee. <ul style="list-style-type: none"> ○ Credentialling policies assure language proficiency and protect against fraudulent documents. <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>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>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

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

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<p><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>The Canadian Alliance of Physiotherapy Regulators (CAPR), 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 National Physiotherapy Advisory Group.</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 December 2020 meeting 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 currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input 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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⁴ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

		<p><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 Physiotherapy Act). The Annual Renewal process is available on the College website.</p> <ul style="list-style-type: none"> • 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 website. • PTs must declare their professional development during annual renewal. • They must successfully complete a Jurisprudence Module after initial registration and then every five years. • PTs must complete PISA every year as a self-reflection exercise and identify areas where more learning is required. • PTs can be selected every five to 10 years for a screening interview as part of the Quality Assurance program. • PTs are required to answer self-reporting questions during annual renewal. • 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. <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 Ontario regulation, 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"> • Hours worked that the PT has been paid for (clinical settings, consultation, research, administration, academia or equipment sales) • Professional activity/development hours (maximum 30 per year) • Professional activity hours include volunteer activity which requires the use of physiotherapy theory and knowledge, continuing education hours and/or participation <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 Professional Issues Self-Assessment (PISA) annually to identify emerging practice issues and link physiotherapists to relevant resources.</p> <p>The Jurisprudence Module, 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>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></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 College website. The OFC website also archives College reports.</p> <p>Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued ✓</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> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p><i>Additional comments for clarification (if needed)</i></p>
<p>Standard 11</p> <p>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.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</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>The College fulfills this requirement: Yes ✓ Partially <input type="checkbox"/> No <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"> • <i>Name of Standard</i> • <i>Duration of period that support was provided</i> • <i>Activities undertaken to support registrants</i> • <i>% of registrants reached/participated by each activity</i> • <i>Evaluation conducted on effectiveness of support provided</i>

		<p>The College assisted registrants when the revised Working with Physiotherapist Assistants (PTAs) Standard 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"> • Outreach Events: Through the College Outreach Events 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. • Practice Advice Correspondence: The Practice Advisory team received more than 1,400 pieces of feedback around the Standard through calls, email and web communications, and an FAQ, which also helped to inform the supports provided by the College. • Webinars: This webinar on working with Physiotherapy Assistants (as highlighted in the January 2017 edition of the College’s Practice Advice newsletter, Perspectives) 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 webinar in March 2020. • Videos: The College released an informational video about the Standard in December 2016 response to the ongoing need of communicating the requirements of the Standard to physiotherapists. • E-learning Module: The Working with Physiotherapy Assistants E-Learning Module outlines the key components of the Standard and was used by registrants and physiotherapy students. • Communications: Ongoing e-newsletter and social media posts, reminding stakeholders of the expectations <p>Does the College always provide this level of support: Yes <input checked="" type="checkbox"/> No <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? Yes <input type="checkbox"/> No <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"> • 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 College YouTube page here. Webinars will replace in-person programs due to COVID-19. <ul style="list-style-type: none"> ○ The College also runs webinars for PTs and others based on trends observed through Practice Advice and Professional Conduct. • E-Learning modules are developed for specific, higher-risk rules and Standards. • The College uses the PISA (Professional Issues Self Assessment) 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"> ○ 2021: Boundaries, Sexual Abuse, and Consent ○ 2020: Issues specific to starting, changing, or leaving practice (record keeping, privacy, registration number protection, etc.) ○ 2019: Supervision and Working with Physiotherapist Assistants Standard • The Jurisprudence Module, 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. • The College’s YouTube channel hosts a series of informational videos around Practice Standards, which can be accessed at any time. • The College has a Twitter, Facebook and LinkedIn as an additional way to share information with stakeholders.
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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 regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></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 (85% threshold). The new Quality Assurance program framework was approved in March 2018.</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 May 2018, 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"> • For the screening interview: focus is on competency (informed consent, patient safety, ethics). Screening interview topics and questions are posted to the College website. • For the on-site assessment: written policies required by College Standards and patient records are reviewed. See for more detail: December 2018 Council materials.
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⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<ul style="list-style-type: none"> • <i>Is the process taken above for identifying priority areas codified in a policy:</i> Yes ✓ No ☐ <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 March 2019 Council meeting materials.</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 review the assessment approach in an evidence-based manner. 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 here. 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"> • Selection threshold for remote assessment • Selection threshold for onsite assessment • Removal of selection of PTs who are “above threshold” for onsite assessment • Assessing non-clinical PTs • Exempting PTs who recently completed the physiotherapy entrance exam from assessment <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 2017-2020. In December 2020, 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"> • A Working Group including a Citizen Advisory Group member (member of the public); • Physiotherapist (in various roles, including employers) input through outreach sessions; and <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 decision-making tool 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>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></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"> • the registrant submitting completion certificates • the registrant submitting written confirmation that they have reviewed certain resources • reports received from a practice enhancement coach, when required • in some cases, the registrant completing a second assessment to show if the concerns have been addressed. <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>Standard 12 The complaints process is accessible and supportive.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</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>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></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 how to submit a complaint is available the College website and is available in 10 different languages. Information about funding for therapy and counselling 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> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></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> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></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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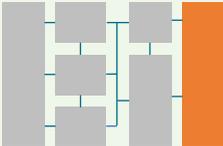
		<p>In addition to the release of ICRC decisions, the College is providing surveys to registrants and complainants to collect data and feedback on their experience with the College complaints processes. The College is providing surveys to registrants and complainants to collect data and feedback for concerns 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?</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"/> Partially <input type="checkbox"/> No <input type="checkbox"/></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?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></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 sexual abuse 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"> • Informing complainants, throughout intake and complaint timeline, of Inquiries, Complaints and Reports Committee processes and procedures, and decisions. • Council/Committee/staff sexual abuse training provided • Staff sexual abuse training • Boundaries and Sexual Abuse Standard E-learning Module <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input 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>Standard 13. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</p>		
Measure	Required evidence	College response
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></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>
Standard 14 The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input 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> Yes <input type="checkbox"/> No <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>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <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 OR 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> Yes <input checked="" type="checkbox"/> No <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 March 2017 Council Meeting. Policies around the Balanced Scorecard are outlined in Policy #9.1: Measurement and Reporting in the College’s Governance Manual. 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>The College fulfills this requirement: 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>The College fulfills this requirement: 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"> • 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 December 2020 meeting. • 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 December 2020 Council meeting materials. <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 College website and direct communication efforts. The Executive meeting minutes over this time were also shared publicly as part of the September 2020 Council meeting.</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>No discussions about improving this process have taken place.</p>
		<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <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?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></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

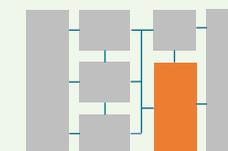
The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad'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

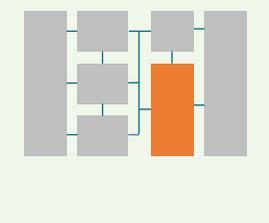
What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how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

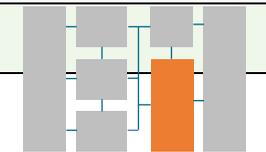
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes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

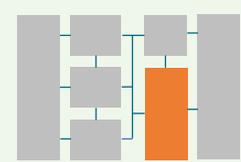
NR = Non-reportable: results are not shown due to < 5 cases

<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>	

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
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
Context Measure (CM)			
	#	%	

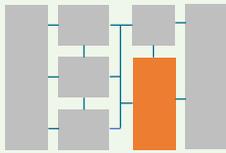
<p>CM 2. Total number of registrants who participated in the QA Program CY 2020</p>	<p>24</p>	<p></p>	<p>What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.</p>
<p>CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *</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 < 5 cases (for both # and %)</p>			



Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
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)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	<i>What does this information tell us?</i> This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	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			
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	
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>					
Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>
Themes:	#	%	#	%	
I. Advertising	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%
Total number of formal complaints and Registrar’s Investigations**	68	100%	29	100%
<p>* Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>				
<p><i>Additional comments for clarification (if needed)</i></p>				

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		✓ Recommended	College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	68		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	29		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020	NR		
CM 9. Of the formal complaints* received in CY 2020**:	#	%	<i>What does this information tell us?</i> 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.
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%	

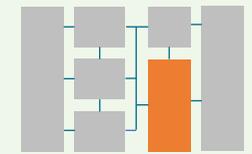
<p>VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>NR</p>	<p>NR</p>	
<p>** Disposals: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>‡ ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Δ 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># May relate to Registrars Investigations that were brought to ICRC in the previous year.</p> <p>** 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>φ Registrar’s Investigation: 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>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <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 & V) in 2020. Sixteen (16) out of the seventeen (17) F&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

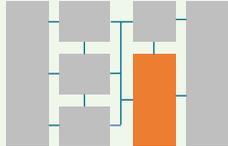
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2020.

† 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		
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
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
CM 11.	90 th Percentile disposal* of:	<p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</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	
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		
* Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		

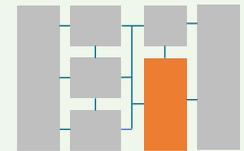
Additional comments for clarification (if needed)

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:

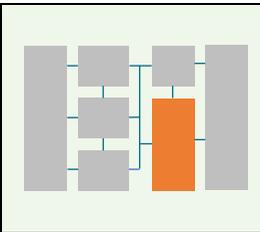
Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	<p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *</p> <p>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</p>
I. An uncontested^ discipline hearing in working days in CY 2020	316	
II. A contested# discipline hearing in working days in CY 2020	391	

* **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).

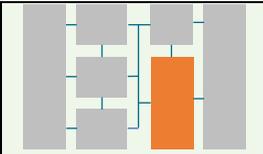
^ **Uncontested Discipline Hearing:** In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions 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		
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
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
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>NR = Non-reportable: results are not shown due to < 5 cases.</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 [†]	0
II. Suspension [§]	6
III. Terms, Conditions and Limitations on a Certificate of Registration**	NR
IV. Reprimand [^] and an Undertaking [#]	NR
V. Reprimand [^]	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*

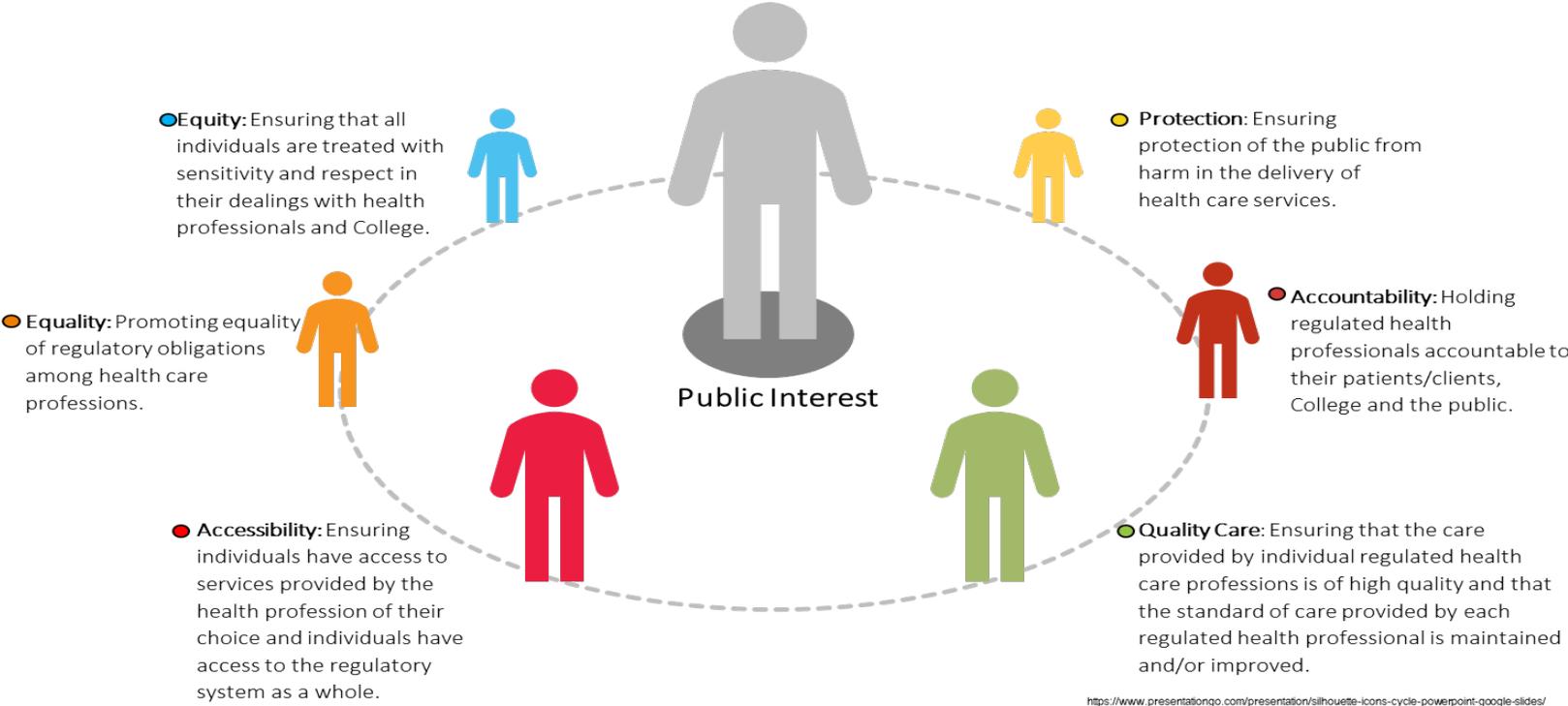
Additional comments for clarification (if needed)

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

and seconded by

that:

Council approves the operating and capital budgets for FY2022.

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

ISSUE

The College's fiscal year ends on March 31st 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 budget¹.

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.

¹ 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

	FY2022 Budget	FY2021 Projection	FY2020 Actual	FY2019 Actual	Variance FY2022 & FY2021	Variance FY2022 & FY2020
Revenue	\$6,281,923	\$6,097,880	\$6,293,893	\$6,227,905	3%	-0.02%
Expenses	6,534,226	5,895,873	6,046,279	6,809,099	14%	8.1%
Excess of Revenue over Expenses	<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
4001 – Registration Fees	\$5,882,725	\$5,615,049	\$5,861,151	\$5,718,931	2%	<1%
4008 – Admin Fees	179,350	111,850	168,450	235,450	60%	6.5%
4002 – Interest Income	119,000	119,783	188,450	237,867	<0%	(37)%
4006 – (Gain)loss on sale of Investment	0	0	0	5,166	<0%	0%
4003 – Remediation Chargeback	39,750	14,483	14,588	34,556	174%	173%
4004 – Cost recovery from cost orders	59,098	68,102	58,083	(4,850)	(13)%	1.7%
4010 – Misc. Income	0	0	500	785	0%	(100)%
4022 – Recovery of Therapy costs	2,000	2,143	2,857	0	(7)%	(30)%
Total Revenue	\$6,281,923	\$5,931,410	\$6,293,893	\$6,227,905	4%	(<0)%

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
4011 – Independent Practice - \$575	\$5,594,175	\$5,615,050	\$5,638,875	\$5,421,564	<0%	<0%
4012 – Independent Practice – Pro Rated	191,504	44,572	157,095	158,145	330%	22%
4013 – Professional Corporation Fee - \$250	102,000	115,500	80,250	78,500	(12)%	27%
4014 – Provisional Practice Fee - \$75	33,750	35,400	35,100	35,775	(5)%	(4)%
4021 – Cross Border Fee - \$100	0	600	0	0	(100)%	0%
4007 – Registration Fee Credits	(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
4001 – Registration Fees – Other	-	-	68,124	0	0%	0%
Total Registration Fees	\$5,882,725	\$5,781,520	\$5,861,152	\$5,718,931	2%	<0%

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 FY2021.¹

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.² 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 2nd 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.

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

² 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 ³	870	96
• Provisional Certificates	250	563
Total	10,849	10,352

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

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.

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

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
Council	10	5	4	Full Day	Quarterly
Executive Committee	3	2	4	Full Day	Prior to Council meetings & as required
ICRC	4	2	12	Full Day	Every 6 weeks
Quality Assurance	4	2	8	Full day	May, June, July, Sep, Oct, Dec, Jan, Feb
Finance	4	1	5	Full day or ½ day	Every quarter & extra for budget & audit
Registration	3	2	12	½ Day or 1 hour	1 x ½ day, 11 x 1.5 hours
Patient Relations	3	1	2	2 hours	2x per year
Discipline & Fitness to Practice	2 ⁴	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.

⁴ 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"> • Council = 6.5 hours • Executive Committee = 5 hours • Finance Committee = 5 hours • ICRC = 7 hours • QA Committee = 7 hours • Registration Committee = 1 hour • Patient Relations Committee = 1 hour • Discipline & FTP Committee = 0 hours
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
Council - Total	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
Exec Total			9,336	2,880	4,786	2,628	1,600	2,400	-	17,002	6,628	23,630
Finance	5017 & 5075		8,904	5,760	-	-	-	-	-	14,664	-	14,664
ICRC	5002 & 5052		12,968	11,520	-	1,080	-	840	-	24,488	1,920	26,408
Quality Assurance	5011 & 5062		11,872	8,064	1,440	3,044	1,800	2,580	-	21,376	7,424	28,800
Registration	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
Discipline Total			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
Chair's Meeting Total			2,040	480	540	1,783	600	720	7,000	3,060	10,103	13,163
Totals			140,804	72,649	10,456	23,922	20,400	22,742	7,420	223,909	74,484	298,393

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).

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.

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"> • Annual Rent @ \$277,234 • Manulife Utility cost to building managers @ \$239,980. • Leasehold improvement rebates @ \$(33,846) 	\$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 include⁵:

⁵ 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"> HR consultant to support employee growth and development and redesign the employee performance management and appraisal system. 	\$52,963
<ul style="list-style-type: none"> Salary Market Review Accounting and financial services (not including audit) 	
Legal Fees:	
<ul style="list-style-type: none"> Discipline and General 	\$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
5810 - Quality Assurance	198,094	165,512	192,023	234,219	20%
5802 – Jurisprudence	22,550	13,089	13,089	14,438	72%
5870 – QA Practice Enhancement Fees	0	5,169	6,563	4,143	(100)%
5880 – Remediation	48,676	18,510	17,273	4,266	163%
5890 – Therapy & Counselling	13,533	3,515	14,229	12,316	285%
Total 5800	282,853	205,794	244,177	269,382	37%

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
	FV @ 2021(1)	\$481,870	\$433,628	\$314,651	\$359,412	\$383,382	\$480,550
	Cost Per Assessment (2021 \$)	1,554.42	1,197.87	0	0	0	640.73
	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)%
Total 5900	\$3,928,109	\$3,513,401	\$3,446,496	\$3,624,517	12%	14%

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
Total	106,472	1,280,916	641,584	639,332



		@ 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
Total		18,557	1,299,473	814,606	484,867

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
Total	18,557



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
Income				
4001 · Registration Fees				
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
Total 4001 · Registration Fees	5,718,931.08	5,861,150.98	5,781,519.83	5,882,724.66
4008 · Admin Fees				
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
Total 4008 · Admin Fees	235,450.00	168,450.00	111,850.00	179,350.00
4002 · Interest Income	237,867.08	188,264.06	119,783.15	119,000.00
4006 (Gain)loss on sale of investment	5,166.49	0.00	0.00	0.00
4003 · Remediation Chargeback	34,555.52	14,587.78		39,750.00
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	



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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
4004 · Cost recovery from cost orders	-4,850.00	58,083.28	68,101.96	59,098.00
4010 · Miscellaneous Income	785.00	500.00	0.00	0.00
4022 · Recovery of Therapy Costs	0.00	2,857.16	2,142.84	2,000.00
Total Income	6,227,905.17	6,293,893.26	6,097,880.07	6,281,922.66
Gross Profit	6,227,905.17	6,293,893.26	6,097,880.07	6,281,922.66
Expense				
5000 · Committee Per Diem				
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
Total 5000 · Committee Per Diem	124,046.88	122,643.67	106,892.92	224,536.90
5050 · Committee Reimbursed Expenses				
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
Total 5050 · Committee Reimbursed Expenses	146,665.60	151,324.88	35,458.27	74,014.00



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



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



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	Actual Apr '18 - Mar 19	Actual Apr '19 - Mar 20	Projected Apr '20 - Mar 21	Budget - 2-28-21 Apr '21 - Mar 22
5763 · Court Proceedings & Appeals	13,220.47	50,336.18	13,474.30	0.00
Total 5753 · Legal - Professional Conduct	181,680.98	293,609.43	198,899.24	80,040.00
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
Total 5750 · Legal	613,054.01	309,226.27	278,308.65	241,259.50
Total 5700 · Professional fees	676,549.21	421,445.53	377,317.05	410,551.94
5800 · Programs				
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
Total 5810 · Quality Program	234,219.23	193,023.10	76,569.43	198,094.00
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
Total 5870 · Practice Enhancement - QA	4,143.11	6,562.85	4,368.59	0.00
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
Total 5880 - Remediation	4,266.14	17,273.30	15,677.22	48,676.00
5890 · Therapy and Counselling Fund	12,315.80	14,229.30	9,737.70	13,533.33
Total 5800 · Programs	269,381.78	244,177.40	119,441.79	282,853.33



College of Physiotherapists of Ontario

Operating Budget

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

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			
Total estimated Fees	\$ 575	\$	5,594,175	

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
Total estimated Pro-rated fees	870	\$	191,504	

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
Sub Total - Provisional License App Fees	450	\$	45,000	
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
Sub Total - IP License App Fees	874	\$	87,400	
Grand Total - 4015 - Application Fees	1,324	\$	132,400	

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

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

Agenda # 10

Program Area Operations Report 2020

Presentation- no material

Meeting Date:	March 23, 2021
Agenda Item #:	11
Issue:	Q3 Financial Management Report
Submitted by:	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	
Revenues	\$1,884,833	\$917,770	\$1,461,584	\$4,264,188
Expenses	\$1,450,908	\$1,342,984	\$1,320,972	\$4,114,864
Net Operating Income	\$433,925	\$(425,214)	\$140,612	\$149,323
Less Amortization & Depreciation	\$42,352	\$42,352	\$38,702	\$123,406
Net Income (Excess of Expenses over Revenue)	\$391,573	\$(467,566)	\$101,910	\$25,917

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

Item	Actual	Budget	Variance (\$)	(%)
Revenues	\$4,264,188	\$4,666,256	\$(402,068)	91.38%
Expenses	\$4,114,864	\$4,563,029	\$(448,164)	90.18%
Net Operating Income	\$149,323	\$103,227	\$46,096	144.66%
Less Amortization & Depreciation	\$(123,406)	\$(120,423)	\$(2,984)	102.48%
Net Income (Excess of Expenses over Revenue)	\$25,917	\$(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 (\$)
ASSETS			
Current Assets			
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)
Total Current Assets	\$8,256,403	\$9,580,845	\$(1,324,442)
Fixed Assets (Net)	\$669,628	\$711,981	\$(42,352)
TOTAL ASSETS	\$8,926,032	\$10,292,824	\$(1,366,792)
LIABILITIES & EQUITY			
Current Liabilities			
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)
Total Current Liabilities	\$2,597,628	\$4,349,217	\$(1,751,589)
Long Term Liabilities	\$171,680	\$178,457	\$(6,777)
Total Liabilities	\$2,769,308	\$4,527,674	\$(1,758,366)
Equity			
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
Total Equity	\$6,156,724	\$5,765,151	\$391,573
TOTAL LIABILITIES & EQUITY	\$8,926,032	\$10,292,824	\$(1,366,792)

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 \$55,688.72.¹

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.

¹ 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
OPERATING ACTIVITIES			
Net Income	391,572.86	790,410.40	101,910.08
Adjustments to reconcile Net Income to net cash provided by operations:			
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
Net cash provided by Operating Activities	-1,289,509.50	640,838.76	-663,655.66
INVESTING ACTIVITIES			
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
Net cash provided by Investing Activities	42,352.41	81,053.98	-55,713.64
FINANCING ACTIVITIES			
2125 · Deferred Rent - Tenant Incentiv	-6,776.83	-6,776.83	-6,776.83
Net cash provided by Financing Activities	-6,776.83	-6,776.83	-6,776.83
Net cash increase for period	-1,253,933.92	715,115.91	-726,146.13
Cash at beginning of period	9,440,714.31	8,725,598.40	9,531,713.52
Cash at end of period	8,186,780.39	9,440,714.31	8,805,567.39

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%
Revenue in Excess of Expenses	391,573	154,396	237,177	154%

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%
Net Operating Income	\$368,457	\$155,346	\$100,888	\$267,570	287.6%
Less					
Amortization & Depreciation	166,450	\$167,142	\$163,467	\$2,984	1.8%
Net Income (Excess of Expenses over Revenue)	\$202,007	\$(11,796)	\$(62,579)	\$264,586	458.7%

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>
Ordinary Income/Expense				
Income				
4001 · Registration Fees				
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%
Total 4001 · Registration Fees	4,019,357.29	4,350,374.17	-331,016.88	-7.61%
4008 · Admin Fees				
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%
Total 4008 · Admin Fees	93,150.00	109,450.00	-16,300.00	-14.89%
4002 · Interest Income	93,182.15	131,486.86	-38,304.71	-29.13%
4003 · Remediation Chargeback				
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%
Total 4003 · Remediation Chargeback	7,580.29	8,737.27	-1,156.98	-13.24%
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%
Total Income	4,264,187.53	4,653,887.55	-389,700.02	-8.37%
Gross Profit	4,264,187.53	4,653,887.55	-389,700.02	-8.37%
Expense				
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%
5000 · Committee Per Diem				
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%

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	<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%
Total 5000 · Committee Per Diem	70,883.92	106,168.34	-35,284.42	-33.23%
5050 · Committee Reimbursed Expenses				
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%
Total 5050 · Committee Reimbursed Expenses	27,495.27	142,631.51	-115,136.24	-80.72%
5100 · Information Management				
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%
Total 5100 · Information Management	356,629.24	298,434.47	58,194.77	19.5%
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%
5400 · Office and General				
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%
Total 5400 · Office and General	653,422.12	643,388.07	10,034.05	1.56%
5500 · Regulatory Effectiveness				
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%
Total 5500 · Regulatory Effectiveness	33,223.60	35,210.86	-1,987.26	-5.64%

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College of Physiotherapists of Ontario

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

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	Apr - Dec 20	Apr - Dec 19	\$ Change	% Change
5825 · Assessor Remote Assessment	0.00	42,499.25	-42,499.25	-100.0%
Total 5810 · Quality Program	35,658.43	117,159.38	-81,500.95	-69.56%
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%
Total 5870 · Practice Enhancement - QA	1,568.59	6,562.85	-4,994.26	-76.1%
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%
Total 5880 · Remediation	8,476.22	10,995.48	-2,519.26	-22.91%
5890 · Therapy and Counselling Fund	9,287.70	10,482.30	-1,194.60	-11.4%
Total 5800 · Programs	68,079.79	158,288.86	-90,209.07	-56.99%
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%
Total 5900 · Staffing	2,580,096.14	2,677,529.35	-97,433.21	-3.64%
Total Expense	4,114,864.43	4,422,595.56	-307,731.13	-6.96%
Net Ordinary Income				
Other				
Other Income				
6001 · Amortization	-123,406.39	-113,359.12	-10,047.27	-8.86%
Total Other Income				
Net Other Income				
Net Income				

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
Ordinary Income/Expense				
Income				
4001 · Registration Fees				
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.
Total 4001 · Registration Fees	4,019,357.29	4,387,433.75	91.61%	
4008 · Admin Fees				
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.
Total 4008 · Admin Fees	93,150.00	105,275.00	88.48%	
4002 · Interest Income	93,182.15	92,399.50	100.85%	
4003 · Remediation Chargeback				
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.
Total 4003 · Remediation Chargeback	7,580.29	25,160.62	30.13%	
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%	
Total Income	4,264,187.53	4,666,255.66	91.38%	
Gross Profit	4,264,187.53	4,666,255.66	91.38%	
Expense				
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.
5000 · Committee Per Diem				
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.
Total 5000 · Committee Per Diem	70,883.92	143,532.90	49.39%	
5050 · Committee Reimbursed Expenses				
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.
Total 5050 · Committee Reimbursed Expenses	27,495.27	95,908.35	28.67%	
5100 · Information Management				
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.
Total 5100 · Information Management	356,629.24	317,988.84	112.15%	
5200 · Insurance	8,991.00	8,991.00	100.00%	
5300 · Networking	194.02	2,533.48	7.66%	Fewer networking requirements as result of the pandemic.
5400 · Office and General				
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.
Total 5400 - Office and General	653,422.12	642,363.82	101.72%	
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.
Total 5500 - Regulatory Effectiveness	33,223.60	102,773.33	32.33%	
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.
Total 5600 - Communications	70,818.90	72,960.00	97.07%	
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.
Total 5704 - Investigation Services	49,900.91	43,888.00	113.70%	
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.
Total 5753 - Legal - Professional Conduct	119,564.25	206,164.60	58.00%	
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

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	
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.
Total 5750 · Legal	174,830.65	254,219.60	68.77%	
Total 5700 · Professional fees	240,468.05	338,301.00	71.08%	
5800 · Programs				
5810 · Quality Program				
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)
Total 5810 · Quality Program	35,658.43	150,231.06	23.74%	
5802 · Jurisprudence	13,088.85	13,088.85	100.00%	
5870 · Practice Enhancement - QA				
5871 · QA Practice Enhancement fees	1,568.59	1,600.00	98.04%	
Total 5870 · Practice Enhancement - QA	1,568.59	1,600.00	98.04%	
5880 · Remediation				
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%	
Total 5880 · Remediation	8,476.22	17,716.21	47.84%	
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.
Total 5800 · Programs	68,079.79	194,756.12	34.96%	
5900 · Staffing				
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%	
Total 5900 · Staffing	2,580,096.14	2,632,919.90	97.99%	
Total Expense	4,114,864.43	4,563,028.74	90.18%	
Net Ordinary Income	149,323.10	103,226.92	144.66%	
Other Income/Expense				
Other Income				
6001 · Amortization	-123,406.39	-120,422.69	102.48%	
Total Other Income	-123,406.39	-120,422.69	102.48%	
Net Other Income	-123,406.39	-120,422.69	102.48%	
Net Income	25,916.71	-17,195.77	-150.72%	

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
Ordinary Income/Expense						
Income						
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
Total 4001 - Registration Fees	2,233,053.87	1,786,303.48	1,762,162.48	5,781,519.83	5,917,587.00	-136,067.17
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
Total 4008 - Admin Fees	40,425.00	52,725.00	18,700.00	111,850.00	159,875.00	-48,025.00
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
Total 4003 - Remediation Chargeback	3,848.95	3,731.34	6,902.00	14,482.29	32,061.00	-17,578.71
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
Total Income	2,379,354.41	1,884,833.18	1,833,692.48	6,097,880.07	6,303,838.00	-205,957.93
Gross Profit	2,379,354.41	1,884,833.18	1,833,692.48	6,097,880.07	6,303,838.00	-205,957.93
Expense						
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
Total 5000 - Committee Per Diem	36,095.42	34,788.50	36,009.00	106,892.92	173,286.00	- 66,393.08
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

College of Physiotherapists of Ontario
Statement of Operations
Forecast Projections
@ March 31, 2021

	Apr - Sep 20	Q3	Q4	Forecast FY2021 Total	Budget FY2021 Approved @ Sep 2020	Forecast to Budget FY2021 \$ Variance
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
Total 5050 - Committee Reimbursed Expenses	23,136.03	4,359.24	7,963.00	35,458.27	114,086.70 -	78,628.43
5100 - Information Management						
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
Total 5100 - Information Management	175,752.62	180,876.62	59,110.32	415,739.56	411,784.22	3,955.34
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
5400 - Office and General						
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
Total 5400 - Office and General	455,178.92	198,243.20	330,268.48	983,690.60	971,323.57	12,367.03
5500 - Regulatory Effectiveness						
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
Total 5500 - Regulatory Effectiveness	16,510.27	16,713.33	29,130.67	62,354.27	131,904.00 -	69,549.73
5600 - Communications						
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
Total 5600 - Communications	47,551.25	23,267.65	30,500.00	101,318.90	103,360.00 -	2,041.10
5700 - Professional fees						
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
5704 - Investigation Services						
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
Total 5704 - Investigation Services	27,666.17	22,234.74	8,150.00	58,050.91	51,788.00	6,262.91
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
5750 - Legal						
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
5753 - Legal - Professional Conduct						
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

College of Physiotherapists of Ontario
Statement of Operations
Forecast Projections
@ March 31, 2021

	Apr - Sep 20	Q3	Q4	Forecast FY2021 Total	Budget FY2021 Approved @ Sep 2020	Forecast to Budget FY2021 \$ Variance
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
Total 5753 - Legal - Professional Conduct	88,766.62	36,173.62	73,959.00	198,899.24	286,903.84	- 88,004.60
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
Total 5750 - Legal	126,145.10	48,685.55	103,478.00	278,308.65	340,223.84	- 61,915.19
Total 5700 - Professional fees	167,857.76	72,610.29	136,849.00	377,317.05	456,519.24	- 79,202.19
5800 - Programs						
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
Total 5810 - Quality Program	10,150.30	25,508.13	40,911.00	76,569.43	191,142.06	- 114,572.63
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
Total 5870 - Practice Enhancement - QA	1,568.59	0.00	2,800.00	4,368.59	4,400.00	- 31.41
5880 - Remediation						
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
Total 5880 - Remediation	3,907.66	4,568.56	7,201.00	15,677.22	24,316.23	- 8,639.01
5890 - Therapy and Counselling Fund	4,860.00	4,427.70	450.00	9,737.70	12,570.00	- 2,832.30
Total 5800 - Programs	33,575.40	34,504.39	51,362.00	119,441.79	245,517.14	- 126,075.35
5900 - Staffing						
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
Total 5900 - Staffing	1,704,951.54	875,144.60	933,305.82	3,513,401.96	3,571,600.86	- 58,198.90
Total Expense	2,663,956.54	1,450,907.89	1,614,558.29	5,729,422.72	6,202,950.37	- 473,527.65
Net Ordinary Income	-284,602.13	433,925.29	219,134.19	368,457.35	100,887.63	267,569.72
Other Income/Expense						
Other income						
6001 - Amortization	-81,053.98	-42,352.41	-43,044.00	-166,450.39	-163,466.87	- 2,983.52
Total Other Income	-81,053.98	-42,352.41	-43,044.00	-166,450.39	-163,466.87	- 2,983.52
Net Other Income	-81,053.98	-42,352.41	-43,044.00	-166,450.39	-163,466.87	- 2,983.52
Net Income	-365,656.11	391,572.88	176,090.19	202,006.96	-62,579.24	264,586.20

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

and seconded by

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.

Meeting Date:	March 23, 2021
Agenda Item #:	12
Issue:	Entry to Practice Scoping Review: Report and Next Steps
Submitted by:	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:

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



ETP program description

**For the preliminary review of the entry to practice program
for the College of Physiotherapists of Ontario**

Updated as of September 13, 2019



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Executive summary: ETP program description

About this document

This document is intended to provide a clear, concise description of the College of Physiotherapists of Ontario's (the College's) entry to practice (ETP) program and the legislative requirements that underpin it. It is designed to support discussion with College staff about the relative strengths and challenges of the current program, and will serve as a starting point for the comparative analysis (comparison to practices adopted by other regulators or proposed in the literature) that will follow.

This program description is 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]).

To the right, overall strengths and challenges of the College's ETP program are summarized. On the next page, an outline of all of the essential program elements is provided.

Overall strengths of the College's entry to practice program

Based on an 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. *Subsequent phases of this review will further explore these tentative conclusions.*

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

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.
- The "good character" requirement is currently based mainly on self-report, which creates the possibility of fraud. As recommended by CAPR's Good Character Workgroup, the College may begin requiring a criminal background check, but the 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.
- The requirement to have practiced 1200 hours in the last 5 years has two loopholes: it is based on self-report, and can include sales, administration, research, and other adjunct activities that may not keep Physiotherapists' patient care skills fresh.
- 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.
- 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 may no longer fully protect the public.
- Physiotherapists who registered before 1994 or who transferred their registration from Quebec to Ontario do not need to have successfully completed the Physiotherapy Competency Examination.
- Language exams are generic to many professions and may not ensure applicants can interact appropriately with Physiotherapy patients and colleagues specifically.

It is important to note that this program description did not include gathering feedback from stakeholders beyond College staff. Perspectives from patients, Physiotherapists, etc. were only noted where they happened to be included in the documents reviewed. As a result, there may be additional challenges or areas of non-compliance with legislation that this exercise did not uncover. The upcoming jurisdictional scan and literature review will also likely uncover opportunities for improving efficiency, clarity, fairness, and protection of the public.

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

Governing legislation

Physiotherapy Act, 1991
Regulated Health Professions Act, 1991

Basic mandate of the College

Protect public safety: ensure that *only* qualified individuals can register

Be fair / promote access: ensure that *all* qualified individuals can register

Types of certificates

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

Independent Practice: full PT licence.

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

Courtesy: temporary licence for specific research or educational activity

Basic ETP pathway



Alternative pathways and additional steps

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

Grandparenting: PTs who registered before 1994 exempt from certain requirements

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

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

Key organizations involved

College of Physiotherapists of Ontario

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

Health Professions Appeal & Review Board

Independent body that handles appeals of application results

Office of the Fairness Commissioner of Ontario

Ensures registration practices are fair, as per legislation

Canadian Alliance of Physiotherapy Regulators

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

Physiotherapy Education Accreditation Canada

Accredits PT academic programs
 Contributed (with **other orgs**) to development of nat'l PT competencies and curriculum guidelines

Initial registration requirements

Non-exemptible requirements (required by legislation)

- ✓ **Good character:** includes moral integrity, mental competence, ability to interact with patients/colleagues. Self-declaration and letters of good standing with other regulators. May soon include criminal background check.
- ✓ **Insurance:** covers entire PT practice, \$5m limit, no deductibles, extends 10 years after practice ends.

Exemptible requirements (occasionally waived)

- ✓ **Academic credential:** PT Master's degree from one of 15 accredited Canadian programs that follow national curriculum guidelines, or "substantially similar" foreign qualification.
- ✓ **Language proficiency:** "reasonable fluency" in spoken/written English or French.
- ✓ **Clinical experience:** 1025 hours of hands-on experience, mostly with patients, as part of acad. program.
- ✓ **Exams:** pass the Physiotherapy Competency Exam (PCE) written component (200 multiple choice Qs) and clinical component (16 hands-on stations). 3 chances to pass. Based on PT competencies. Extensively quality-assured.
- ✓ **Legal status:** Canadian citizen or PR, or valid work permit.
- ✓ **Fees:** ~\$3000+ for standard pathway. Cost recovery model. Cost of Master's is additional.

Renewal reqs (annual)

Fee: \$595 (cost recovery)

Hours: 1200 hours of clinical practice every 5 years (or detailed review through College Review Program)

Jurisprudence Education Program: online module on PT laws and ethics

Good character: self-report

Insurance: continue to carry

Purpose and scope of this program
description

Purpose and scope of the document review

Purpose of this document

This program description is intended to provide a clear, concise description of the College of Physiotherapists of Ontario's (the College's) entry to practice program, of the legislative requirements of each program component, and how they relate to each other. It will ensure that the Cathexis team has a complete and accurate understanding of all aspects of the program before beginning the comparative analysis, and will enable deep and meaningful discussion with College staff about the relative strengths and challenges of the current program.

Guiding questions for this description are in the box to the right.

Process for creating this document

The following steps were taken in preparing this document:

- Identify relevant program documents in consultation with the College. List of documents consulted has been included in *Appendix A*
- Review program documents to gain a more in-depth understanding of what the components are, how each component works, and how they interrelate.
- Review relevant legislation and agreements to identify legal obligations that impact the entry to practice program.
- Prepare draft descriptions of each component, as well as the overall entry to practice program. The draft descriptions will provide a starting point for discussion with College staff and stakeholders.
- Facilitate an interactive program mapping session with key College staff to refine the component descriptions and map the relationships between the components. This ensured that the program description is accurate, relevant, and includes all important components of the program.
- Reach out to CAPR directly to fill any remaining gaps in information about their role in the ETP program.
- Finalize the program description. The final program description will be incorporated into the final report.

Guiding questions: Program description

1. What are the components of the College's entry to practice program (requirements and processes), and how do they interrelate?
2. What is the rationale or justification for each of the entry to practice components?
3. What (if any) concerns have been identified that relate to the entry to practice program (requirements or processes)?
4. What (if any) trends or problems have been identified in professional practice that the entry to practice program may contribute to or help resolve?
5. What are the legal obligations that impact the College's entry to practice program?

Conventions used in this document

Text in red Gaps in information and outstanding questions that the Cathexis team has.



Area in which the College may not be fully complying with legislative or policy requirements, or other area for improvement.



Processes/requirements relevant to internationally trained individuals (ITIs)

Overview of the entry to practice program

Basic information about the College

Overview of the College

The College of Physiotherapists of Ontario (the College) is the body responsible for protecting public safety by regulating the practice of Physiotherapy (also known as Physical Therapy) in the province of Ontario. The College has established an entry to practice (ETP) program to ensure that physiotherapists (PTs) who register for practice in Ontario are qualified, ethical, competent, and safe practitioners. The College also ensures that the over 9,500 PTs already registered in Ontario remain competent to practice (and mandates remediation and/or places restrictions on the certificates of those who are not), and ensures that individuals falsely holding themselves out as PTs are held to account.

Note that while the term “physiotherapist” is legally protected (only those licenced by the College can use it), the term “physiotherapy” is not legally protected (individuals other than physiotherapists can provide physiotherapy).

Also note that Physiotherapy Assistants (PTAs) are not regulated by the College, nor by any other body. The College has indicated to Cathexis that it may be best for PTAs to be regulated in some capacity.

Physiotherapy competencies

Much of the College’s ETP program is founded on a set of competencies known as the **Competency Profile for Physiotherapists in Canada** (2017). These competencies were developed by:

- Provincial/territorial physiotherapy regulators (through the Canadian Alliance of Physiotherapy Regulators, or CAPR),
- Physiotherapy academic programs (through the Canadian Council of Physiotherapy University Programs, or CCPUP),
- Physiotherapy accreditors (through Physiotherapy Education Accreditation Canada, or PEAC), and
- Physiotherapists themselves (through the Canadian Physiotherapy Association, or CPA)

The competencies include Physiotherapy Expertise as well as Communication, Collaboration, Management, Leadership, Scholarship, and Professionalism. They inform much of the ETP program, including the curriculum of Physiotherapy academic programs, the accreditation of these academic programs, and the content of the Physiotherapy Competency Exam (PCE).

The College's legislative mandate

The College's authority comes from the *Physiotherapy Act, 1991* and the *Regulated Health Professions Act, 1991* (RHPA), including the Health Professions Procedural Code (schedule 2 of RHPA). *(Note that unless otherwise specified, all citations of the RHPA in this document refer to schedule 2.)* RHPA provides the overarching mandate for the College, which is shared by many other regulatory bodies governed by this legislation, while the *Physiotherapy Act* contains additional requirements that are unique to Physiotherapy.

RHPA mandates the College to “develop, establish and maintain standards of qualification for persons to be issued certificates of registration.” (RHPA s.3.1(2)) It further specifies that these registration practices must be “transparent, objective, impartial and fair” (RHPA ss.22.2,22.4(2)). The Office of the Fairness Commissioner of Ontario is charged with the task of ensuring that the College fulfills this fairness mandate.

The College has an additional overarching legislative duty which is significant but less often mentioned. RHPA specifies that “It is the duty of the College to work in consultation with the Minister [of Health and Long-Term Care] to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.” (RHPA s.2.1, emphasis added) This points to the College's mandate to ensure not only that all registered PTs are qualified, but also that *all qualified individuals are able to register as PTs*. In other words, the College must work to remove all arbitrary and unnecessary barriers to individuals (e.g. internationally trained individuals [ITIs]) registering as PTs, not only for the sake of fairness to applicants, but also so that Ontario has adequate numbers of PTs available to the public.

Additional notes on legislation

The Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications, though not legislation, is relevant to the Canadian Alliance of Physiotherapy Regulators' (CAPR's) role as manager of the credentialing process for Internationally Trained Individuals (ITIs).

The Ontario Human Rights Code prohibits discrimination, including with regards to entering self-governing professions.

As professionals and healthcare practitioners, PTs are bound by additional legislation, including:

- *Health Care Consent Act, 1996*
- *Personal Information Protection and Electronic Documents Act, 2000*
- *Personal Health Information Protection Act, 2004*
- *Professional Misconduct Regulation, under Medicine Act, 1991*

As this legislation applies to PTs as opposed to the College itself, it was not reviewed as part of this program description.

The College is not governed by the *Fair Access to Regulated Professions and Compulsory Trades Act*; this legislation applies only to particular regulated professions in Ontario, of which Physiotherapy is not one.

Other organizations involved in the ETP program

The College collaborates with other organizations in order to fulfill its legislated mandate. The most important of these organizations are the following:

- **Canadian Alliance of Physiotherapy Regulators (CAPR).** The College is a member of CAPR, and also has a service agreement with CAPR under which CAPR manages the credentialing process and language assessment for ITIs, as well as developing, quality-assuring, administering, and scoring the Physiotherapy Competency Exam (PCE).
- **Health Professions Appeal & Review Board (HPARB).** HPARB is an independent body that handles appeals of the College's registration decisions.
- **Office of the Fairness Commissioner of Ontario (FCO).** FCO ensures the College's registration practices are fair, as per legislation. The College must report annually to FCO.
- **Physiotherapy Education Accreditation Canada (PEAC).** PEAC accredits Canadian Physiotherapy Master's programs.
- **Ontario Physiotherapy Association (OPA).** Collaborates with the College on various issues, on an as-needed basis.
- **National Association for Clinical Education in Physiotherapy (NACEP); Canadian Council of Physiotherapy University Programs (CCPUP); National Physiotherapy Advisory Group (NPAG); Canadian Physiotherapy Association (CPA).** Among other things, these organizations contributed to the development of national Physiotherapy competencies and curriculum/clinical education guidelines. PEAC and CAPR also contributed.



Types of certificates of practice

Background

An individual must hold a certificate of practice in order to practice as a PT; once he/she has a certificate, he/she is considered registered/licenced, but may have particular restrictions on their ability to practice.

The Physiotherapy Act (s.12) identifies three types of certificates that an individual can hold:

- Provisional Practice certificate
- Independent Practice certificate
- Courtesy certificate

The Physiotherapy Act (s.15) further specifies that an individual can hold only one of these certificates at a time. Details of the certificates can be found in the boxes to the right.

Each of these certificates can also have additional Terms, Conditions, and Limitations (TCL) placed upon it by the Registration Committee. The boxes to the right detail two specific variations of the Independent Practice certificate, with particular TCLs.

Provisional Practice certificate

This category of registration allows physiotherapy students who have successfully completed the written component of the PCE and are waiting to complete the clinical component to work as a PT Resident while being monitored by a fully licenced PT.

Independent Practice certificate

This category of registration allows an individual to practice as a PT independently (without monitoring or supervision by another PT). It represents full licensure as a PT.

Independent Practice – Cross Border certificate

This variant allows licenced PTs from another jurisdiction to see patients in Ontario (either remotely or in person) on an occasional basis in order to continue seeing a patient who has moved to Ontario or to see Ontario patients who do not have local access to PTs. This must only be done when it is in the best interests of the patient.

Independent Practice – Emergency certificate

This variant allows licenced PTs from another jurisdiction to practice as a PT in Ontario during or in the aftermath of an emergency. It lapses when the emergency ends.

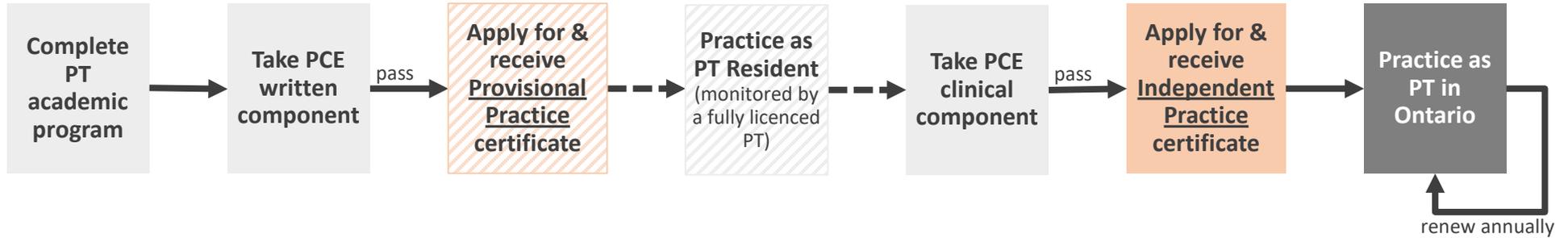
Courtesy certificate

This is a temporary registration certificate that allows licenced PTs from other jurisdictions to participate in an educational or research activity or other specific event of limited time (30 days or less) in Ontario. It lapses when the event ends.

The ETP program – basic pathway

The diagrams on this and the following four pages provide an overview of the elements (processes, pathways, organizations) of the PT ETP program and how they relate to each other. For clarity, they are organized according to the pathway that applicants will normally take to become a PT.

The diagram on this page shows the usual pathway that an applicant takes to become a registered PT in Ontario. (Note: holding a Provisional Practice certificate and practicing as a PT Resident are included in this basic pathway because, although they are technically optional, they are usually done and thus are part of the standard pathway.)



The ETP program – basic pathway, with additional explanation

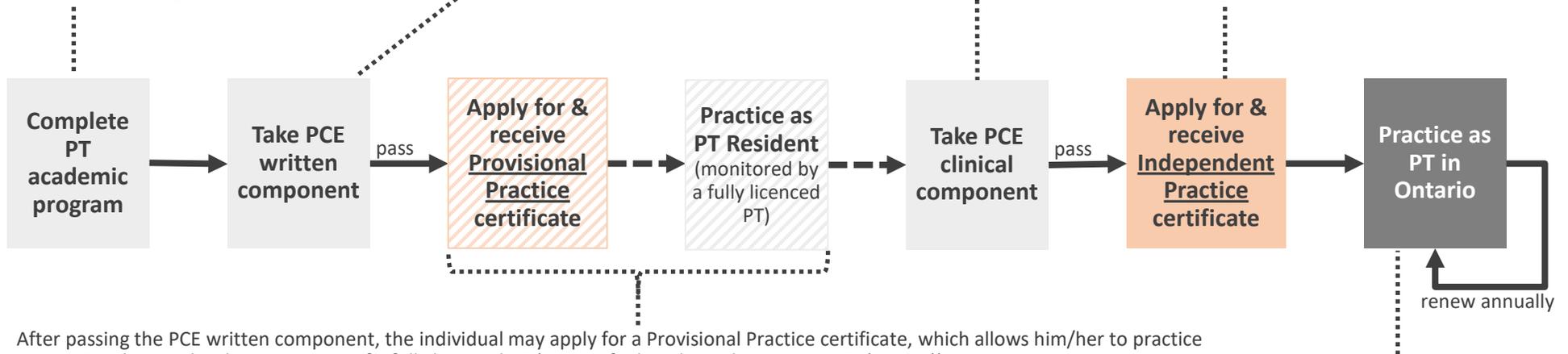
This version of the diagram includes more details of each step of the standard pathway to becoming a fully licenced PT in Ontario. Additional steps for ITIs, and various alternate pathways and exceptions to the usual requirements are detailed on the next page, as well as pages 38-9.

In Canada, this consists of a Master's degree from one of 15 accredited programs. This includes both coursework and supervised clinical practice totalling at least 1025 hours (this is required before taking the PCE written component). For more information, see page 30.

The PCE written component is a four-hour multiple-choice standardized test developed and administered by CAPR, and offered six times per year. For more information, see pages 34-35.

The PCE clinical component is a six-hour, hands-on demonstration of competency using standardized patients. For more information, see pages 34-35.

As specified in Physiotherapy Act s.19(1.1), an individual must have passed the PCE clinical component in order to receive an Independent Practice certificate. After passing that exam, it is recommended that the individual apply for an Independent Practice certificate within 12 weeks, but he/she could wait up to 5 years; knowledge and skills may have eroded by then.



After passing the PCE written component, the individual may apply for a Provisional Practice certificate, which allows him/her to practice as a PT Resident under the monitoring of a fully licenced PT (as specified in Physiotherapy Act s.23(1.1,2.1)).

This step is optional: it is not understood to be part of the individual's training, but is solely intended to bridge the gap between passing the PCE written component (offered six times a year) and the PCE clinical component (offered just twice a year), to allow the individual to work while also protecting the public. In order to receive the Provisional Practice certificate, the individual must have registered to take the PCE clinical component at the next available opportunity, as per Physiotherapy Act s.23(1.3). The certificate lasts until 12 weeks after the date of the PCE clinical component or whenever the individual is informed he/she failed the exam.

During this time, the individual can describe himself only as a PT Resident, not a PT. He/she must be monitored by one or more fully registered PTs. The supervisor(s) must have held an Independent Practice certificate for at least three years, cannot be closely associated or related to the Resident, cannot have a history of practice concerns, and cannot monitor more than three residents at a time. The supervisor agrees to assess the Resident's abilities regularly and monitor him/her more or less intensively based on these assessments.

The supervision standards have been changed and relaxed over time. Until 2004, the Provisional Practice certificate was known as the Supervised Practice certificate and required on-site supervision; now, only monitoring (which can be done remotely, e.g. via check-in meetings, chart reviews) is required. Until 2017 (when a new Supervision Standard was passed), supervisors had to submit regular reports to the College; now, they only need to report to the College if requested, or if they have serious concerns about the competence or conduct of the resident.

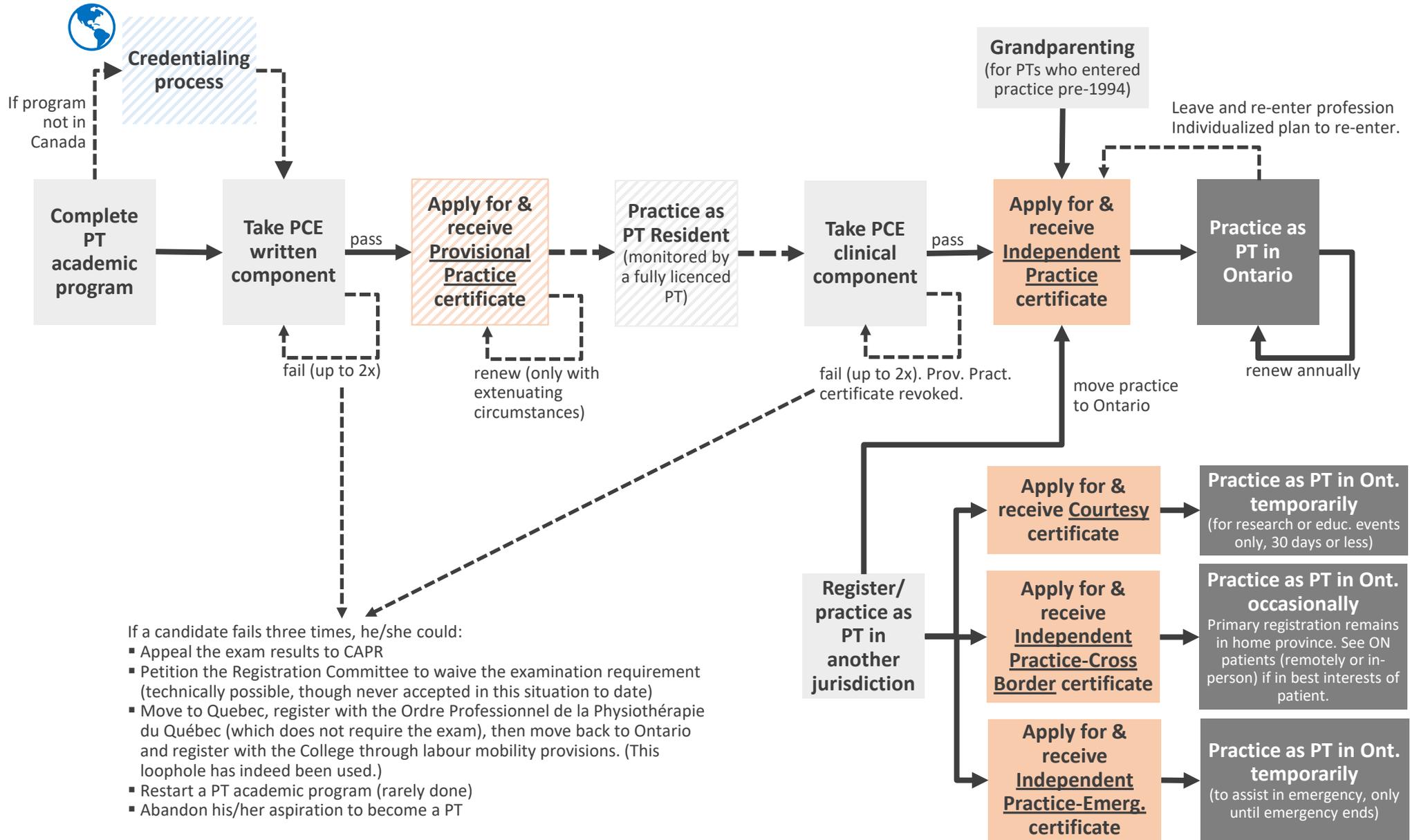
The supervision/monitoring requirements were relaxed because requiring on-site supervision was seen to be a barrier: there is often only a single PT working at a private clinic, so it is difficult for a PT Resident to find on-site supervision. Nonetheless, off-site monitoring may not be sufficient to protect the public. One way to solve this problem would be to eliminate Provisional Practice altogether, and offer the PCE clinical component more often (thus reducing or eliminating the time gap between graduation and practice); however, this would be expensive for CAPR to do. CAPR could also allow the PCE clinical component to be taken while the individual is still in school; this is currently only allowed for the PCE written component.

The individual is now fully licenced to practice as a PT in Ontario without supervision/monitoring and can refer to him/herself as a Physiotherapist. To remain licenced, he/she must renew the certificate annually, which requires certain conditions to be met: see pages 41-2.



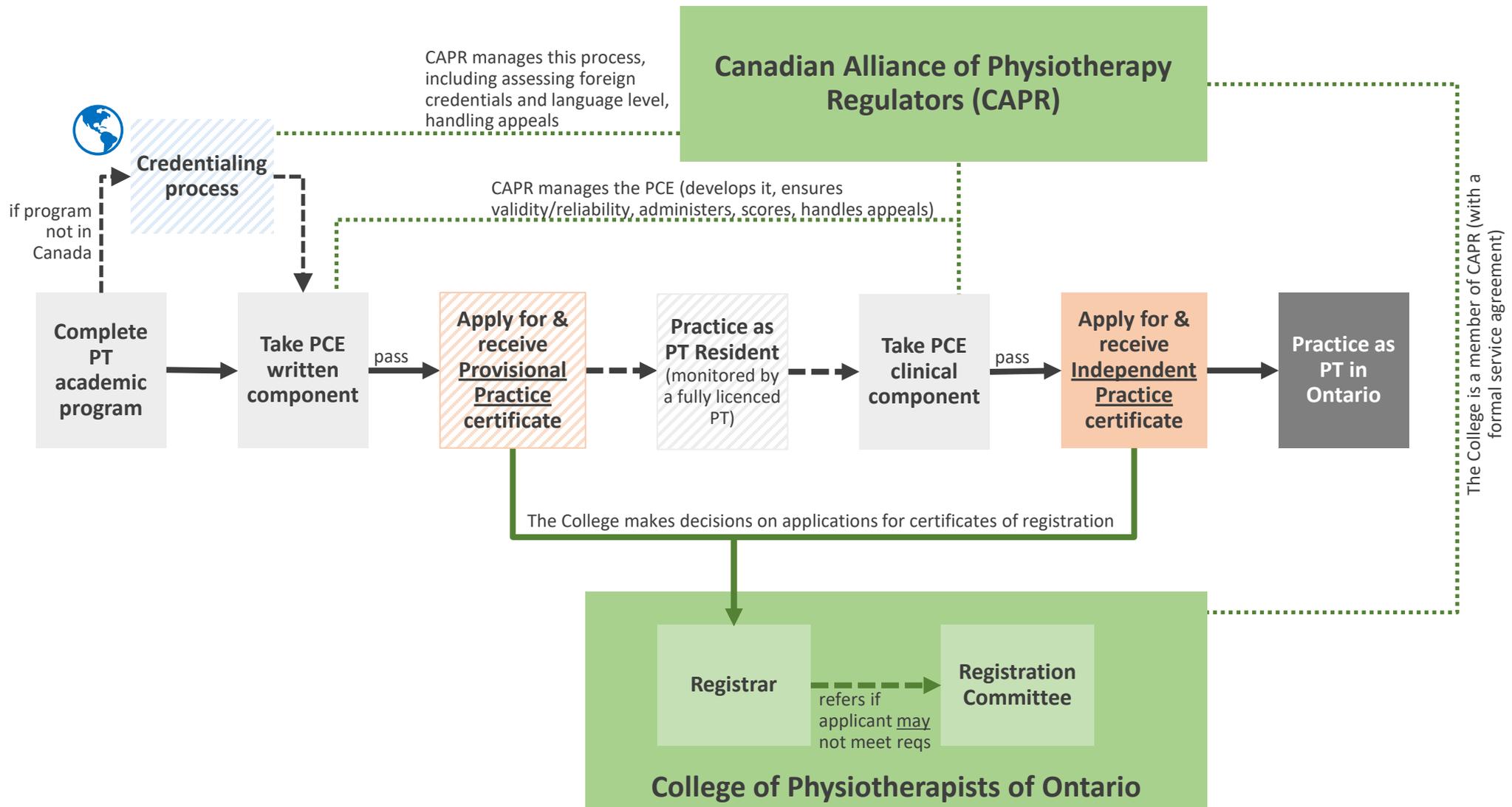
The ETP program – additional/alternate pathways

This version of the diagram outlines pathways other than usual one to enter the PT profession. This includes additional or different steps for individuals who were trained abroad, who are entering the profession in Ontario (permanently or temporarily) after registering in another jurisdiction, who entered the profession before 1994, who fail portions of the PCE, or who leave and re-enter the profession.



The ETP program – main organizations involved

This version of the diagram shows the role of the two organizations that are most closely involved in the PT ETP program: the College, and CAPR. For simplicity, only the standard (and ITI) ETP pathway is shown here.

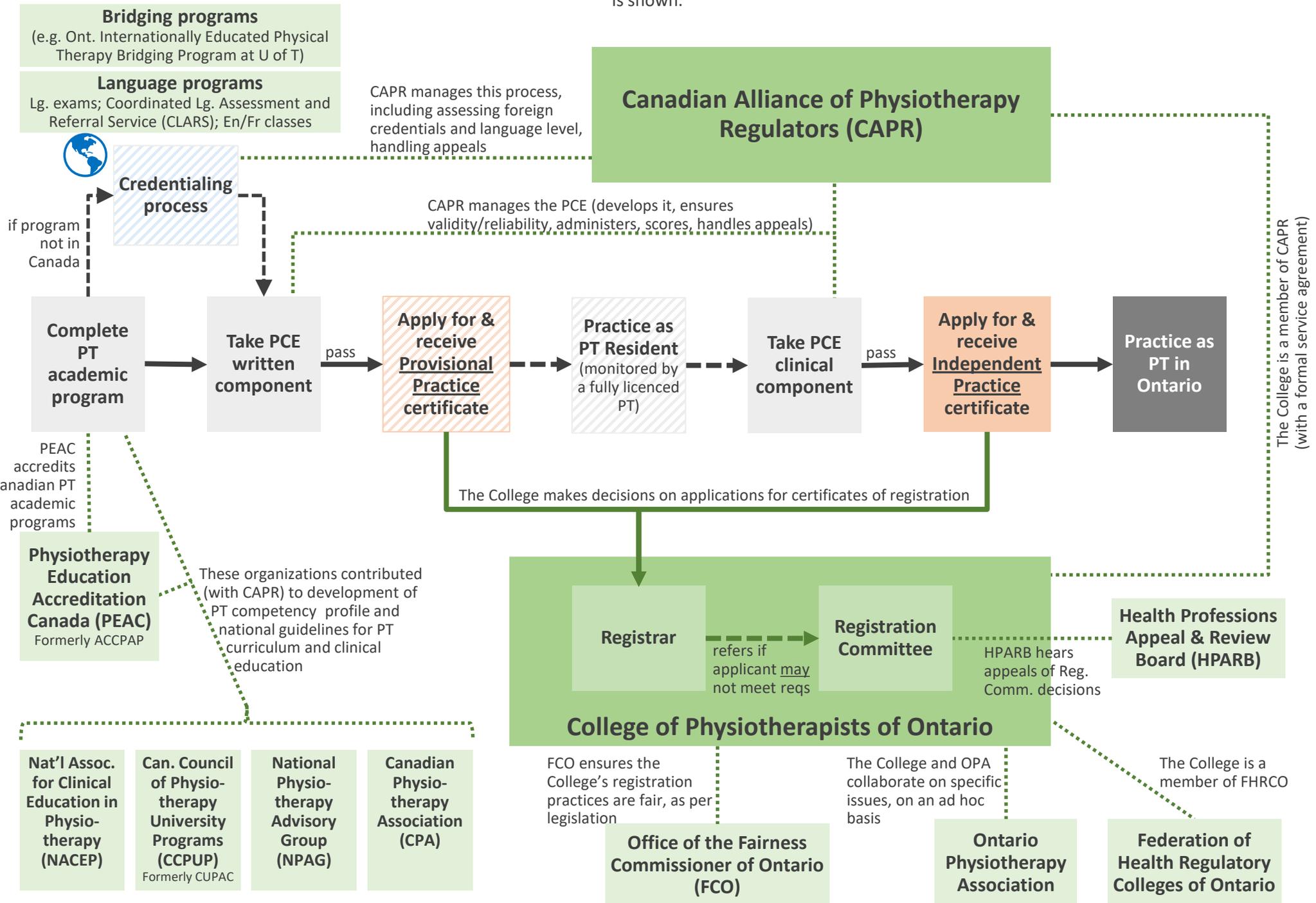


Notes on the relationship between the College and CAPR: As can be seen in this version of the diagram, the College delegates a number of crucial elements of the ETP program to CAPR. Delegation to a third party is allowed by legislation as long as the regulator exercises reasonable oversight of the third party (RHPA s.22.4(2)); FCO expects regulators to have close, collaborative relationships with any third parties it delegates to. It appears that the College is fulfilling these expectations. It has a formal memorandum of agreement with CAPR, under which roles are well defined, CAPR reports at least annually to the College, and CAPR gives the College the opportunity to review and respond to any proposed changes. The College has representation on CAPR’s Board, which allows them to ensure that appropriate practices are maintained (e.g. ensuring the reliability and validity of the PCE, keeping credentialing timelines acceptably short, ensuring CAPR assessors are properly trained, etc.).

One concern, however, has been raised about the College-CAPR relationship. The College’s representative on CAPR’s Board is always a member of the College’s Board (usually the Registrar). It may be helpful to have a College staff member sit on CAPR’s Board in addition to (or instead of) this, to ensure full knowledge of the details of the College’s operations are brought to the table. (Also note: the College pays dues to CAPR proportional to the College’s membership—therefore, the largest amount of any PT regulator in Canada—but is given just one vote, like other PT regulators in Canada.)

The ETP program – organizations involved

This version of the diagram shows additional organizations involved in the ETP program, other than the College and CAPR. For simplicity, only the standard (and ITI) ETP pathway is shown.



Entry to practice processes

Orientation to this section

The previous section outlined the pathways that individuals can take to enter the Physiotherapy profession in Ontario and the roles of the organizations involved. This section provides information about the processes involved in this ETP, including:

- Clarity of information about the requirements and processes
- Processes for assessing qualifications and making registration decisions
- The processes for appeals
- Training and qualifications for assessors and decisionmakers
- Applicant access to records
- The timelines of decisions (for each step of the process, and the reasonableness of these timelines)

Overarching legislative requirements relating to registration processes

- **Fairness.** RHPA specifies that registration practices must be “transparent, objective, impartial and fair” (RHPA s.22.2), and the Ontario Human Rights Code prohibits discrimination (based on race, nationality, sex, gender, etc.) in entry to self-governing professions. Accusations of discrimination are one of the most common legal troubles that regulators face.
- **Accommodations.** The Ontario Human Rights Code requires organizations to take reasonable steps to allow individuals (such as applicants) with disabilities to participate fully and equally in every step of the process.
- **Public input.** Based on RHPA s.22.2, OFC expects the College to include public input in decisions about significant registration changes. This could be through a patient advisory group.
- **Use of both official languages.** RHPA specifies that “a person has the right to use French in all dealings with the College” (RHPA s.86(1)) and that the College must take all reasonable measures to make this possible (RHPA s.86(2)).



Clarity of information about requirements and processes

Clarity of information requirement

Clarity and accessibility of information regarding the ETP program is one of the College's legal obligations under the RHPA, and is essential to its transparency.

The RHPA specifies that the College must provide information about registration practices, requirements for registration, the amount of time the process usually takes, the fees charged, documentation required, and alternative documentation that is acceptable (RHPA ss.22.3,22.4(1)).

Based on this legislation, FCO expects the College, in addition to the above, do the following:

- Record all procedures that govern the registration process in policy documents, and make registration decisions on the basis of written criteria
- Provide information to applicants regarding:
 - exemptions to registration requirements
 - costs that are not under regulator's control (third-party costs)
 - steps in the registration process that can be started/finished outside Canada
 - third-party organizations that applicants may come in contact with as part of registration process
 - resources and supports available to applicants during registration process
 - estimated time for each step of registration process under its control
 - process for obtaining records
- Ensure all of this information is “**clear, accurate, complete, and easy to find.**”

The College's compliance with clarity requirements

It appears that the College is generally compliant with the legislation. The College's website contains a large amount of information on ETP, and it is generally very clear, accurate, complete, and easy to find, notwithstanding a few inconsistencies which are too minor to be worth mentioning here. Frequently Asked Questions lists and a new online self-assessment tool for applicants (i.e. a series of questions that potential applicants can answer to determine if they are eligible to register) make the information especially accessible.

There is one area where there could improvement in the clarity of information. There is no up-to-date, comprehensive ETP program manual. While the website contains all of the information that an applicant would typically require, there are additional details which are scattered among various other documents (some of them out-of-date), and possibly registration practices which are simply known by staff and not documented. The most recent comprehensive ETP program manual is from 2014; a number of processes and requirements have changed since then.



Processes for assessing qualifications and making registration decisions

Applications for registration are received first by the College's Registrar (and staff). If the case is unambiguous (i.e. the applicant clearly meets all of the exemptible and non-exemptible requirements), the Registrar can approve the application without involving any other bodies.

If, on the other hand, the case is more complex, the file is referred to the Registration Committee for adjudication. Referral to the committee is legislatively required (RHPA s.15(2,4)) when the Registrar:

- wishes to refuse the application (for any reason at all);
- has any doubts about whether a certificate should be granted; or
- wishes to grant a certificate with TCLs (in most cases).

When an application is referred to the Registration Committee, the applicant is notified of this fact, informed of his/her right to make a submission to the Committee (as per RHPA s. 15(3)), and furnished with a copy of all of the information the Committee will be using to make its decision (except if disclosure could harm somebody). The applicant has the right to provide, within 30 days, additional information for the committee to consider (RHPA s.18(1)), but cannot plead his/her case in person to the Committee. When the application is referred to the Registration Committee, the applicant also has the option of withdrawing the application at that point.

The Registration Committee makes a decision on the application at its next meeting (or at a future meeting if it requires additional information), and informs the applicant in writing, along with the rationale for the decision (as required by RHPA s.20(1)). If the applicant disagrees with the result, he/she can appeal (see next page).

Details of the Registration Committee

A Registration Committee is one of seven committees that regulators are legislatively required to have, as per RHPA s.10(1). The purpose of the committee is to make decisions on applications, in cases where the College's Registrar is not legislatively allowed to make the decision on its own.

The College decides who sits on the Registration Committee. The Committee consists of five members, four of whom are also members of the College's Council (one is not). Two are publicly-appointed councillors who are not necessarily PTs, while the others are PTs. Individual cases are decided by a panel of three or more of the Committee members.

The Registration Committee is a tightly regulated body with a variety of formalized rules and procedures governing membership, quorum, voting, minute-taking, documentation of meetings and decisions, review of decisions by the Committee Chair, conflict-of-interest declarations and recusals, etc. These rules are specified in the College's by-laws and its governance manual. Legislation does not require these specific procedures, but does mandate the College to be "transparent, objective, impartial and fair" in all of its registration practices (RHPA s.22.2), which the OFC interprets to mean that the College must use appropriate evidence to make decisions, apply rules consistently, ensure decisions are according to policy, and guard against conflict of interest and other kinds of bias.

The rules in place appear to be sufficient to ensure this. That said, it is an open question as to whether Committee members are chosen for the right reasons. They are not required to be chosen based on their competencies to make registration decisions, so may not always be the best individuals to decide these complex cases.



Processes for appeals

Appeals of Registration Committee decisions

If an applicant does not agree with a decision of the Registration Committee (either to refuse registration or to grant registration with terms, conditions, and limitations), he/she has the right (according to RHPA s.21(1-3)) to appeal the decision. In fact, the Registration Committee cannot actually issue the order (corresponding to its decision) until 35 days after informing the applicant of the decision (RHPA s.21(4)), to allow time for the applicant to appeal. The option to appeal is explained to the applicant in the letter from the Registration Committee informing the applicant of its decision.

Appeals of Registration Committee decisions are not handled by the College or any of its committees, but by an external agency, the **Health Professions Appeals and Review Board (HPARB)**. HPARB is independent of government and of regulatory bodies; its Board members are not employees of the Ontario government and cannot ever have been members of regulated health profession. Referral to HPARB is in line with OFC's expectation (based on RHPA) that the College "prevent anyone who acted as a decision-maker in a registration decision from acting as a decision-maker in an internal review or appeal of that same registration decision." Though rarely exercised, applicants have the right to seek judicial review of HPARB decisions.

RHPA s.22 outlines a number of rules for appeals (e.g. procedures, admissible evidence, etc.), which are too complex to summarize here.

Appeals of CAPR decisions

Every step of the ETP pathway (not just Registration Committee decisions) has a corresponding appeal mechanism. This includes steps in the process that are managed by CAPR. In brief, CAPR's appeals processes are as follows:



- Appealing the outcome of a credentialing review: the individual can submit additional information to support their case (multiple times), apply for an internal review, or appeal to an independent panel.
- Appealing the outcome of PCE written component or clinical component: the individual can take the exam again (up to twice), request rescoring, request a file review that provides additional details on their performance on the exam, apply for an administrative reconsideration/internal review (only in the case of illness, extenuating circumstances, or interference/irregularity during the exam), or appeal to an external, independent panel of PTs. Fees for cost recovery apply.

Training and qualifications for assessors and decisionmakers

RHPA s.22.4 requires the College to ensure that assessors (i.e. anyone evaluating applications or making/reviewing registration decisions) are trained to do so. See the boxes below for information about the training/qualifications of various assessors and decisionmakers.

Registrar staff

Little training is needed to ensure that Registrar staff are competent to make decisions, as they are charged only with the task of approving perfectly straightforward applications. All other applications are referred to the Registration Committee.

Registration Committee members

Since 2014, all Registration Committee members receive a yearly orientation to their role, including training on fairness, bias, consistency of decisions, human rights, and conflict of interest. Committee members also have an opportunity to receive other training on an ad hoc basis: e.g. sexual abuse and awareness training, attendance at the Council on Licensure, Enforcement & Regulation's (CLEAR's) international conference. Committee members can consult with College staff, legal counsel, or other experts to help them come to decisions.

There are two concerns about the qualifications of Registration Committee members:

- It is not a requirement that they be chosen based on their competencies to make registration decisions, so they may not always be the most qualified individuals to decide the complex cases that are brought before the Committee.
- They cannot serve for more than a year. This high rate of turnover means that Registration Committee members start from the beginning each year and are unable to benefit from experience.

CAPR staff

Credentialing process: Much of this process is outsourced to external education assessment organizations, which are highly reputable (i.e., CAPR). CAPR trains its internal credential assessors to identify fraud. They receive regular training and network with other credentialing experts through The Association for International Credential Evaluation Professionals (TAICEP).



Applicant access to records

RHPA s.16 requires the College to give applicants access to their records (any documentation or information that the College has that is relevant to their application) upon request. The College does this.

RHPA s.16(2) specifies one exception to applicants' right to access their records: they cannot access anything that might "jeopardize the safety of any person." The College follows this regulation, though it is very rare for it to come into play. The College also refuses to disclose to applicants any privileged legal opinions that are part of their records.

RHPA s.16 further mandates that the College charge no more than reasonable cost-recovery for such a service; the College goes beyond this by charging no fee at all to access records.

Once an individual is a member of the College, he/she can easily access previous applications for registration, annual renewal, and receipts for free through the online Member Portal.

Applicants can view their CAPR files as well, upon request, though it is rare for applicants to request this.

Timeliness of decisions



RHPA requires the College to review the timeliness of their decision-making (RHPA 22.6(2)), and OFC expects regulators to make registration decisions and inform applicants of those decisions (including appeals) “without undue delay.” The Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications expects the credentialing process to take no more than one year.

Overall, it appears that the College and CAPR are adhering to this, as can be seen on the table on the next page. Based on a jurisdictional scan, the 2010 ETP review concluded that timelines are well within the range of other comparable regulators. It also appears from reviewing documents from 2010 to present that turnaround times (both those promised and those delivered) have steadily decreased.

The College takes a number of steps to reduce turnaround times. It monitors its turnaround times, reports them to Council, and transparently reports them to applicants. It also has instituted a number of time-saving procedures – see the box to the right.

Some measures taken by the College to save applicants time

- Registrar staff are provided with a document checklist so that they request from applicants only those documents that are needed.
- For Courtesy registration (i.e. the applicant is already registered in another jurisdiction), many jurisdictions are pre-approved.
- Applicants do not need to provide a notarized copy of their university degree if the degree is from a Canadian university, as the College is automatically sent a list of graduates from all Canadian physiotherapy programs.
- As of 2017, an applicant does not need to submit a copy of their PCE results, as the College receives them directly from CAPR.
- As of 2017, applications can be done entirely online without the need to mail any documents
- As of 2017, the process of to approve a supervisor for Provisional Practice has been streamlined.
- As of 2018, applicants registered in other Canadian jurisdictions do not need to request a letter of professional standing from every jurisdiction they have practiced in, only the most recent one.
- When a case is referred to the Registration Committee, College staff inform the applicant of what information the Committee will need, so they can send it before the next meeting of the Committee.
- Applicants who are former members of the College do not need to provide any documents that they previously submitted to the College; they are informed of the documents the College already has in its possession.

Timeliness of decisions – cont.

Responsible body	ETP step	Published timelines (turnaround times promised to applicants)	Actual timelines	Comments
CAPR	Credentialing	Precedent cases: 10-12 weeks Non-precedent cases: 16-18 weeks	Precedent cases: 5 weeks Non-precedent cases: 12 weeks	Well below the 52 weeks expected under the Pan-Can. Framework for the Assessment and Recognition of Foreign Qualifications.
CAPR	PCE written component	Up to 2 months until the next opportunity to sit the exam (offered 6 times/year) + 6 weeks to inform applicant of result	Up to 2 months until the next opportunity to sit the exam (offered 6 times/year) + 4 weeks or less to inform applicant of result	
CAPR	PCE clinical component	Up to 6 months until the next opportunity sit the exam (offered 2 times/year, in June and November) + 12 weeks to inform applicant of result	Up to 6 months until the next opportunity sit the exam (offered 2 times/year) + 8-10 weeks to inform applicant of result	Six months is a long time to wait for the exam, though the individual is allowed to practice as a PT Resident in the meantime. The exam is offered in June as well as November, so presumably it could be taken shortly after completing the academic program. If it were offered in e.g. August or September, this would allow candidates more time to prepare, so that they would not have to wait until November.
The College	Processing an application (any type of certificate)	15 business days	7 business days	There is some inconsistency in the published timelines. The application forms and website specify 15 business days, plus more time if additional documents are needed, and the Fair Registration Practices Report specifies 10 business days plus 5 additional business days to process any additional documents. This discrepancy should be addressed.
The College	Receiving a decision from the Registration Committee	8-10 weeks Time elapsed for Registrar to review the case, more information to be gathered if needed, advice sought, package prepared for Registration Committee, etc. + 30 business days for the Registration Committee to issue the written decision	In 2014, two decisions took longer than the target timeline. In both cases, this was because the committee requested additional information from the applicant and had to meet a second time to decide.	As of 2018, the College publishes the dates of the next Registration Committee meeting so that applicants know when their case will be decided.
HPARB	Appealing a Registration Committee decision	Unknown	Unknown	



Entry to practice requirements

Orientation to this section

The College, as obligated by legislation (RHPA s.3.1(2)), has set requirements for registering as a Physiotherapist in Ontario. As per RHPA s.22.2, the College must ensure the requirements are both *necessary* and *relevant*, so that all registered PTs are qualified and all qualified individuals can register as PTs.

Requirements fall into two categories: exemptible and non-exemptible. Non-exemptible requirements must be met in order to be registered, without exception – this is a legislative requirement (RHPA s.18(3)). Exemptible requirements are normally needed, but may be waived in some circumstances. It is the Registration Committee that determines whether an application that meets all non-exemptible requirements but not all exemptible requirements can register. It appears that non-exemptible requirements are those which are absolutely indispensable for the protection of the public (i.e. nothing else will do), while exemptible requirements are those which are usually required for competent practice but where there may be situations where they are not required, or other qualifications might make up for them.

The **non-exemptible requirements** are as follows:

- Good character (including moral integrity, mental competence, and ability to interact appropriately with patients/colleagues)
- Professional liability insurance

Exemptible requirements are as follows:

- Academic credentials (a degree in Physiotherapy)
- Language proficiency (in English or French)
- Clinical/workplace experience
- Passing registration exams (the PCE written and clinical components)
- Legal status in Canada
- Payment of fees

The pages that follow discuss each of these requirements in detail.

Note on types of certificates of registration

In general, the requirements for receiving each type of certification (Independent, Provisional, Courtesy, etc.) are the same. Where they are different, this is noted.

Requirement: good character (non-exemptible)

The requirement

The Physiotherapy Act (s.16(10)) specifies that it is non-exemptible requirement that “the applicant’s past and present conduct affords reasonable grounds for belief that he or she

- (a) is mentally competent to practise physiotherapy;
- (b) will practise physiotherapy with decency, integrity and honesty and in accordance with the law; and
- (c) can communicate effectively with, and will display an appropriate attitude towards, patients and colleagues.”

This multifaceted requirement is referred to by the catch-all term “good character” – despite the fact that it comprises not only moral integrity but also mental competence and communication skills. Some of the challenges and complexities of defining and assessing good character are explored on the next page; this page describes how it is currently assessed by the College.

Assessment process

Applications for Independent Practice, Provisional Practice, and Courtesy certificates ask thirteen questions to assess good character. The questions pertain to *any* regulated profession and *any* jurisdiction in the world. The questions are listed in the box to the right. If the applicant answers “yes” to any of the questions, the application may still be approved, but would require the consideration of the Registration Committee.

To support their answers, applicants must submit a letter of good standing from the regulatory body of every regulated profession they have been a member of anywhere in the world.* Notwithstanding this requirement, the thirteen “good character” questions are largely on a self-report basis (i.e. on the honour system, not directly verified by the College). For instance, no medical examination is done to verify the applicant’s answer to question 5, no criminal record check is done to verify answers to questions 8-13, and the applicant might simply choose not to disclose a particular foreign jurisdiction they had once practiced as a PT in. This could allow unscrupulous applicants to pass good character requirements, potentially jeopardizing public safety. However, the College is in the process of revamping good character assessment to address this: see next page.



Another concern is that the College does not (and currently cannot) take into account applicants’ academic history, beyond the fact that they passed a PT academic program. For instance, multiple fails and reattempts of courses, poor grades, or academic misconduct would not be flagged in the current system.



*As of 2018, applicants registered at PTs in other Canadian jurisdictions do not need to request a letter of good standing from every Canadian jurisdiction they have practiced in, only the most recent, as it is assumed that the most recent one would have already requested letters of professional standing from every other jurisdiction.



The College also recognizes that a letter of good standing may be very difficult or impossible to obtain from certain foreign jurisdictions. For this reason, if the applicant has requested such a letter and has waited for more than four weeks, the College allows the applicant to complete a statutory declaration instead.

Questions that assess good character

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

Requirement: good character (non-exemptible) – changes being implemented

The College is implementing a number of changes to the way it assesses good character. These changes are based on recommendations made by CAPR’s Good Character Workgroup, which were approved by the College’s Registrar’s committee in 2017.

	Considerations	What the College currently does	What the College plans to do (based on recommendations of CAPR’s Good Character Workgroup)
What does good character mean?	Good character is hard to define, and may include elements beyond just moral integrity.	Defined by legislation to include moral integrity as well as mental competence and ability to interact with patients/colleagues.	Adopt the definition of the UK’s Council for Healthcare Regulatory Excellence: good character means the person will protect the public good, not undermine public confidence in the profession, act in accordance to the standards expected in the profession, and is honest/trustworthy.
What self-report questions should be asked regarding past conduct?	Questions must encompass all relevant situations, but must not be so numerous as to constitute a burden.	Thirteen questions – listed on the previous page.	Replace the thirteen questions with a smaller number of higher-level questions, standardized with other Canadian regulators. It appears that these questions are still to be determined.
Should a criminal background check be required? What kind?	A criminal background check is more reliable than self-report. Under the <i>Police Record Checks Reform Act, 2015</i> there are three kinds: in ascending order of comprehensiveness, they are criminal record check ; criminal record and judicial matters check ; and vulnerable sector check . They vary in what they reveal (e.g. pardoned offenses, outstanding charges, discharges, probation, court orders, convictions as a minor, etc.).	No criminal background check is required, only self-report questions.	<p>Require a criminal background check at initial application. The type of criminal background check (see ‘considerations’ to the left) is to be determined.</p> <p>There is also discussion about criminal background checks at renewal of registration. Options under discussion include requiring a background check every 5 years, and requiring a self-declaration each year with random selection for verification.</p> <p>The <i>Police Record Checks Reform Act</i> (in force as of 2018) will need to be taken into account. The College has not yet received legal advice regarding the implications of the Act for requiring various kinds of criminal background checks for PTs.</p> <p>There does not appear to be any discussion about requiring criminal background checks from foreign countries that the applicant has lived in, which means crimes committed abroad would not be flagged.</p>  
What kinds of past offenses/crimes should result in an application being denied?	Not all offenses/crimes may indicate a propensity to practice physiotherapy unsafely or unscrupulously.	This is left up to the discretion of the Registration Committee.	Consider the following criteria in assessing whether a past offense/crime should result in an application being denied: whether it indicates a propensity to harm patients, undermine public confidence in the profession, violate standards of the profession, or be dishonest; the time period of the offense/crime; the seriousness of the offense/crime; the relevance of the offense/crime to Physiotherapy; and any indication of rehabilitation (as indicated by insight, remorse, following through with sanctions, making a sustainable character change, etc.)
How old can letters of good standing be?	A letter of good standing from e.g. one year ago would not capture more recent wrongdoing, but it is not possible to have all letters dated the same day as the application.	Letters can be up to 6 months old, but the thirteen questions fill the gap by asking about conduct up to the date of the application.	Require letters of good standing to be no more than 3 months old. Also require the applicant to state “I understand that I must notify the College of any changes to information on this application as soon as it occurs.”
Must letters of good standing be sent directly to the College from the regulator?	If the applicant can send letters of good standing to the College, there is the possibility of forgery.	Applicants can request letters of good standing to be sent to them, then send them on to the College.	Obtain applicant’s regulatory history information <i>directly</i> from the other regulator, by email with enough information in the signature line to verify the sender.
How is it determined whether a profession is regulated in a foreign jurisdiction (and therefore requires a letter of good standing)? 	There are a very large number of jurisdictions in the world, information can be inconsistent, and even professionals themselves are not always aware that their profession is regulated in their jurisdiction.	Maintain an informal, incomplete list of jurisdictions where Physiotherapy is believed/known to be regulated.	<p>Adopt a common list (shared with other Canadian regulators) of jurisdictions where Physiotherapy is regulated. The World Confederation for Physical Therapy (WCPT) keeps such a list, but it is never fully up to date.</p> <p>Require applicants who are from a jurisdiction known to be regulated to provide a Regulatory History form for that jurisdiction even if they say they were not registered there.</p> 

Requirement: insurance (non-exemptible)

RHPA requires that members of a regulatory college carry professional liability insurance (RHPA 13.1(1)). The Physiotherapy Act further specifies that this is a non-exemptible requirement (Physiotherapy Act s.17).

However, the legislation does not indicate precisely what kind of insurance is needed (terms, level of coverage, etc.). This is up to the College. The College has specified that the professional liability insurance required of members is as follows:

- Coverage: entire practice of physiotherapy
- Liability limits: at least \$5 million for a single incident, at least \$5 million for each year.
- Deductibles: none.
- Tail insurance: must cover claims made up to 10 years after the member ceases practice
- Other: exclusions, conditions, terms, etc. must be in line with standard practices in the insurance industry (mentioned in the College by-laws, but not on application forms).

The rationale for the insurance requirement, according to the 2008 briefing note justifying registration requirements, is that it “protects the public by ensuring that financial assistance is available if something goes wrong.” That being said, the specific requirements could be challenged. It is not entirely clear why the liability limits have been set at \$5 million, the tail insurance at 10 years, or the deductibles at zero. It is possible that protecting the public requires higher limits or longer tail insurance, or that the terms are overly stringent and create an unnecessary ETP barrier by raising insurance premiums.



Currently, this non-exemptible requirement is enforced only through self-declaration. The applicant declares that they have insurance and provides the policy number, but this is not checked unless there is an investigation at a later date.



Requirement: academic credentials – for individuals trained in Canada

Requirements

The Physiotherapy Act requires registered PTs in Ontario to have at least a bachelor's degree in physiotherapy from an approved Canadian university or a foreign qualification that is "substantially similar" (Physiotherapy Act ss.11, 19(1.1), 23(1.1), 24(1.1)). Applicants trained in Canada will always need a Master's degree (generally a Master of Physical Therapy or Master of Science in Physical Therapy), as these are the Physiotherapy degrees offered by accredited university programs in Canada – see the box to the right for a list.

As long as the individual passes the academic program, he/she has fulfilled the requirement. The College does not currently take into account academic performance (e.g. poor grades, failing and retaking courses) or conduct (e.g. cheating), and cannot easily access these records.

Accreditation of Physiotherapy programs in Canada

Physiotherapy Education Accreditation Canada (PEAC) is responsible for accrediting Canadian Physiotherapy programs, supported by the academic programs themselves (through CCPUP), regulatory bodies (through CAPR), and PTs themselves (through the CPA). PEAC follows the Guidelines for Good Practice in the Accreditation of Professional Programs, including best practices such as allowing accreditation standards to evolve with the profession, involving stakeholders, continuous improvement, and making sure accreditation decisions are equitable, consistent, and objective. Accreditation decisions also take into account the Competency Profile for Physiotherapists in Canada (2017), which outlines what PTs must learn in order to practice competently.

Physiotherapy curriculum

The curriculum for Physiotherapy programs in Canada follows **national guidelines** (2009) which were developed in a collaborative process led by CCPUP with input from CPA, CAPR, and PEAC. These guidelines specify that Physiotherapy programs must cover the follow topics and sub-topics:

- **Foundations:** Biological and Basic Sciences, Psychosocial Sciences, Professionalism and Ethics, Scientific Inquiry.
- **PT Clinical Practice:** PT Movement Sciences, PT Therapeutics, Cardiorespiratory PT Practice, Musculoskeletal PT Practice, and Neurological PT Practice.
- **PT Professional Interactions:** Professional and Ethical Practice, Client–Physiotherapist Interaction and Interprofessional Practice
- **Context of Practice:** Health Care Environment, Health Care Models and Frameworks, Practice Management, Services Management and Practice Settings. Students must get experience in Acute/Hospital Care, Rehabilitation/Long Term Care and Ambulatory Care.

Each of the elements above has multiple sub-elements within it, and most of those sub-elements have multiple sub-sub-elements, making the guidelines very detailed and prescriptive. That said, they are intended to allow for some flexibility so that different programs can have different strengths and areas of emphasis.

In addition to classroom study, Physiotherapy programs also include hands-on, clinical work. There are national guidelines (2011) for the clinical component as well, which specify that students should get at least 1025 hours of clinical experience, at least 80% of those in "settings that provide patient care," and covering a variety of conditions (cardiovascular, respiratory, neurological, musculoskeletal, multi-system) and variety of patient ages. A majority of these hours need to be evaluated by a licenced PT.

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

Accredited Physiotherapy programs in Canada

- McMaster University
- Queen's University
- University of Ottawa
- University of Toronto
- Western University
- McGill University
- Univ. de Montréal
- Univ. de Sherbrooke
- Université Laval
- Université du Québec à Chicoutimi
- Univ. of British Columbia
- University of Alberta
- Univ. of Saskatchewan
- University of Manitoba
- Dalhousie University





Requirement: academic credentials – for ITIs

The requirement

Based on RHPA s.22.2, OFC expects the College to ensure ITIs are not unfairly barred from entering the profession. The Physiotherapy Act mirrors this, as it allows foreign qualifications to count as long as they are “substantially similar” to a degree in Physiotherapy from an accredited Canadian university program (Physiotherapy Act ss.11, 19(1.1), 23(1.1), 24(1.1)).

Some information about internationally trained PTs

- In 2017-2018, 27% of registered PTs in Ontario were internationally educated.
- This proportion is increasing. In 2018, almost half (44%) of newly registered PTs in Ontario were internationally educated.
- For new applicants, by far the most common foreign country to have received training in is India. Other common countries are the UK, the US, Australia, the Philippines, and Pakistan.
- ITIs can access government programs to assist them through the process. These include Global Experience Ontario (GEO), an Ontario Ministry of Citizenship and Immigration program that provides profession-specific information to ITIs who are hoping to enter regulated professions in Ontario; HIRE-IEHPS, a Health Canada-funded program that helps ITIs in regulated professions in Ontario post-licensure to get hired and integrate into the workplace; and loans of up to \$15,000 to cover career-related expenses and fees associated with credential recognition processes, funded through the ESDC’s Foreign Credential Recognition Program.

Credentialing process

The process by which an individual’s foreign qualifications are assessed for equivalency to a Canadian Physiotherapy degree is known as the credentialing process and is managed by CAPR. CAPR determines the equivalency of a foreign Physiotherapy credential by assessing:

- Whether the applicant completed a university-level entry to practice degree in Physiotherapy (documents submitted must be authenticated),
- Whether this academic program is recognized by the appropriate authority in its country (if physiotherapy programs need to be accredited in the country in question, the academic program must have achieved this accreditation),
- Whether the content of this academic program is substantially similar to that in a Canadian program,
- Whether the applicant completed at least 1025 hours of supervised clinical education, and
- Whether the applicant has knowledge of the practice of physiotherapy in Canada specifically

Based on this, the individual is informed either that he/she has equivalent credentials and can proceed to the PCE, or that he/she needs to fill a particular gap (which may be an entire Physiotherapy Master’s course, if he/she lacks much of the required training). There is an appeals process if the applicant does not agree with the result.

CAPR must engage in a review of the credentialing process every 5 years to ensure it meets best practice and legal requirements, and releases the resulting report publicly.

Bridging programs

Bridging programs exist to help ITIs who have been informed that they need to fill educational gaps. There are several Physiotherapy bridging programs in Canada, but just one in Ontario (the Ontario Internationally Educated Physical Therapy Bridging Program at the University of Toronto).

Some have argued that all ITIs should complete a bridging program. This would ensure that all ITIs have the cultural competence, language abilities, and knowledge of Canada- and Ontario-specific laws, billing practices, etc. that they need to practice competently in Ontario. However, this requirement could constitute a major barrier for ITIs, as it would make their entry to the profession considerably more time-consuming and expensive.



Requirement: language proficiency

The requirement

To enter the Physiotherapy profession in Ontario, an applicant must be able to speak and write English or French “with reasonable fluency” (Physiotherapy Act s.16(2.2)). The only exception is for Courtesy certificates, which have no language requirements (Physiotherapy Act s.16(2)), as the certificate is only temporary and the individual will need to interact only with a small, selected subset of patients and colleagues.

Assessment process

Assessing whether an applicant meets the language proficiency requirement is CAPR’s responsibility, as part of the credentialing process.

If the applicant’s physiotherapy education was in English or French, CAPR does not require any further demonstration of proficiency. If the applicant’s physiotherapy education was in another language, CAPR assesses language ability through a language exam administered by a third party (see table to the right). These third-party language exams are generic to many professions: they do not test knowledge of Physiotherapy-specific vocabulary or communication skills, so may not ensure that applicants can communicate adequately with patients and colleagues (including, crucially, PTAs) in a PT practice context. The College does receive some complaints about PTs’ communication skills.



Applicants who are informed that their language levels are insufficient can access government services to upgrade their English or French. They can first access the Coordinated Language Assessment and Referral Service (CLARS, co-funded by Immigration, Refugees and Citizenship Canada and the Ontario Ministry of Citizenship and Immigration), and will then be referred to appropriate language service (e.g. the Adult Non-Credit Language Training Program offered by Ontario’s Public and Catholic District School Boards).

Test	Language tested	Required overall score	Required sub-scores
TOEFL (Test of English as a Foreign Language)	English	92	Listening: 21 Structure/Writing: 21 Reading: 21 Speaking: 21
IELTS (International English Language Testing System) - Academic	English	7.0	None, but test must include all components: listening, reading, writing, speaking
CANTest (Univ. of Ottawa)	English	4.0	Oral interview rating: 4.5 All other components: 4.0
TestCAN (Univ. of Ottawa)	French		

Ensuring fairness in language requirements

Based on RHPA s.22.2, OFC expects the College to make sure ITIs are not discriminated against in ETP requirements. Language requirements are one of the most common areas where charges of discrimination can arise, as unnecessarily high score thresholds on language exams may make the profession *de facto* inaccessible to non-native speakers.

To guard against the possibility of unfair language requirements, regulators must be able to justify the level/type of fluency that is required, and to conduct documented analyses of the impact of various exam score thresholds. It is an open question as to whether the scores required (see table above) are reasonable and necessary (i.e. high enough to ensure PT competence, but not so high as to constitute discrimination).

The current cut scores are based on an external review in 2012 that recommended raising the required scores.



Requirement: clinical/workplace experience

The requirement

To enter the Physiotherapy profession in Ontario, an individual must have completed a Physiotherapy academic program (either in Canada or abroad) that included at least 1025 hours of supervised clinical (hands-on) experience.

To *remain* in the Physiotherapy profession (i.e. renew an Independent Practice certificate each year), a PT must have engaged in at least 1200 hours of clinical practice in the last five years. This requirement begins five years after the individual completes the PCE clinical competent. For more information about renewal, see page 41.



The required hours can be accumulated anywhere in the world, so this requirement poses no special barriers to ITIs.

Requirement: examinations

	PCE written component	PCE clinical component
Frequency offered	Six times a year	Two times a year
Length	4 hours	6 hours
Format	200 multiple choice questions	16 stations (Objective Structured Clinical Examination. Candidates demonstrate skills hands-on with standardized patients.)
Content based on	Examination Blueprint, national guidelines for Physiotherapy curriculum and clinical education, and Physiotherapy competency profile.	
Scoring	There is one correct answer to each question. The exam is scored electronically.	A PT trained to be an examiner observes/scores the candidate's performance at each station.
Threshold to pass	A new threshold is set every 3-5 years based on a psychometric analysis and consultation with subject matter experts.	At least a minimum total score ("pass" or "borderline pass"), as set for each exam administration based on a review of performance and difficulty by the Board of Examiners Passing score on a minimum # of stations (generally 10-11 out of 16) Safety and professionalism flags (automatic fail if 2 or more "minor" flags or 1 "major" flag)
Languages	English French	English French (only in Ottawa)
Accommodations	Available on request. Supporting documentation may be required. Cannot be onerously expensive or impact exam validity.	

The requirement

Legislation requires an applicant to have successfully completed an examination set by the College before receiving an Independent Practice certificate (Physiotherapy Act 19(1.1)). Only the written portion of the exam must be completed in order to receive a Provisional Practice certificate (Physiotherapy Act 23(1.2)). Exams must be available in French as well as English (RHPA ss.86(1,3)).

The Physiotherapy Competency Exam (PCE)

CAPR is responsible for developing and administering the PCE. The exam includes two separate components: a written component and a clinical component, taken on two different dates. Basic information about each component can be found in the table to the left. Information about the quality assurance of the examination can be found on the next page.

An applicant has three chances to pass each portion of the examination. If an applicant fails either component, CAPR provides him/her with information on what areas he/she needs to improve in, so that he/she can prepare to sit the exam again.

If an applicant fails the clinical component, he/she cannot simply return to Provisional Practice as before (Physiotherapy Act s.23(4)). Instead, the applicant must practice under a Provisional Practice Certificate with Restrictions, receiving more intensive supervision (100% on-site supervision rather than off-site monitoring).

The examination appears to fill an important function, over and above graduation from a PT academic program. Not all PT degree graduates pass the exam (pass rates tend to be around 90-95%), indicating that the exam does not simply duplicate the exams that are part of the academic programs. Moreover, pass rates vary by academic program, potentially showing gaps in particular programs.

Requirement: examinations – quality assurance

Legislative requirements for quality assurance of exams

Based on RHPA ss.22.2,22.4(2,3), OFC expects the College (and CAPR, as a subcontractor to the College) to ensure that the examination measures Physiotherapy competence accurately, fairly, objectively, and impartially. Specifically:

- The examination must be **valid** (it must measure what it is meant to measure). That means examination content must be based on up-to-date Physiotherapy competencies and ETP requirements.
- The examination must be **reliable** (it must produce the same conclusion each time it is repeated). That means that assessors (those scoring exams and deciding on appeals) must be qualified and trained to make fair, accurate judgments, without bias, and assessment criteria must be clearly stated so that judgments are consistent (across time, between different assessors, etc.).
- All of the above must be continually reviewed and monitored, and any shortcomings addressed.

The College and CAPR take these expectations extremely seriously. The box to the right outlines the procedures in place to quality-assure every aspect of the examination.

Necessity and utility of the exams

In 2018, exam pass rates were as follows:

- Written component: 94% for Canadian-trained candidates, 53% for internationally trained.
- Clinical component: 86% for Canadian-trained candidates, 52% for internationally trained.

The fact that pass rates are substantially below 100%, even for graduates from accredited Canadian PT programs, may indicate that the exams are necessary for ensuring the competence of PTs. It also may point to gaps in the accreditation process (and in the academic programs themselves), as a sizable minority of graduates are unable to pass the exam.

The low pass rates for internationally trained candidates may indicate that the exam is certainly necessary for those not trained in Canada; the low pass rates may also indicate that the credentialing process is not as effective as it could be at ensuring that ITIs have equivalent training.

Measures taken to quality-assure the PCE

- The College exercises oversight of CAPR in its development/administration of the exam:
 - The Memorandum of Agreement between the College and CAPR specifies CAPR's duties to ensure the test is valid and reliable, to provide the option of an appeal, and to report to the College.
 - CAPR sends an Exam Administration Report to the College that provides information on the validity and reliability of each exam sitting (including pre- and post-exam quality checks, psychometrics related to the exam results, and any appeals that could be foreseen to happen). The College follows up on any concerns.
 - CAPR sends an annual report to CPO with descriptive statistics of the examiners and examinees, training programs provided for examiners, appeals undertaken, customer satisfaction, and success rates by year/sitting.
- CAPR has a psychometrician on staff and a psychometric advisory panel. Reliability of exam is regularly measured and has been shown to be acceptably high.
- Decision-making about safety and professionalism flags (in the clinical component) is centralized, and decision rules documented to create precedent for future cases.
- Exam content is aligned with the Examination Blueprint, national guidelines for Physiotherapy curriculum and clinical education, and Physiotherapy competency profile. The Blueprint is updated about every five years, and CAPR conducts Practice Analyses regularly to ensure the exam content is accurate, relevant, and up-to-date.
- Exam items are generated and validated in a rigorous process, estimated to cost \$1000 for a single multiple-choice question. Items are generated by Item Generation Subcommittee that spans the country, then approved by national test construction committees.
- CAPR extensively trains examiners/assessors, item generators, and standardized patients in the clinical component.
- An appeals process is available to applicants.
- Regular reviews of CAPR's exam program are conducted by outside experts.
- CAPR shared with Cathexis, on a confidential basis, additional quality assurance information that cannot be revealed here, as it might compromise the integrity of the exam.

Requirement: legal status in Canada

To be granted a Provisional or Independent Practice certificate (including Cross Border and Emergency variants), the applicant must be a Canadian citizen, Canadian permanent resident, or have a valid work permit (as per Physiotherapy Act s.16(2.1)). The certificate is revoked if the individual's legal status in Canada comes to an end.

The College requires documentation of legal status at initial registration, but does not require it for renewal, as it is understood to be the responsibility of Immigration, Refugees and Citizenship Canada to ensure that individuals working in Canada continue to have legal authorization to do so.

The requirement for legal status does not apply to applicants for a Courtesy certificate; this makes sense, as Courtesy certificates pertain to short-term activities of the sort that would normally be allowed for visitors to Canada (e.g. conferences, teaching activities).

Requirement: payment of fees

The requirement

Applicants must pay fees to register as a PT, and for various steps in the ETP process. These fees are paid to the College, to CAPR, or to third parties, depending on the item. Current fees are shown in the table to the right.

Reasonableness of the fees

As a not-for-profit entity, the College is expected (by the Canadian Revenue Agency) not to accumulate a profit, and OFC (based on RHPA s.22.2) expects the College to review its fees on a regular basis. Likewise, the College’s fairness mandate means that its fees should not constitute a form of discrimination. All of this indicates that the College (and CAPR) should keep fees to a cost-recovery level.

All available information indicates that the fees are indeed reasonable. Both the College and CAPR review their fees each year, and base them on a cost-recovery model. When the College’s Unrestricted Net Assets increase (indicating it is charging more than cost-recovery), it reduces fees to draw these assets down. The 2010 ETP review found that the fees are “reasonable, fair, objective, impartial, and transparent,” and in line with fees charged by comparable regulatory bodies in Canada and abroad. The College also makes available to applicants certain rebates, waivers, and fee-reduction measure, including the following:

- The registration fee for an Independent Practice certificate is prorated until the end of the registration year, so that registrants don’t pay full price for a partial year; similar for the Provisional Practice certificate.
- Registrants can obtain a prorated fee credit if they resign more than 3 months before the end of the registration year, if doing so for education, health, compassionate reasons, maternity/parental leave, or moving out of province.
- In rare cases, fees may be waived on “compassionate grounds” – e.g. not charging late fees if the late renewal was due to illness.

 All of this said, fees are not low, and may adversely affect some individuals, especially ITIs who may need to pay \$12,000 or more for a bridging program. Expenses can also mount for candidates who fail and retake PCE components multiple times. This area requires further exploration.

Type	ETP step	Fee	Charged by...
Fees for the usual ETP pathway	PCE written component	\$1,002 (pay again if retaking)	CAPR
	Provisional Practice certificate	\$100 application fee \$75 registration fee	The College
	PCE clinical component	\$1,813 (in 2020) (pay again if retaking)	CAPR
	Independent Practice certificate	\$100 application fee \$595 registration fee for the first year (+\$225 if late)	The College
	Renewal of Independent Practice certificate	\$595 per year	The College
 Additional fees for ITIs	Credentialing process	\$1,077	CAPR
	Bridging program	\$12,000-13,000	Bridging programs
	Language exam	\$250-300 on average	Third-party providers
Fees for alternate certificates	Courtesy certificate	\$100 application fee No registration fee	The College
	Independent Practice – Cross Border certificate	\$100 application fee \$100 registration fee \$100 renewal fee per year	The College
	Emergency certificate	Free	The College
Misc. fees	Wall certificate (optional)	\$25	The College
	College Review Program (<i>see pg. 41</i>)	\$500	The College
	Onsite Assessment (<i>see pg. 38</i>)	\$500	The College

Exceptions to requirements, and alternative pathways to certification

The College allows exceptions to the requirements in particular circumstances, as well as alternate pathways to certification. Most of the exceptions and alternate pathways are essentially issues of interprovincial/interjurisdictional labour mobility. These are summarized on this page. There are also a few other exceptions and alternate pathways, which are summarized on the following page.

PTs registered in other Canadian jurisdictions

RHPA ss.22.15-22.23 requires that the College allow for labour mobility from other Canadian jurisdictions. For instance, the College cannot require Ontario residency or set additional training requirements for PTs who wish to transfer their registration to Ontario. The Canadian Free Trade Agreement reinforces this.

In the spirit of this, PTs registered in another Canadian jurisdiction can easily transfer their registration to Ontario. The requirements to do so are no different from renewing one's registration in Ontario: i.e. good character, insurance, and at least 1200 hours of clinical experience in the last 5 years (or having completed the PCE in the last 5 years). (If the individual lacks this last requirement, the Quality Management program must complete an Onsite Assessment, but this is no different than for Ontario PTs renewing their registration.)

PTs from Quebec: The situation is slightly different for PTs registered in Quebec (with the Ordre Professionnel de la Physiothérapie du Québec). The Ordre is the only Canadian Physiotherapy regulator that does not use the PCE. Instead, it requires an individual assessment of practice within two years of initial registration. While this may adequately ensure competence in Quebec, it can be exploited by Ontario candidates as a loophole: candidates in Ontario who failed the PCE three times can move to Quebec, register with the Ordre, then transfer their registration to Ontario through labour mobility provisions (before the individual assessment is required). This has indeed been done.



Courtesy certificates

Courtesy certificates are, essentially, an alternate mechanism to support interjurisdictional labour mobility. They allow PTs registered in another jurisdiction (inside or outside Canada) to be registered for a short period of time (30 days or less) for a specific event (teaching, taking a course, participating in research, etc.) that requires them to use the title of PT and/or to work with patients. (If the individual does not intend to use their title or work directly with patients, there is no need to apply for a Courtesy certificate.) The certificate continues only as long as the specific event does, and is only for use with that specific event. (Physiotherapy Act ss.24(2.1),23(1.4))

The applicant must be registered as a PT in another jurisdiction that the Registration Committee has decided has a “reasonably equivalent” registration scheme (Physiotherapy Act s.24(2)). Certain jurisdictions (all Canadian provinces, Yukon territory, all US states, UK, Australia, New Zealand, and South Africa) are pre-approved for this purpose. If the applicant is from a jurisdiction other than these pre-approved ones, the Registration Committee must review the application.

The applicant must also (like all other applicants) be in good standing, have insurance, and have 1200 hours of experience (anywhere in the world) in the last 5 years. Unlike other applicants, language proficiency and legal status in Canada are not required.

Independent Practice – Cross Border certificates (*new as of 2018*)

This variant on the Independent Practice certificate constitutes a special type of labour mobility, allowing PTs registered in other jurisdictions to see patients in Ontario (remotely or in person) on an occasional basis when it is in the patient's best interest (i.e. for continuity of care or for access to physiotherapy in underserved communities). These requirements follow the Memorandum of Understanding for Cross-Border Physiotherapy, which has been agreed to by ten PT regulators across Canada.

Independent Practice – Emergency certificates

This variant on the Independent Practice certificate allows a PT registered in another Canadian jurisdiction to serve in Ontario temporarily during an emergency (as determined by the Ministry of Health and Long-Term Care's Emergency Management Unit), when larger numbers of PTs are needed to treat injured people or because PTs themselves have been injured or killed. The PT's primary registration remains in their home jurisdiction and the Emergency certificate ends when the emergency does. Standard requirements of good standing, insurance, and clinical experience apply.

Physiotherapists who registered before 1994

The Physiotherapy Act s.19(1-2) allows individuals who registered as PTs in Ontario under the *Drugless Practitioners Act* (before the RHPA and Physiotherapy Act came into effect at the end of 1993) to be grandparented in as PTs even if they did not obtain a degree in Physiotherapy or complete the PCE. Similarly, an applicant who registered as a PT in another Canadian jurisdiction before 1994 is exempted from these requirements.

Questions can be raised here about protection of the public. Without having passed the PCE, the College may not be able to ensure the grandparented PT is competent to practice. This is not a major concern for PTs who have been practicing continuously since before 1994, but could be a larger concern for the small number who initially registered before 1994, left practice for many years, and are now re-entering practice.



Applicants from jurisdictions from which documentation is difficult to obtain

Letters of good standing may be difficult or impossible to obtain from regulators in particular countries, so the College allows applicants who have requested such letters and waited more than four weeks to complete a statutory declaration in place of the letter.

Similarly, for refugees and others who cannot produce official documentation of their training, good standing, etc., both the College and CAPR allow sworn statements to suffice. CAPR indicated to Cathexis that although this policy exists, it has never been exercised to date: CAPR has always completed other verification of an individual's credentials, training, employment, and so forth. Procedures are in place to prevent fraud.

Extenuating circumstances for not sitting the PCE clinical component at the next opportunity

Normally, an applicant who has passed the PCE written component must take the clinical component at the next opportunity; if he/she misses it, he/she sacrifices his/her Provisional Practice certificate. However, if missing the clinical component was for a good reason (e.g. illness, death of a relative, etc.) then the individual is allowed to obtain another Provisional Practice certificate and continue to practice as a PT Resident until the next opportunity to sit the PCE clinical component.

There are two loopholes here that could be exploited: an individual could simply fake an illness, or could sign up for the next available PCE clinical component (as per the requirement) then withdraw shortly before it and sign up for the next sitting. This could be used to postpone sitting the PCE clinical component and prolong the period of Provisional Practice, with all of its attendant risks to the public.



Processes and requirements for
renewing and re-entering the profession

Renewal requirements

To continue practicing in Ontario, a PT must renew his/her registration annually. There are various requirements for this, which are summarized in the boxes on this and the next page.

Renewal applies only to Independent Practice and Independent Practice–Cross Border certificates. Provisional Practice, Courtesy, and Independent Practice–Emergency certificates are all temporary certificates that cannot be renewed.

1. Payment of fees

The PT must pay \$595 annually to renew his/her membership. RHPA allows the College to suspend a member's registration if they fail to pay the renewal fee after 30 days (RHPA s.24). (The Independent Practice – Cross Border certificate costs \$100 annually to renew.)

2. Jurisprudence Education Program

To continue renewing his/her registration, the PT must complete an online module regarding the ethics and laws around Physiotherapy in Ontario (Physiotherapy Act s.16(4-5)). This must be done within the first year of registration, and then at five-year intervals.

3. Good character

Continued evidence of good character is required to renew registration. At renewal, members must self-report if they have been charged or found guilty of a crime, have any finding of professional misconduct in any regulated profession in any jurisdiction, and so forth.

This may soon change. CAPR's Good Character Workgroup has recommended (and the College approved) the addition of a criminal background check at renewal. The type of check and whether it would be required at every annual renewal are under discussion – see page 28 for more details.

4. Insurance

In order to renew their registration, members must continue to hold professional liability insurance of the type required for initial registration.

5. Hours

The PT must have completed 1200 hours of PT practice in the last 5 years in order to renew his/her registration (Physiotherapy Act s.19(4)). This ensures that the PT has retained his/her competency. Up to 30 hours of the 1200 hours can be volunteer hours, CPD, or participation in Physiotherapy associations and regulatory bodies.

The hours do not need to be direct patient care – they can also be Physiotherapy research, administration, and sales. This expansive definition may not fully comply with legislation, which specifies that the hours must be time during which the individual “practised physiotherapy” (Physiotherapy Act s.19(4)). It is an open question as to whether e.g. Physiotherapy sales truly counts as “practicing,” and whether 1200 hours of e.g. administration or research is sufficient to ensure a PT is still qualified to treat patients.

The hours are self-declared and not verified by the College. This complies with legislation, which specifies only that the PT must “satisfy the Registrar” that he/she completed the hours (Physiotherapy Act s.19(4)). That said, self-report always creates the possibility of fraud.

The requirement for 1200 hours of practice was justified in the 2010 ETP review. Hours are a useful proxy for measuring continued competence, and can flag members who are at risk of losing skill/knowledge due to inactivity. Measuring hours every 5 years is in line with research literature on skill retention and decay among professionals. Still, there are concerns about the appropriateness and adequacy of this requirement. Given the rapid advance of knowledge, the half-life of competency may now be less than 5 years. Moreover, 1200 hours is essentially an arbitrary number, unsupported by research.

There are **two exceptions** to the requirement for 1200 hours:

- If the PT completed the PCE (i.e. first entered the profession) in the last 5 years, this is considered to demonstrate current competency, in lieu of hours.
- In lieu of hours, the PT can elect to undergo the **College Review Program** at his/her expense (Physiotherapy Act s. 21(2)). As described in legislation, this is a detailed assessment of the PT's “knowledge, skill, judgment and performance”; if there are any gaps, the PT will be required to fill them. The College has indicated to Cathexis that the College Review Program is an area of concern.



Re-entry requirements

An individual who was once registered as a PT in Ontario but who **resigned or allowed registration to lapse** (e.g. due to illness, pursuing a different profession, maternity/parental leave, etc.) may choose to attempt re-registration with the College. The process and requirements to re-register are the same as those to initially register. The only difference is that the requirement for 1200 hours of clinical experience or passing the PCE in the last 5 years will often be difficult for the applicant to meet, as they have not been practicing for a time and may have completed the PCE many years before.

In these cases, the Registration Committee develops an individualized plan for the individual who wishes to re-enter this profession. This plan may include monitoring by a fully licenced PT for a time, or other provision that the Committee deems reasonable. In extreme cases, it might be necessary for the individual to retake the PCE.

Although it is important for re-entry requirements to ensure the individual is still competent to practice (to protect public safety), it is also essential for re-entry requirements to not discriminate against those who have left the profession for good reasons (e.g. raising a family, attending to a sick relative) or for reasons outside of their control (e.g. illness).

An individual who was once registered as a PT in Ontario but whose registration was **revoked or suspended** due to malfeasance or incapacity may also choose to attempt re-registration with the College (RHPA s.72(1)). However, special legislative restrictions apply. The applicant must wait one year after the date of revocation or suspension to re-register or have the suspension removed (RHPA s.72(2a)). If the revocation was due to sexual abuse of a patient, the applicant must wait five years.

Appendix A: Documents reviewed

Appendix A: Documents reviewed

Document name	Author(s)	Year
Entry-to-practice physiotherapy curriculum - Clinical education guidelines	CCPUP (and others)	2011
Entry-to-practice physiotherapy curriculum - Content guidelines	CCPUP (and others)	2009
PEAC Accreditation Handbook for Education Programs	PEAC	2017
NPAG Competency profile for Physiotherapists in Canada (2017)	NPAG (and others)	2017
Labour mobility data	The College	2018
CPO annual report 2016/2017	The College	2017
CPO annual report 2017/2018	The College	2018
Official by-laws of the CPO	The College	2017
Governance manual	The College	2018
Council discussion on fee setting	The College	2019
Response to MOHLTC letter from Minister Hoskins about transparency initiatives	The College	2014
September 2008 briefing note justifying registration requirements	The College	2008
Fair Registration Practices Report, 2018	The College	2018
Fair Registration Practices Report, 2017	The College	2014
Fair Registration Practices Report, 2016	The College	2016
Fair Registration Practices Report, 2015	The College	2015
Fair Registration Practices Report, 2014	The College	2014
Fair Registration Practices Report, 2013	The College	2013
Registration practices - self-audit	The College	2007
Fair Registration Practices	The College	2019
Entry to practice review	The College	2010
Registration Practices Assessment Guide: For Regulated Professions and Health Regulatory Colleges	OFC	2016
Registration flowchart	The College	2019
Entry to Practice Policy and Procedure Manual	The College	2014
Blank courtesy application form	The College	2019
Blank independent application form	The College	2019
Blank provisional application form	The College	2019
Physiotherapy Competency Exam (PCE)	CAPR	2019
Physiotherapy Act, 1991	Gov. of Ontario	1991
Regulated Health Professions Act, 1991	Gov. of Ontario	1991

Document name	Author(s)	Year
Report from Good Character Workgroup	CAPR Good Character Workgroup	2017
Agenda item 1 from Good Character Workgroup		2017
Agenda item 2 from Good Character Workgroup		2017
Agenda item 3 from Good Character Workgroup		2017
Agenda item 4 from Good Character Workgroup		2017
Agenda item 5 from Good Character Workgroup		2017
Agenda item 6 from Good Character Workgroup		2017
Good Character & Reputation Decision-making Guidelines		2017
Text of Supervision Agreement	The College	2019
Memorandum of Understanding for Cross Border Physiotherapy	CAPR	2016
Summary of Ontario regulators' policies/practices regarding criminal charges and criminal background checks	Various Ontario regulators	2017
The Ontario Human Rights Code and the duty to accommodate	Cherie Robertson, Ontario Human Rights Commission	2016
Overview of the Coordinated Language Assessment and Referral Service (CLARS)	Ontario Ministry of Citizenship and Immigration	2017
Overview of Global Experience Ontario (GEO) and Language Training	Ontario Ministry of Citizenship and Immigration	2016
Top 10 legal issues for regulators	Richard Steinecke	2016
The HIRE-IEHP initiative (Healthforce Integration Research and Education for Internationally Educated Health Professionals)	Zubin Austin & Marie Rocchi, University of Toronto	2019
First briefing note to council on QA program review - Dec 2017	The College	2017
Second briefing note to council on QA program review - Mar 2018	The College	2018
Initial QA program review project charter - Jul 2017	The College	2017
Updated QA program review project charter - Aug 2018	The College	2018
Memorandum of agreement between CPO and CAPR - 2009	The College and CAPR	2009
CAPR website	CAPR	2019
College website	The College	2019
Pros and Cons of Standardized Testing to Assess PT Competence at Entry (INPTRA 2019)	Katya Masnyk (CAPR) and Lorin Mueller (FSBPT)	2019



Jurisdictional scan and literature review

**For the preliminary review of the entry to practice program
for the College of Physiotherapists of Ontario**

September 27, 2019



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Executive summary: ETP 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 is based on a targeted scan of Ontario's 26 health profession regulators, Canada's 11 Physiotherapy (PT) regulators, and the PT regulators of 4 foreign jurisdictions, as well as an exploratory review of recent relevant literature about health profession regulation. This document will be 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 boxes below summarize the findings from this exercise that may be most relevant for CPO to consider as it contemplates changes to its ETP program. *Findings should be considered preliminary; they will need to be further investigated and verified before forming the basis of any policy/program decision.*

Basic regulatory mandate

- "Right-touch" regulation: regulators now understood as evidence-based risk managers
- Recent talk of regulatory mergers. Not possible to create a UK-style nationwide PT regulator, but merging with a closely aligned health profession in ON might increase CPO's efficiency.
- PT Assistants (PTAs) usually unregulated. PTA regulation is probably not necessary to protect public. Instead, CPO could consider disallowing PTAs from being supervised by PT Residents.

Registration committees

Movement to more carefully consider *competencies* of committee members.

Ensuring right mix of skills and perspectives may require: more committee members; longer terms of office; staggered terms; formal skills gap analysis.

Provisional practice

Many regulators have more stringent requirements for not-yet-fully-qualified individuals, e.g.:

- supervisor on site at same time as Resident
- mandatory supervisor-Resident meetings
- patient must consent to being treated by a Resident

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

Insurance requirements

Other regulators tend to have less stringent/prescriptive insurance requirements than CPO. Promising practices: ensure employer's insurance covers registrant by name; require a sexual abuse counselling fund.

Examination requirements

Professional exams are nearly universal among Ontario health regulators, but Québec, UK, Aus, NZ do not require them for PTs. Removing exam requirements would require an exceptionally robust accreditation and credentialing/bridging process.

Bridging programs

Time and costs might constitute a barrier for those trained abroad. May wish to adopt Med Lab Tech's flexibility to take individual bridging courses, from a distance, at an affordable price.

Fees

CPO's registration fees are on the high side despite economies of scale.

Consider discounts for recent grads and premiums for restricted licences.

Language requirements

Sophisticated approaches used by some regulators include: expressing lg. requirements in terms of specific professional needs, using profession-specific language exams, and rolling language examination into proficiency exams. College of Nurses of Ontario is a leader.

CPO could work with the Touchstone Institute to develop PT-specific English & French exams.

Professionalism requirements

Little movement among regulators in the area of cultural competence. NZ's regulator requires applicants trained abroad to write essays on cultural awareness and Indigenous relations.

CPO could require jurisprudence module *before* registration, or require a jurisprudence exam.

Recency of practice/re-entry reqs

CPO's hours requirement sets a fairly high bar, but allows a wide variety of activities to count. Consider disallowing PT sales to count, in common with other regulators.

Some regulators have more specific/translucent re-entry reqs for those who don't meet hours requirements; consider a more formalized program including e.g. refresher courses, supervision, tutoring.

Broader context and societal trends to bear in mind

- 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

Purpose and scope of this jurisdictional
scan and literature review

Purpose and scope of the document review

Purpose of this document

This jurisdictional scan and literature review aims to identify effective practices in entry to practice (ETP) programming from the research literature and identify current practices, trends and innovations in physiotherapy ETP programs across Canada; innovative practices that are being used outside of Canada; and practices used in other Ontario regulatory colleges, which may include promising options that have not been used in physiotherapy. Findings from this jurisdictional scan and literature review will inform the preliminary comparative analysis.

Guiding questions for this exercise are listed in the box to the right.

Process for creating this document

The following steps were taken in an iterative fashion in preparing this document:

- Review literature, online resources, and conference proceedings to identify effective practices, emerging trends, and recent thinking in ETP programming. In particular, we consulted conference proceedings and online resources from the International Network of Physiotherapy Regulators (INPTRA), the Council on Licensure, Enforcement and Regulation (CLEAR), the Canadian Network of Agencies for Regulation (CNAR), and the Ontario Regulators for Access Consortium (ORAC). Some of these resources were found online, while others were supplied by CPO. This was mainly exploratory in nature, to identify new ideas and trends.
- Conduct a jurisdictional scan to gather information about other ETP programs. We scanned ETP practices in other Ontario regulated health professions, physiotherapy regulators across Canada, and selected ETP programs outside of Canada (UK, Australia, New Zealand, Ireland) (see Appendix A). The approach was a mix of exploratory/open-ended (to capture unexpected practices and themes) and targeted (to delve deeply into particular issues identified as important by CPO stakeholders or in the program description document). Common practices, unique practices, and trends were summarized. We also reached out directly to a few stakeholders (Canadian Alliance of Physiotherapy Regulators (CAPR), Occupational Test of English, Ordre professionnel de la physiothérapie du Québec) for specific, targeted inquiries.
- Discuss the results with program stakeholders, and revise accordingly (to be completed).

See Appendix B for a full list of resources reviewed.

The findings in this document should be considered preliminary. Before using them as the basis for any change in CPO's ETP program, it will be necessary to verify the findings by communicating directly with individual regulators.

Guiding questions: Jurisdictional scan and literature review

1. What are the entry to practice requirements and processes of physiotherapy regulators in other jurisdictions (e.g., other Canadian provinces, UK, Australia, New Zealand, Ireland)?
2. What are the entry to practice requirements and processes of other health professions regulators in Ontario?
3. What lessons can be drawn from these other professions and jurisdictions? (e.g., effective mix of components, balancing program accessibility and protection of the public)
4. What evidence is there that supports or calls into question the College's entry to practice components (requirements and processes)?
5. What information can be gleaned about current and emerging best practices (in physiotherapy and/or other regulated health professions)?

Conventions used in this document

- Text in red** Gaps in information and outstanding questions that the Cathexis team has.
-  Promising or notable practices from other regulators or the literature
-  Themes and findings relevant to internationally trained individuals (ITIs)

Organization of this report

Findings from the jurisdictional scan and literature review are split into two overarching sections, with multiple sub-sections within each.

The first section, beginning on the next page, covers the more **general aspects of professional regulation**, including:

- The overall function regulators play in the professional ecosystem and in society more generally
- Whether and how Physiotherapy is regulated
- Whether and how professional assistants (including Physiotherapist Assistants) are regulated
- The jurisdictions that regulators are responsible for (whether they regulate professions nationally or at a lower level, whether they regulate single or multiple professions)
- Which tasks regulators handle internally vs. outsourcing to other organizations
- Broader social trends that may impact PT regulation

The second section, beginning on page 12, presents findings regarding more **specific ETP requirements and processes** that the jurisdictional scan and literature review targeted for investigation. These include:

- Provisional and supervised practice
- Registration committees: their size, composition, terms of office, and qualifications/training
- Good character requirements (including criminal, professional, medical, academic, and civil matters, and how they are assessed)
- Insurance requirements
- Credentialing processes and bridging programs for those trained abroad
- Academic degree and examination requirements
- Language requirements (including level/type of proficiency required, use of third-party language exams, use of profession-specific language exams, and other ways to show proficiency)
- Fees
- Other professionalism requirements (cultural competence and jurisprudence/ethics)
- Recency of practice requirements (for those renewing licences)
- Re-entry to practice requirements/processes



Findings: general approaches to
regulating healthcare professionals

Professional regulators – basic role and mandate

Basic role of regulators

Professional regulators exist in all Canadian and US jurisdictions, across Europe, and in many other countries. Their basic role appears to be the same everywhere: to protect the public by ensuring that all practitioners of a particular profession will deliver services with competence, safety, and integrity. They protect certain titles, so that only those registered with the regulator are allowed to use them, but do not necessarily protect or regulate particular procedures, which may be legally performed by members of multiple professions.

Due to the basic mandate to protect the public, the role of the regulator is fundamentally different from that of the professional association (which aims to protect the profession) or the union (which aims to protect the professionals themselves). Where these two distinct roles are commingled (i.e., those of the regulator and association), there is potential for a conflict of interest. All health professions in Ontario and all physiotherapy regulators in Canada (with one exception) keep the association and regulator roles apart, in two entirely separate organizations. The one exception is Physiotherapy Alberta - College + Association, which (as of 2010) is both a regulatory body and a professional association. Internationally, Ireland has only recently disentangled the association role from the regulatory role.

Regulation of Physiotherapists

Most jurisdictions around the world protect the titles of Physiotherapist and Physical Therapist (PT) to some degree, and regulate members of that profession. Some countries, such as Kenya, are currently working towards regulating PTs.

In Canada, all ten provinces and Yukon have a regulatory body (usually called a College) that regulates PTs. Yukon regulates PTs through its Department of Community Services. Northwest Territories and Nunavut do not themselves regulate PTs, but expect PTs practicing there to be registered with another Canadian PT regulatory body, to whom the PT is accountable.

Regulated health professions in Ontario

- Audiologists and Speech-Language Pathologists (SLPs)
- Chiropodists / Podiatrists
- Chiropractors
- Dental Hygienists
- Dental Technologists
- Dental Surgeons (Dentists)
- Denturists
- Dietitians
- Homeopaths
- Kinesiologists
- Massage Therapists
- Medical Laboratory Technologists
- Medical Radiation Technologists
- Physicians and Surgeons
- Midwives
- Naturopaths
- Nurses
- Occupational Therapists (OTs)
- Opticians
- Optometrists
- Pharmacists
- Physiotherapists (PTs)
- Psychologists
- Registered Psychotherapists and Registered Mental Health Therapists
- Respiratory Therapists
- Traditional Chinese Medicine Practitioners (TCMPs) and Acupuncturists

Physiotherapy regulators in Canada

- College of Physiotherapists of Ontario
- Physiotherapy Alberta - College + Association
- College of Physical Therapists of British Columbia
- College of Physiotherapists of Manitoba
- College of Physiotherapists of New Brunswick
- Newfoundland and Labrador College of Physiotherapists
- Nova Scotia College of Physiotherapists
- Prince Edward Island College of Physiotherapists
- Ordre professionnel de la physiothérapie du Québec
- Saskatchewan College of Physical Therapists
- Yukon Department of Community Services

How regulators are structured

Although all regulators that we examined have the same basic mandate, there are important differences in how they are structured and the precise tasks they take on. Some of the important differences are shown in the boxes on this and the next page.

Regulating at the national vs. the provincial/territorial/state/district level

In countries with federalized government, such as Canada, the US, and Switzerland, each district (province, territory, state, canton, etc.) regulates PTs (and other health professionals) separately. PTs are ultimately beholden only to the regulators with which they are registered. In other countries (UK, Ireland, Australia, New Zealand, France, South Africa, Philippines), **a single national regulator oversees all PTs in the country.**

Federalized regulatory systems, such as Canada's, allow for greater flexibility, adaptation to local circumstances, and experimentation. They also create at least three problems:

1. Reduced efficiency, due to fewer economies of scale (this has been shown empirically to be true¹)
2. Barriers to labour mobility within the country
3. Uneven standards across jurisdictions in a single country, which can create loopholes that can be exploited (i.e. registering in the jurisdiction with the least stringent requirements, then transferring registration to another jurisdiction)

The first problem is often addressed by outsourcing certain tasks (usually accreditation of academic programs, the credentialing process for ITIs, and the examination) to a national body. This is done in Canada, the US, and Switzerland. For instance, in Canada, all PT regulators (except Québec's) outsource the examination and the credentialing process for ITIs to the Canadian Alliance of Physiotherapy Regulators (CAPR). Québec does not usually use an entry exam, and runs its own credentialing process.

The second problem is addressed through agreements between regulators to allow PTs from other jurisdictions in the country to easily transfer their registration among regulators. In Canada, this is the Canadian Free Trade Agreement.

The third problem is addressed by harmonizing standards so that they are virtually identical between jurisdictions. In Canada, this has been done to a great extent through common program accreditation and examination processes, but there are still small differences (and occasionally large) differences. Labour mobility laws, however, make it impossible to entirely close loopholes, as each PT regulator is still able to set its own standards and no PT regulator is allowed to bar members of another PT regulator in the country from transferring their registration.

Although having a single national regulator would solve all three of the problems above, it may not be possible in Canada due to the country's federal system. Such a consolidation of regulation would require significant legislative change.

Regulating single vs. multiple professions

In some countries (e.g., UK, Ireland, Australia), **one organization regulates multiple health professions.** For instance, in the UK, 16 health and caring professions are under the Health & Care Professions Council, with a single registration form. This creates greater efficiency and coherence.

In Ontario, and Canada more widely, legislation has created many separate regulators for different professions. For instance, denturists and dental technologists have separate colleges in Ontario, as do Psychologists and Registered Psychotherapists. Canadian PT regulators (with the exception of the Yukon) only regulate PTs, and never have e.g. OTs, Kinesiologists, or Registered Massage Therapists under their mandate.

Even in Ontario, however, there is a certain amount of centralization of regulation. For instance, one college regulates RNs and RPNs; one college regulates both Audiologists and Speech Language Pathologists (which are quite different professions); etc. There is some movement to consolidate regulators, for the purposes of efficiency:² three nursing regulators in BC recently merged. Although legislative change would be required and there would undoubtedly be many hurdles and some drawbacks, **CPO might wish to investigate the possibility of merging with other closely related health professions (e.g. OT).**

1. Seale, M. 2015. HCPC Multi Professional Regulation. Presented at INPTRA 2015. Pg. 18.

2. Haymond, K. et al 2018. Hot trends in professional regulation: What you need to know and why. Presented at CNAR 2018.



How regulators are structured (cont.)

Outsourcing vs. insourcing tasks

Some PT regulators perform virtually all of the necessary functions in-house. For instance, CORU (the multi-profession regulator in Ireland) accredits Irish PT academic programs, registers PT applicants trained in Ireland, and handles the credentialing process for those trained elsewhere.

Other PT regulators outsource certain important functions. This is often the case in a federalized system, where individual jurisdictions in a country wish to create efficiency, coherence, and labour mobility by outsourcing certain functions to a national body. For instance, Canadian PT regulators (except Québec) outsource their examination and ITI credentialing to CAPR, and their accreditation processes to Physiotherapy Education Accreditation Canada. US state PT regulators outsource their examination processes to the Federation of State Boards of Physical Therapy. In Australia, there is a single national PT regulator but ITI credentialing and accreditation of academic programs is nonetheless outsourced to the Australian Physiotherapy Council.

It would probably be unwise for CPO to perform these activities in-house (i.e. to cease to outsource examinations and credentialing to CAPR), since its relationship with CAPR appears to be sound, reduces duplicated effort, and harmonizes requirements with other Canadian PT regulators.

Regulating vs. not regulating assistants

All health professionals may employ assistants (e.g. administrative assistants, receptionists, etc.) but some assistants have defined titles, scopes of practice, codes of conduct, professional associations, etc. and could be considered professions unto themselves. In Ontario, these include Physiotherapist Assistants (PTAs) as well as Communicative Disorders Assistants, Podiatric Assistants, Certified Clinical Chiropractic Assistants, Dental Assistants, Dietician Assistants, Medical Laboratory Assistants, Physician Assistants, and Optometric Assistants. Regulators and jurisdictions differ in whether and how they regulate these assistants.

In general, we found that true *assistants* (i.e. those whose work, by its very nature, is always under supervision) are unregulated. PTAs are unregulated in every jurisdiction we examined except for US states, where they are regulated by the same entities that regulate PTs. In Ontario, all of the professional assistants listed above are currently unregulated. The assistant-type professions that are regulated or where there is a strong movement towards regulation seem to be those where the “assistant” can work independently in many cases, such as paralegals, Pharmacy Technicians, and RPNs. Arguably, these are not assistants at all.

There is a good reason why true assistants are usually unregulated: since they work under the supervision of a regulated professional, the risk of harm to the public is arguably small, and existing accountability mechanisms are probably sufficient. Ontario’s Health Professions Regulatory Advisory Council (HPRAC), which is charged with the task of recommending to the Minister of Health and Long-Term Care whether certain professions should be regulated, advised in 2012 and 2013 against regulating Physician Assistants and Dental Assistants, on these grounds.

The literature emphasizes that professional regulation is not an unalloyed good: regulation can erect unnecessary barriers to entry, restrict public access, and raise the cost of care.¹ According to HPRAC, regulation is only justified when there is a risk to public safety and no other adequate mechanism to mitigate this risk. Relatedly, the literature emphasizes the need for “right-touch” regulation – a level and type of regulation that is tailored to the degree of risk and existing accountability mechanisms.² Accountability mechanisms other than regulation (e.g. employer discipline, self-regulation by the profession, voluntary registration, certificates, codes of conduct, etc.) may be sufficient for assistant roles. CPO does have a “Physiotherapists Working with Physiotherapist Assistants” standard, which specifies that it is the PT, not the PTA, who is ultimately responsible for the patient’s care. Furthermore, PTA academic programs are accredited (by the pan-Canadian OT Assistant and PT Assistant Education Accreditation Program) and there is an Essential Competency Profile for PTAs in Canada.

With all of the above in mind, **it probably does not make sense for CPO to seek to regulate PTAs. However, if it wishes to investigate the matter further, it could ask HPRAC for a formal study on this issue.**

CPO expressed concern that PT Residents (who are not fully licensed) are supervising PTAs during their period of provisional practice. This may indeed constitute a risk, but may be best mitigated by **specifying that PT Residents cannot supervise PTAs**, rather than by regulating PTAs.



1. Edlin, A. and R. Haw 1993. Cartels by another name: Should licensed occupations face antitrust scrutiny? *University of Pennsylvania Law Review* 162:1093-1164.

2. Professional Standards Authority 2015. Rethinking regulation. Retrieved September 13, 2019 at <https://tinyurl.com/yxr4zv4h>

3. Flynn, C. (2015). Identifying risk: Right touch regulation. Presented at INPTRA 2015.



Societal trends that impact PT regulation

The literature review and jurisdictional scan revealed several broader societal trends that may impact health regulation generally, as well as PT regulation specifically. They are summarized below.

- The aging population.¹ The demographic shift occurring in developed countries, and the looming shortages of healthcare practitioners that will result, are challenging regulators to reduce unnecessary barriers to entering the profession so that sharply increasing demand can be met in the future, and easy access to health professionals maintained.
- Advances in telehealth and internet access.¹ Improved videoconferencing technology and expanded internet access has made telehealth more accessible and attractive. Remote care may be essential for ensuring access to healthcare, especially in rural areas, for elderly patients, and for patients with limited mobility (which includes many PT patients). **Regulators could respond by increasing efforts to include telehealth as an essential competency, part of academic curricula, and a subject of CPD. (Telehealth is not included in the 2017 Competency Profile for PTs in Canada or the national PT clinical education guidelines, and only briefly mentioned in the national PT curriculum guidelines.)**
- Increasing attention to immigration, refugees, and labour mobility. In 2018, almost half of newly registered PTs in Ontario were internationally educated.² There is increased awareness of the importance of reducing barriers for ITIs entering regulated professions, for human rights (anti-discrimination) reasons as well as to ensure that the supply of PTs can meet increasing demands. At the same time, there is an increased need to ensure that the many ITIs seeking to enter healthcare professions have the language abilities, familiarity with Canadian cultural norms, and understanding of local laws that are required to practice competently.³
- The #MeToo movement.⁴ Increased awareness of the prevalence and seriousness of sexual abuse is putting pressure on regulators to be ever more diligent in ensuring that predatory individuals are not allowed into the profession, that new registrants are properly trained in ethics and professional boundaries, and that offenses are dealt with swiftly and with zero tolerance.
- Increased attention to issues of diversity. Healthcare practitioners work in an increasingly multicultural society where they must interact effectively and respectfully with patients of all backgrounds. Regulators are increasingly expected to ensure that practitioners have the cultural competence needed to do so. In particular, movements towards Indigenous reconciliation (not only in Canada but in New Zealand and elsewhere) may create expectations for professional regulators to ensure licensees understand these issues. More information on the issue of cultural competence can be found on page 22.
- The movement to interprofessional collaboration.¹ Healthcare practitioners are increasingly working in multidisciplinary teams and are expected to be able to communicate and cooperate effectively across these boundaries.
- Big data and evidence-based decision-making.¹ Regulators are now understood as risk managers,⁵ and expected to use evidence (rather than anecdote or intuition) to identify where the areas of risk to public safety lie, and how these might best be mitigated. **Analysis of large datasets (of e.g. complaints and disciplinary procedures) within and across jurisdictions and regulators offers the opportunity to precisely identify risks so that they can be addressed.**



1. Jones, J. et al 2014. The state of the union: Trends and drivers of change in physiotherapy in Ontario in 2014. Retrieved September 14, 2019 from <http://hdl.handle.net/1974/12616>

2. CPO Fair Registration Practices Report 2018

3. Pope, G. and M. Oliver 2018. Canadian workplace culture: Human rights issue or essential competency? Presented at CNAR 2018.

4. Hnatiw, G. et al 2018. The meaning of #MeToo: Regulating sexual misconduct amidst normative change. Presented at CNAR 2018.

5. Professional Standards Authority 2015. Rethinking regulation. Retrieved September 13, 2019 at www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/rethinking-regulation-2015.pdf

Findings: specific entry-to-practice requirements and processes

Provisional and supervised practice

Canadian PT regulators

Canadian PT regulators (except Québec) use CAPR's two-stage examination process for all applicants. Like Ontario, these other regulators offer a time-limited, interim licence for provisional or supervised practice after completing the Physiotherapy Competency Examination (PCE) written component and before taking the PCE clinical component.

PT regulators generally require that provisional practice be supervised by a fully-licensed professional in good standing with the College; however, the degree of supervision ranges based on a supervisor's assessment of the supervised PT's competence and capabilities. Several provincial regulators **mandate a certain amount of time required for direct supervision during the period of the provisional licence**; for example, BC requires 5 hours of direct supervision per week, while Nova Scotia requires 2 weeks of direct one-to-one mentoring.

Québec's PT regulator does not require graduates of Québec PT programs to take the PCE, so there is no need for a provisional licence and the supervision that comes with it. Québec does, however, require non-Québec graduates to pass both components. In this case, applicants can be granted a temporary, restricted licence for mentored practice once they have passed the PCE written component, and are expected to **submit a mentor feedback form** along with proof of passing the PCE clinical component in order to become fully licensed. The Ordre professionnel de la physiothérapie du Québec indicated to the Cathexis team that, in their experience, newly minted PTs are actually a lower risk to the public than PTs who have practiced for longer periods of time, especially those who have practiced alone.

Several provinces have interesting approaches to ensure quality and reduce risk related to supervised practice:

- Alberta requires **four phases of supervision**: *assessment* of competencies and behaviour; *assignment* of activities based on competence; *monitoring* through direct and indirect supervision; and *evaluation* of competence throughout period of supervision.
- Manitoba requires an evaluation every 3 months of Supervised Practice using an Assessment of Clinical Performance Tool.
- Saskatchewan mandates that supervisors provide direct supervision at least 20% of the time (onsite, available to observe) until indicators in the monitoring tool are evaluated at 'entry level'.
- Newfoundland requires supervisors to be **on site at all of the same hours as the PT Resident**. The supervisor and resident must also meet weekly.

Other health regulators

Many of the regulators we examined have some type of temporary, supervised practice licence for applicants. This licence is generally offered to those who are in the early years of their profession or have completed their academic studies and are waiting to write a competency exam. The requirements are often the same as those among PT regulators, including experienced supervisors who are in good standing with the College, varying degrees of supervision based on competence, and mandating a certain amount of direct supervision time.

Notable practices include the following:

- The College of Denturists of Ontario has a Policy of Clinical Supervision for examination candidates and potential examination candidates. **Supervised individuals will only be involved in a patient's care if the supervisor obtains express informed consent from the patient.**
- The College of Dietitians of Ontario may give a Provisional Certificate of Registration to a candidate that requires additional education or training in one area of dietetic practice, as long as they are actively pursuing that training and not practicing in the deficient area.
- The College of Midwives of Ontario offers a Transitional Certificate (for supervised practice) to those who have written the national midwifery qualifying exam and are awaiting results. This certificate expires once notified of exam results (within 90 days).
- The College of Psychologists of Ontario requires candidates to **complete at least 1500 hours of post-doctoral supervised practice under two members of the College**. Supervisors should meet individually with the supervised candidate for at least two hours bi-weekly. This is a very different model of supervised practice than most other regulators, as it is understood as part of the entrant's professional training.
- The UK Health and Care Professions Council has a **"period of adaptation,"** which is supervised practice or training for an ITI to make up for any shortfalls identified during the application.

Registration committees

Most regulators refer non-straightforward applications to a statutory committee for adjudication. This committee is often known as the Registration Committee, but may also go by other names (e.g. Board of Assessors, Review Committee, Registration Board).

It was not possible to determine registration committee size, composition/qualifications, and terms of office for each regulator in scope, as bylaws/terms of reference were not always available online or did not clearly specify. Available information is summarized in the boxes below:

Size

All Canadian PT regulators we found information about have registration committees that must have at least 3 members. Other health regulators have registration committees of varying sizes, as large as 7 for the College of Psychologists of Ontario, and 12 or more in Ireland and Australia.

There is a movement towards rightsizing committees/boards;¹ for instance, CAPR completed a review of its Board which resulted in a reduction in size, and the College of Nurses of Ontario appears to have done so as well. This has generally led to **committees of 8-12 members, which is much larger than the minimum required for CPO's**

Registration Committee. The committee must be small enough for rapport between members and for easy scheduling, but large enough to encompass a range of skills, perspectives, and backgrounds (see box to the right).^{2,3}

Terms of office, and maximum tenure

The literature stresses the importance of balancing continuity of committee membership (=> longer terms and maximum tenure length) with healthy turnover (=> shorter terms and maximum tenure length).^{2,3} **CPO's rules for its Registration Committee may not achieve this balance: the 1-year terms of office appear to be on the short end (thereby reducing continuity) while its maximum tenure of 9 years appears to be on the long end (thereby reducing turnover).** Some other schemes worth considering are:

- 3-year terms, maximum tenure of 9 years total (College of PTs of BC, College of Respiratory Therapists of Ontario)
- 3-year terms, maximum tenure of 6 years total (College of Dental Hygienists of Ontario)
- 2-year terms, maximum tenure of 4 years total (College of Audiologists and SLPs of Ontario)

Staggered terms are another technique for striking a balance of continuity and turnover.²

Qualifications and training

Among health regulators that we examined, rules for registration committee composition usually specify *types* of members rather than *qualifications/competencies* of members. For instance, a particular number must be licensed members of the profession, a particular number must be members of the public, a particular number must be chosen from among Council members, etc.

There is a growing movement, however, to consider the *competencies* of individual committee members, rather than merely their type, and to ensure a mix of skills, knowledge, perspectives, and backgrounds of committee members. This is the best practice specified in the literature.^{2,3} Some regulators already have policies that are aligned with this. For instance:

- College of Physiotherapists of Manitoba: Committee members should come from a variety of geographical areas
- Physiotherapy Board of Australia: At least one committee member must be from a rural or remote area
- PEI College of Physiotherapists: Committee members should come from a variety of work environments
- College of Homeopaths of Ontario, College of Midwives of Ontario: Committee members should have a mix of locations of practice, experience, skills, and other qualifications and characteristics

Although we could not find any examples in the health regulatory space, organizations can **use a skills matrix to identify gaps in the skills of current committee membership and to appoint additional members that plug these gaps.**²

Another trend is the evaluation (or self-assessment) of committees and boards, and their continuous improvement.^{2,4,5,6} The literature indicates the importance of this, as board/committee members are often volunteers: **skills gaps must be identified and filled.**² CAPR now embraces this approach and plans to use the **Ontario Hospital Association's non-profit Board Self-Assessment Tool**. (The extent to which this tool would be appropriate for use by a registration committee is unclear.)

The Council on Licensure, Enforcement and Regulation (CLEAR) offers various training for board/committee members (see [here](#), [here](#), [here](#), and [here](#)), as does the Federation of Health Regulatory Colleges of Ontario (FHRCO) (see [here](#)).



1. Sinnige, D. 2019. Good governance: A focus on board evaluation. Presented at INPTRA 2019.
2. ICN 2014. Regulatory board governance toolkit. International Council of Nurses. Retrieved September 27, 2019 from <https://tinyurl.com/y6n6kbel>
3. Deloitte 2013. The effective not-for-profit board: A value-driving force. Retrieved September 27, 2019 from <https://tinyurl.com/y2a2sbvh>
4. UK Dept. Health 2018. Implementing the White Paper Trust, Assurance and Safety. Retrieved Sept 27, 2019 from <https://tinyurl.com/yyjxsbwa>
5. Professional Standards Authority 2019. Good practice in making council appointments. Retrieved Sept 27, 2019 from <https://tinyurl.com/yy7vj49u>
6. Professional Standards Authority 2013 Fit and proper? Governance in the public interest. Retrieved Sept 27, 2019 from <https://tinyurl.com/yxm6e3pv>

Good character requirements

All regulators we examined assess the good character of their applicants. Beyond that, however, there is little uniformity in this requirement across regulators, and very little indication as to what best practice and the “right” approach might be. The subject is exceptionally complex, with many dimensions and considerations. As a result, this section does not report on best practices, so much as attempting to clarify the issues involved and the possible options that CPO could consider.

This page describes some of the ways in which approaches to good character differ amongst regulators. Appendix C provides more detail.

What is included in assessing good character?

Elements **commonly** included:

- Criminal history
- Standing with professional regulatory bodies
- Capacity (physical/mental fitness to practice)

Elements **less commonly** included:

- Professional conduct more broadly (e.g. conduct in non-regulated professions, employer disciplinary proceedings, refusal of an application for licensure)
- Academic conduct and performance
- Civil proceedings directly related to one’s professional life (i.e. malpractice lawsuits)

Elements **rarely** included:

- Civil proceedings not related to one’s professional life (e.g. bankruptcy)
- Deportation or exclusion from entering a country
- Other kinds of custody or detention
- Failing a licensing exam

When/how often is good character assessed?

All regulators assess good character at initial registration. Some also assess it (often in a less extensive and rigorous way) at renewal of licence, or by random audit.

A few regulators add additional good character requirements for ITIs: in Australia and New Zealand, only applicants educated outside of those two countries must provide letters of good standing from regulators they have previously been licensed with.

What evidence is used to assess good character?

There are two basic types of evidence used. The first is **self-declarations** (unverified, honour system), which include:

- Signed self-declarations. All regulators we examined include self-declarations on their applications. An extreme example is the College of Physicians and Surgeons of Ontario, which asks 57 questions covering everything from lawsuits to academic conduct and substance use. Many regulators also include a catch-all question such as “Are there any other events, circumstances, conditions or matters not disclosed above that would provide reasonable grounds for the belief that you would not practice denturism in a safe and professional manner?” (College of Denturists of Ontario).
- Statutory declarations under oath. This is less common than simple self-declaration, but is done e.g. in Ireland. It may be less prone to fraud than simple self-declarations.

The other kind of evidence is objective, third-party **records and attestations**, which include:

- Letters of good standing from regulators. All PT regulators in Canada, and at least some other Ontario health regulators, require this. They differ in how old the letter can be, how far back in time letters need to go, and whether letters must be received directly from regulators.
- Criminal background checks. In Canada, this can include criminal records checks as well as the more stringent vulnerable sector check. PT regulators, and others, vary widely in whether in what kind of check, if any, they require.
- Online search. This would catch professional misconduct published by other regulators, as well as high-profile criminal or civil actions.
- Letter from a colleague. Required in New Zealand if answering yes to a good character self-declaration question.
- Medical examination/doctor’s note. These are required in New Zealand if answering yes to a question regarding relevant mental and physical conditions.
- Academic transcripts. Some regulators request these, but it is unclear if they use them to assess academic conduct or simply to verify that the program has been completed.
- Letter from an academic program. College of Physicians and Surgeons of Ontario requires this if answering yes to any question about academic misconduct.

It is worth noting that, across the board, regulators assess good character according to *the absence of any evidence of bad character*, rather than the presence of evidence of good character.



Insurance requirements

It appears that all professional regulators require their registrants to hold professional liability insurance. This makes sense, as public protection requires that a victim of malpractice have access to reimbursement.

Appendix D gives details on the insurance requirements of all PT regulators in Canada, as well as other regulators for which we were able to find information. The overall findings are as follows:

- CPO's minimum liability limits (\$5 million per incident and \$5 million per year) are on the high end of average for Canadian PT regulators, and on the high end for Ontario health regulators. Among Canadian PT regulators, only Newfoundland and Labrador sets a higher minimum (\$7 million per incident, \$10 million per year). Among Ontario health regulators, only dentists have a higher annual liability limit, at \$10 million.
- CPO's requirement for no deductible is rather stringent. Among Canadian PT regulators, most do not specify a maximum deductible, indicating that they allow deductibles above zero. Among Ontario health regulators, many allow for deductibles of \$1,000 or more.
- CPO's tail coverage requirement (10 years) is the most stringent we found. The longest tail coverage requirement we found was for Québec's PT regulator, at 5 years. Other health regulators require 2 or 3 years of tail coverage, or do not specify a requirement at all.



Overall, the conclusion is that **other regulators tend to have less stringent (and less prescriptive) insurance requirements than CPO. It may be worth further investigating the possibility of lowering CPO insurance requirements.**

Notable practices related to insurance requirements

- The Ontario College of Pharmacists and the College of Psychologists of Ontario **require that the registrant hold personal insurance in their own name** (i.e. not just through their employer), so that lawsuits arising from advice given outside of the workplace will be covered.
- For registrants whose insurance is through their employer, the College of Denturists of Ontario requires that **the employer's insurance policy refer specifically to the registrant's name**.
- The College of Dental Hygienists of Ontario **requires registrants to have insurance that includes a sexual abuse therapy and counselling fund**.
- The Physiotherapy Board of Australia requires an (unverified) self-declaration that the applicant holds appropriate insurance, and also randomly audits registrants to verify this.
- The Royal College of Dental Surgeons of Ontario has its own insurance scheme, which registrants are required to be a part of. This ensures that all registrants have a minimum level of insurance and makes it unnecessary to verify or audit compliance with the requirement. It also, however, creates a potential conflict of interest.
- Québec's PT regulator specifies that the insurance plan must cover faults not only by the registrant but also by his/her "employees, trainees, [and] attendants."



Credentialing processes and bridging programs

Regulators, or another body that they outsource to, accredit professional degree programs within the country and may also recognize particular programs in other countries as being substantially equivalent to accredited domestic programs. All other ITIs must go through a credentialing process and may need to complete a bridging program or individual courses to make up any identified gaps in their training.

Bridging programs

It appears that approximately half of Ontario's health professions have a formal bridging program for internationally trained professionals to fill gaps in their training or knowledge. Bridging programs are often offered at only one or two colleges or universities in Ontario (with the exception of nursing, which has more options). They vary in length (several months to several years), format (in person or online), intensity (full-time or part-time, which impacts the individual's ability to work while completing the program), and cost (from \$650 single courses for Medical Radiation Technologists, to \$40,000-50,000 yearly tuition for Dentists).

The following are examples of bridging programs for several health professions in Ontario:

- Internationally trained Dentists can attend a bridging program at Western University or the University of Toronto. In both cases, the program involves entering the regular DDS program at a later stage (e.g., second or third year). Students are responsible for paying the high tuition costs (\$40,000-50,000 per year) and finish with a DDS degree.
- Internationally trained Medical Laboratory Technologists undergo a Prior Learning Assessment which identifies gaps in their training. If many gaps are identified, they can attend the Michener Institute's intensive 16-week course with simulated lab experience, theory review, and exam prep for \$5,750. **If few gaps are identified, applicants can take flexible, distance education refresher courses at Michener for \$650 per course.**
- Internationally trained Medical Radiation Technologists can take an online bridging program through Northern Alberta Institute of Technology that prepares them for the CAMRT exam and the Ontario labour market. Program length varies (6-18 months), and is flexible in its continuous intake of students. Internationally trained Medical Radiation Technologists may also take a 4-month bridging program through the Michener Institute, offered evenings and weekends (with a one-week observership in hospital) for \$5,250.
- Internationally trained Physicians/Surgeons can take a bridging program through Ryerson University that aims to integrate them into an alternative non-licensed healthcare career (e.g., research, management, informatics). This program is offered part-time on weekday evenings over 13 weeks, and can include a 2-month practicum.

Promoting labour mobility from closely affiliated jurisdictions

Regulators make it particularly easy to transfer professional registration from closely affiliated jurisdictions. Health regulators in Canada are required by the Canadian Free Trade Agreement (CFTA) to allow professionals to easily transfer their registration from one Canadian jurisdiction to another, even when there are substantial differences between the requirements in one jurisdiction versus another. Similarly, Québec has special provisions for France; the UK and Ireland for EU countries; and Australia and New Zealand for each other.

This can create a "two-tier" process for ITIs, depending on the foreign country in which they were educated. For instance, for ITIs seeking to register as PTs in New Zealand, those trained in Australia need only apply for a transfer of registration. Meanwhile, those trained in another country must: write a research essay on settler-Indigenous relations in New Zealand, write a reflective statement on cultural competence, arrange for letters of good standing, have a colleague complete a Confirmation of Fitness to Practise letter, provide hours and employment history (in some cases), take a competency exam or complete a year of supervised practice (in some cases), take a language exam (in many cases), cross-reference their training history with the expected competencies, and spend NZ\$1,734.50 (about CAD\$1450.00) total fee for the application.



Academic degree and examination requirements

All regulators must ensure the technical competence of their new entrants. There are two common ways to do this:

1. Require completion of an accredited professional program
2. Require passing a standardized competency examination

All regulators that we examined require completion of an accredited professional program to enter the profession. These range from 2-year diplomas to Bachelor's degrees, Master's degrees, and doctorates (for PTs in the US, and Chiropractors, Optometrists, Psychologists, and Physicians in Ontario).

However, not all regulators that we examined require passing a competency examination, and it is an open question as to whether competency examinations are actually necessary:

- In North America, requiring a competency examination (in addition to completion of an accredited program) is the norm. All Canadian PT regulators (other than Québec – see below) require the PCE, and US states require the National Physical Therapy Exam (NPTE). Requiring an examination is also the norm for other professional regulators in Ontario: the only exception we could find is the College of Audiologists and Speech Language Pathologists of Ontario, but they will likely introduce an examination requirement soon.
- Outside of North America, many regulators do not require a competency examination, except in some cases for ITIs; see boxes to the right for examples.
- Regulators that do not require competency examinations put their faith in their accreditation processes (for applicants trained domestically) and their credentialing processes (for applicants trained abroad). Indeed, **if both of these processes are watertight, then a standardized examination is not necessary.**
- Regulators that do require competency examinations are reasoning that accreditation and ITI credentialing processes will never be infallible, so a standardized examination is needed as a double-check on applicant competence. Indeed, academic programs may have perverse incentives to allow underperforming students to graduate (parental pressure, desire to increase graduation rates, possibility of lawsuits, etc.).

Québec's PT regulator offers an interesting, perhaps unique, case of a regulator that does not always require a competency examination. Québec does not require an examination for applicants trained in Québec, as **accredited PT programs in Québec must include either their own culminating competency exam, or a culminating activity in the final year (similar to a final research project) that integrates everything the student has learned over the course of the program; this is considered to adequately assess the student's competency for practice, in lieu of a national exam.** Québec does require graduates of Canadian PT programs outside of Québec to pass the PCE, as these non-Québec programs may not include their own competency exam or culminating activity. For those trained outside of Canada, Québec may require the applicant to pass its own PT competency exam (different from the PCE). (Note that these stipulations appear to eliminate any loopholes that might arise from not requiring the PCE – e.g. graduates from other provinces using Québec licensure to gain licensure in their home province without having to do the examination.)

Jurisdictions that do not require an examination to enter PT practice

- Ireland
- Israel
- South Africa
- Catalunya (Spain)
- Peru

Jurisdictions that may require an examination to enter PT practice only for applicants trained in another jurisdiction

- Québec
- UK
- Australia
- New Zealand





Language requirements

Most regulators examined have a language requirement for new entrants to the profession. The only regulators for which we did not find a language requirement were the PT regulators for Newfoundland, PEI and Yukon; it is possible they do not have a language requirement, though this would need to be verified.

There are many variations on language requirements, which are summarized in the boxes on this and the next page, and in Appendix E. **The College of Nurses of Ontario has the most detailed and sophisticated language requirements** that we found.

Specific language required

The language(s) required correspond to the major or official language(s) of the jurisdiction. In ON, MB, and NB, proficiency can be in English or French; in QC, only French; in BC, AB, SK, and NS, only English.

Level and type of proficiency required

The level required is usually described as “proficiency” or “reasonable fluency,” but may also be described as “fluency” (Nova Scotia College of Physiotherapists). The level required may also be **described in terms of professional needs** – e.g. “sufficient language proficiency...to communicate effectively with patients, the College, and other healthcare professionals” (Ontario College of Pharmacists).

The scores and sub-scores required on various standardized language exams vary across regulators; see Appendix E. Often, sub-score requirements set the bar higher for speaking/listening skills than for reading/writing skills.

The College of Nurses of Ontario describes the level (and kind) of language proficiency required in an [especially sophisticated and detailed way](#), encompassing **specific expectations for reading, writing, listening, and speaking in different media (in person, on the phone, by email, etc.) and situations (informal vs. formal, moderately demanding vs. demanding, predictable vs. unpredictable).**

The Communication Program at the Touchstone Institute aims, with multidisciplinary input, to further define the language and communication skills needed in specific healthcare professions. It has defined a [Communicative Competence at Work framework](#) and is working on a [Communication for Regulated Health Professions Project](#).

Use of language exams to demonstrate language proficiency

Regulators typically use third-party, non-profession-specific exams:

- Commonly used English exams are: Test of English as a Foreign Language (TOEFL), International English Language Testing System (IELTS), and CANTest.
- Less commonly used English exams are: the Michigan English Language Assessment Battery (MELAB), Michener English Language Assessment (MELA), Canadian Language Benchmark Assessment (CLBA), Canadian Language Benchmark Practice Test (CLBPT), Pearson Test of English-Academic (PTE-Academic), and Canadian Academic English Language Test (CAEL).
- The commonly used French exam is TestCAN.
- Less commonly used French exams are: the Test d'évaluation de français (TEF), Test de français international (TFI), and the examination of the Office québécois de la langue française.

Some regulators accept a wide range of language exams and define a cut score for each (e.g. the College of Respiratory Therapists of Ontario does so for 8 different exams); CPO might consider working with CAPR to do the same. (CAPR currently only defines cut scores for the exams above listed as “commonly used” and may not accept other exams.)

A few regulators use **profession-specific language examinations:** for instance, the Ontario Midwifery Language Proficiency Test (MLPT), Canadian English Language Benchmark Assessment for Nurses (CELBAN), and Canadian English Language Assessment for Optometrists (CELAO). A few regulators (College of Dental Hygienists of ON, College of Midwives of ON, College of TCMPs/Acupuncturists of ON) assess language skills as part of a broader licensing exam, which means that they are, in a sense, using a profession-specific language examination.

There is an English examination specific to Physiotherapy, the [Occupational English Test \(OET\)](#) – Physiotherapy, used in Ireland, Australia, and New Zealand. More information about this test is provided on the next page.

Regulators may **require the exam results to be sent directly to the College** and/or may **specify how old the exam results can be** (e.g. 2 years for Physiotherapy Alberta, College of PTs of Manitoba).



Language requirements (cont.)

Other ways of proving language proficiency

All regulators we investigated have provisions for exempting certain applicants from completing a formal language examination.

Often, if an applicant's professional training (or education more generally) was completed in the language required by the regulator, no further proof of proficiency is required. Some regulators require language exams even in these cases, or at least a self-declaration that the required language is one's mother tongue (Physiotherapy Board of New Zealand, for those trained outside of New Zealand and Australia). Some are satisfied with a self-declaration that the language is one's mother tongue, even if the applicant was not educated in that language (College of TCMPs/Acupuncturists of Ontario, College of Respiratory Therapists of Ontario, CORU [Ireland]).

Other ways of proving language proficiency without a formal examination include:

- Successful **completion of the profession's national proficiency exam** (College of Dental Hygienists of ON, College of Midwives of ON, College of TCMPs/Acupuncturists of ON) or the regulator's jurisprudence examination (College of Chiropractors of Ontario)
- "Non-objective evidence from an employer, pastor, or whoever [applicants] deem appropriate" (College of Chiropractors of Ontario)
- In-person interview with the Registrar or Registration Committee (TCMPs/Acupuncturists-ON)
- Previous use of the required language as part of professional practice (College of Psychologists of ON, College of Registered Psychotherapists...of ON, College of Nurses of ON)

 **The College of Nurses of Ontario has an especially [detailed policy](#) for exemptions from taking a formal language examination. Evidence that may be used includes clinical education, in-person teaching experience, and employment in a service environment.**

The College of OTs of Ontario allows applicants with insufficient language level to register with Terms, Conditions, and Limitations that specify that they must be supervised by an OT with the required language proficiency.

Further notes on profession-specific language examinations

The **[Occupational English Test \(OET\)](#)** – Physiotherapy exam requires special attention, as it is the only PT-specific language exam we found. Important details are as follows:

- Originally developed in: Australia
- Currently used/accepted by PT regulators in: Australia, New Zealand, Ireland. Not yet accepted by Canadian PT regulators.
- Availability in Canada: yes, about monthly in Toronto (this began in August 2019), Montreal, and Vancouver.
- Modules: listening, reading, writing, and speaking. Listening and reading modules are the same for all healthcare professions; writing and speaking are specific to Physiotherapy.
- Format: Writing module consists of writing a Physiotherapy-related letter. Speaking module is a role-play with an actor playing a patient.
- Language: English only. No French version available.
- Cost: AUD587 (=~CAD530)
- For more information: contact Gary Neale, OET Consultant North America - Gary.Neale@oet.com.au

As there is no French version of the OET-Physiotherapy, **CPO's best avenue for developing a PT-specific language examination may be to work with the Communication Program at the Touchstone Institute**, which aims to develop English and French examinations tailored to specific healthcare professions.



Fees

New entrants to a profession must pay a number of fees. These can include fees for the academic program; professional examinations (proficiency, jurisprudence/ethics, etc.); licence application; criminal background check; letters of good standing from other regulators; and registration fees. ITIs may need to pay additional fees for credentialing/prior learning assessment; language examinations; and bridging program/course fees



CPO's fees are within the range of other regulators we examined:

- CPO's licence application fee is on the low end (other Canadian PT regulators reviewed charge between \$40 and \$200)
- CPO's annual registration fee is in the middle for Ontario health regulators, but towards the high end for Canadian PT regulators (the range is \$200 to \$805). This is in spite of the fact that CPO oversees more PTs than any other Canadian PT regulator; one might expect economies of scale to drive costs down. **CPO may want to examine how PT Colleges in e.g. the Maritimes manage to have substantially lower registration fees despite their smaller numbers.**
- The fee for the PCE is the same for all Canadian provinces (\$2,815) and is in the middle compared to other Ontario regulators (which range from \$294 to \$5,100).
- The fee for CAPR's credentialing process is the same for all Canadian provinces (\$1,077) except for Québec. \$1,077 is in the middle compared to other Ontario regulators (which range from \$286 to \$12,050).



See Appendix F for details of the major ETP costs associated with the regulators in scope, and where CPO falls within the range.

Waivers, discounts, and other money-saving mechanisms for applicants

We could not find any examples of sliding scales (i.e. different fees based on ability to pay), but we did find other money-saving mechanisms, including:

- Prorated registration fees. Most regulators we examined offer prorated registration fees (monthly, semiannually or quarterly) so that members do not need to pay for the entire year if they register partway through.
- Compassionate discounts. Québec's PT regulator **reduces registration fees by 50% if the member has not been able to practice for at least 6 months in the fiscal year due to illness or parental leave.**
- Discounts for those studying full-time. In Québec, PTs who are pursuing full-time studies may claim a 30% reduction while continuing to benefit from their right to practice.
- Discounts for recent graduates. The College of Chiropractors of Ontario waives a year's worth of registration fees for those who completed their Chiropractor education within the last six months. The College of Dental Hygienists of Ontario and the Ontario College of Pharmacists reduce fees for recent graduates as well.
- Reduced fees for alternate membership categories. Alternate certificates (inactive, retired, telepractice, cross-border, courtesy, temporary, student, provisional, intern, etc.) are generally much less expensive than the full licence, and are sometimes even free. This is reasonable, as the individual is engaging only in limited practice (if any at all), so costs for the regulator are low.



The Saskatchewan College of Physical Therapists charges a \$75 "**licence monitoring fee**" for restricted licences. Though this increases costs for those with restricted licences, it might make it possible to reduce costs for others, and could be perceived as more fair and equitable since those who require less monitoring from the College are not forced to subsidize those who require more monitoring.



Other professionalism requirements

Professionalism is a complex and multidimensional concept, which is implicated in several sections of this document, including language requirements (i.e. communication skills), good character requirements, and even academic and examination requirements (i.e. technical competence). This page looks at two other elements that might fall under the professionalism umbrella: cultural competence and jurisprudence.

Cultural competence



Cultural competence is an important skill for all applicants. This includes not only ITIs/newcomers (for whom Canadian culture may be unfamiliar) but also domestically trained Canadians, who will interact with many patients and colleagues with backgrounds very different from their own over the course of their PT careers.

Canadian PT regulators do not appear to require applicants to undergo any cultural competence training in order to register, nor do they directly test the cultural competence of their applicants (except to a very limited extent as part of the PCE clinical component). Other regulated professions in Ontario likewise do not have any specific ETP requirements related to cultural competence. While some regulators (e.g. College of Dental Hygienists of Ontario) have published guidelines related to cultural sensitivity and competency, there is no indication that these documents are mandatory reading.

We found only one regulator, the Physiotherapy Board of New Zealand, that is taking significant steps to ensure the cultural competence of its new entrants. Applicants trained outside of New Zealand and Australia are required to:



- **learn about, and write a short, referenced report on, the Treaty of Waitangi (a cornerstone of Indigenous-settler relations in New Zealand), its historical background, its implications for healthcare delivery, how the applicant will use this knowledge in their PT practice, and Maori (i.e. Indigenous) health more generally in New Zealand;** and
- **write a reflective statement on cultural awareness more generally, focusing on the effect of culture on their own PT practice as well as healthcare more generally.**



Applicants educated in Australia do not have these requirements, **but information about Indigenous-settler relations in New Zealand is appended to the application.** (Applicants are not required to indicate that they have read this information.)

The 2009 National Physiotherapy Curriculum Guidelines encourage Canadian PT academic programs to incorporate cultural competence into various areas of their curricula: e.g. working with a variety of populations including Indigenous and the elderly, working within contexts influenced by social, cultural, economic, or demographic factors, etc. This may mean that PTs educated in Canada are culturally competent, but it does not guarantee it. It also does not apply to PTs educated outside of Canada. Further investigation of accreditation processes, academic programs, credentialing processes, and bridging programs would be needed to determine if the academic degree requirement is enough by itself to ensure that PTs are culturally competent.

Jurisprudence

In the context of professional regulation, jurisprudence refers to knowledge of laws (and sometimes ethics and professional practice more generally) relevant to practice. This content is presumably covered in professional degree courses, but some regulators also offer (or require) a jurisprudence module or exam, in order to ensure that registrants have the required knowledge. Since laws vary between jurisdictions but technical competence does not, a jurisprudence module or exam can be required even for those transferring their registration from another Canadian jurisdiction; this is allowed under labour mobility laws.

It appears that CPO is among a small number of Canadian PT regulators to require a jurisprudence module. AB's and BC's PT regulators also require this, but we could find no reference to such a requirement for the other provinces and for YK. Likewise, CPO is one of the only health regulators we could find that explicitly requires registrants to complete the jurisprudence module periodically after their initial registration. This indicates that CPO is ahead of most other Canadian regulators when it comes to ensuring knowledge of laws and ethical requirements.

Some regulators set a higher jurisprudence bar than CPO does. In particular:

- **Almost all regulators that require a jurisprudence module or exam require that it be completed *before* registering.** (CPO allows the module to be completed up to a year *after* registration.)
- **Some regulators (e.g. ON Chiropractors, Naturopaths, Nurses, Pharmacists, Psychologists) require a formal jurisprudence exam rather than just a module.** (Modules may include a quiz or self-assessment that participants must pass, but it may be open-book and is not as rigorous or standardized as a true examination.)
- **Uniquely, the College of Denturists of Ontario offers a jurisprudence manual and exam that are optional but eligible for CPD credits.**



Recency of practice requirements

1. CPO 210. College of Physiotherapists of Ontario Entry to Practice Review.

2. Kirsch, N. and M. Thorman 2019. Risks, supports, and engagement: A new frontier in assuring licensee competence in the United States. Presented at INPTRA 2019.

Recency of practice requirements specify a minimum number of hours (or, in one case we found, a minimum number of patient visits) that a licensee must have completed within a particular period of time to renew their licence. This is meant to ensure that licensees remain competent.

All Canadian PT regulators (except Québec) have the same recency of practice requirement: 1200 hours in 5 years (240 hours/year). This is towards the top among regulators we reviewed that have recency of practice requirements, though Denturists in Ontario appear to need 500 hours/year. (See table to the right.)

Quite a few regulators do not have any hours requirement to renew one's licence; this includes Québec's PT regulator, which may create a loophole for PT renewal/re-entry in other Canadian jurisdictions. Lacking an hours requirement is not necessarily a problem, as the literature is not entirely clear about whether a particular number of hours can prevent knowledge/skill loss, and there are many other ways (through regulators' QA programs) to attempt to ensure continued competence of practitioners.^{1,2}

Beyond the number of hours required, there are other ways in which recency of practice requirements vary between regulators:

- The kinds of practice that count towards the hours requirement.
 - Volunteer hours as a PT. Generally, regulators allow these to count, but only up to a certain number of hours: 300 out of the 1200, for the SK and YK PT regulators. CPO allows far fewer (just 30). Volunteer hours may not require the same level of skill, knowledge, and judgment as paid hours.
 - PT-related sales. While CPO does count these, it appears that most other Canadian PT regulators do not. **CPO might investigate the possibility of no longer allowing sales to count towards the hours requirement, or limiting the number of sales hours that can count**, as sales may not require the full suite of knowledge and skills needed to be a competent PT.
 - PT-related management and administration. Canadian PT regulators, and other regulators for which we could find information, are about evenly split between allowing and disallowing these hours. There is no clear best practice on this issue.
 - PT-related CPD. Regulators tend not to count these hours, though the PT regulators in SK and YK do (up to 300 hours out of the 1200). CPO allows just 30 CPD hours to count.
 - Hours abroad. A few regulators explicitly allow hours anywhere in the world to count. Most do not specify, which indicates that there are no restrictions based on location. The Ontario College of Pharmacists allows hours outside the US and Canada to count, but only if approved by Council.
- Whether/how the hours are verified. Although we were not able to find much information on this question, it appears that regulators tend to rely on self-declaration/the honour system (possibly with audits of a random sample of members). Notably, Yukon's PT regulator requests a **verification of employment form filled out by the individual's employer, to help verify the hours.**
- Exemptions to the hours requirements. Regulators exempt recent graduates or recent entrants from the hours requirement, as it can be assumed their knowledge and skills are fresh. Alternative ways to meet the recency of practice requirement are summarized on the next page, which discusses requirements around re-entry to practice (i.e., reinstating registration for those who have been out of practice long enough to no longer meet hours requirements).



Hours required per year to re-register		
ON Chiropractors	0	No hours requirement
ON Dental Tech	0	
ON Dentists	0	
ON MedRadTech	0	
ON Physicians	0	
QC PTs	0	Appears to be no hrs requirement (never explicitly stated)
ON Chiropodists	0	
ON Dental Hyg	0	
ON Kinesiologists	0	
ON MedLabTech	0	
ON Midwives	0	
ON Opticians	0	
New Zealand PTs	0	No hrs requirement*
UK PTs	0	
Ireland PTs	0	No hrs requirement**
ON Nurses	>0	No hrs requirement***
ON Resp Ther	N/A	No hrs requirement****
ON TCMPs/Acup	N/A	500 patient visits / 3 yrs
Australia PTs	150	450 hrs / 3 yrs
ON Dietitians	166	500 hrs / 3 yrs
ON Mass Ther	166	500 hrs / 3 yrs
ON OTs	200	600 hrs / 3 yrs
ON Pharmacists	200	600 hrs / 3 yrs
ON PTs	240	1200 hrs / 5 yrs
BC PTs	240	1200 hrs / 5 yrs
AB PTs	240	1200 hrs / 5 yrs
SK PTs	240	1200 hrs / 5 yrs
MB PTs	240	1200 hrs / 5 yrs
NB PTs	240	1200 hrs / 5 yrs
NL PTs	240	1200 hrs / 5 yrs
NS PTs	240	1200 hrs / 5 yrs
PEI PTs	240	1200 hrs / 5 yrs
YK PTs	240	1200 hrs / 5 yrs
ON Audiol/SLPs	250	750 hrs / 3 yrs
ON Homeopaths	250	750 hrs / 3 yrs
ON Naturopaths	250	750 hrs / 3 yrs
ON Optometrists	250	750 hrs / 3 yrs
ON Psychother	250	750 hrs / 3 yrs
ON Denturists	500	1500 hrs / 3 (?) yrs

*If out of practice more than 2 years, must do "updating".

**As long as registrant is continuously registered.

***But must have practiced during the last 3 years.

****But hours are taken into account in re-entry.

Re-entry to practice

Notable practices related to re-entry to practice (if currency hours are not met)

- The College of Massage Therapists of Ontario requires re-entry applicants to complete a Standards and Regulation e-workshop, **tutoring hours with a College-approved tutor**, and a Refresher Competency Course (if required).
- The College of Medical Laboratory Technologists of Ontario **stipulates a minimum number of refresher course hours** for re-entry applicants depending on years out of practice: 60 hours for 3-6 years out of practice, 90 hours for 6+ years out of practice.
- The College of Midwives of Ontario offers a **Requalification Program for inactive or resigned members** who are unable to demonstrate current clinical experience. This program involves an individualized assessment, orientation to current practice in Ontario, and may require supervised practice.
- Nurses who have held a non-practicing licence for 3-5 years can participate in the **Supervised Practice Experience (SPE)** with the College of Nurses of Ontario. The SPE is individualized and helps re-entry applicants meet evidence of practice requirements.
- The Registration Committee for the College of Respiratory Therapists of Ontario may direct re-entry applicants to the Quality Assurance Committee to assess their knowledge, skills, and judgement within 3 months of reinstatement, and/or may require the applicant to submit a record of quality improvement activities within 6 months of reinstatement.

Most professional regulators have a reinstatement or re-entry process/policy in place for those wishing to return to professional practice. Most commonly, this process applies to those changing from 'inactive' or 'non-practising' licences to 'general' practising licences within the same College; however, reinstatement processes may also be used by those who wish to return to practice after resigning from the College.

There is a consensus that long periods of inactivity from professional practice can expose the public to higher levels of risk; however, a shortage of healthcare workers is also a risk to the public if barriers to re-entry are too severe. Most regulators have tried to find balance by implementing **different reinstatement processes depending on length of time out of practice**. Most commonly, the cut-off time is 2-3 years; however, it can be up to 10 years.

Re-entry applicants before the cut-off date are generally permitted to return to general practice with no questions asked, based on the assumption that they still possess the requisite knowledge, skill, and judgement. However, some regulators have more rigorous requirements for this group, including:

- Recent completion of exams or refresher courses
- **Recent and relevant teaching experience**
- Tutoring hours with a College-approved tutor
- Individualized assessment and training/supervision

Re-entry applicants after the cut-off date generally face more rigorous re-entry requirements (including those listed above), and applications are often reviewed by the regulator's Registration Committee. These applicants are not assumed to still possess the requisite knowledge, skill, and judgement. The Registration Committee may recommend or require:

- Competency-based assessments, upgrading or refresher programs
- Taking (or re-taking) certification exams
- Undergoing supervised practice
- Terms or limitations on a member's certification of practice
- Follow-up assessment or quality improvement activities once reinstated

Regulators tend to evaluate re-entry applicants on a case-by-case basis – an approach that limits transparency of process but allows for some degree of flexibility based on individual contexts, competence, and abilities.

Appendices

Appendix A: Regulators in scope

Physiotherapy regulators in Canada (outside of Ontario)

1. [Yukon Department of Community Services - Physiotherapists](#)
2. [College of Physical Therapists of British Columbia](#)
3. [Physiotherapy Alberta College and Association](#)
4. [Saskatchewan College of Physical Therapists](#)
5. [College of Physiotherapists of Manitoba](#)
6. [Ordre professionnel de la physiothérapie du Québec](#)
7. [College of Physiotherapists of New Brunswick](#)
8. [Nova Scotia College of Physiotherapists](#)
9. [Prince Edward Island College of Physiotherapists](#)
10. [Newfoundland and Labrador College of Physiotherapists](#)

Selected physiotherapy regulators outside of Canada

1. [Health & Care Professions Council \(United Kingdom\)](#)
2. [CORU \(Ireland\)](#)
3. [Physiotherapy Board of Australia](#)
4. [Physiotherapy Board of New Zealand](#)

Ontario health regulators (other than Physiotherapists)

1. [College of Audiologists and Speech-Language Pathologists of Ontario](#)
2. [College of Chiropractors of Ontario](#)
3. [College of Chiropractors of Ontario](#)
4. [College of Dental Hygienists of Ontario](#)
5. [College of Dental Technologists of Ontario](#)
6. [Royal College of Dental Surgeons of Ontario](#)
7. [College of Denturists of Ontario](#)
8. [College of Dietitians of Ontario](#)
9. [College of Homeopaths of Ontario](#)
10. [College of Kinesiologists of Ontario](#)
11. [College of Massage Therapists of Ontario](#)
12. [College of Medical Laboratory Technologists of Ontario](#)
13. [College of Medical Radiation Technologists of Ontario](#)
14. [College of Physicians and Surgeons of Ontario](#)
15. [College of Midwives of Ontario](#)
16. [College of Naturopaths of Ontario](#)
17. [College of Nurses of Ontario](#)
18. [College of Occupational Therapists of Ontario](#)
19. [College of Opticians of Ontario](#)
20. [College of Optometrists of Ontario](#)
21. [Ontario College of Pharmacists](#)
22. [College of Psychologists of Ontario](#)
23. [College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)
24. [College of Respiratory Therapists in Ontario](#)
25. [College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario](#)

Appendix B: Resources reviewed

Websites

College of Audiologists and Speech-Language Pathologists of Ontario. <http://www.caslpo.com/>

College of Chiropractors of Ontario. <http://www.cocoo.on.ca/>

College of Chiropractors of Ontario. <http://www.cco.on.ca/>

College of Dental Hygienists of Ontario. <http://www.cdho.org/>

College of Dental Technologists of Ontario. <http://www.cdto.ca/>

College of Denturists of Ontario. <http://www.denturists-cdo.com/>

College of Dietitians of Ontario. <https://www.collegeofdietitians.org/>

College of Homeopaths of Ontario. <http://www.collegeofhomeopaths.on.ca/>

College of Kinesiologists of Ontario. <http://www.collegeofkinesiologists.on.ca/>

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College of Medical Laboratory Technologists of Ontario. <http://www.cmlto.com/>

College of Medical Radiation Technologists of Ontario. <http://www.cmrto.org/>

College of Midwives of Ontario. <http://www.cmo.on.ca/>

College of Naturopaths of Ontario. <http://www.collegeofnaturopaths.on.ca/>

College of Nurses of Ontario. <http://www.cno.org/>

College of Occupational Therapists of Ontario. <http://www.coto.org/>

College of Opticians of Ontario. <http://www.coptont.org/>

College of Optometrists of Ontario. <http://www.collegeoptom.on.ca/>

College of Physical Therapists of British Columbia. <http://cptbc.org/>

College of Physiotherapists of Manitoba. <http://www.manitobaphysio.com/>

College of Physiotherapists of New Brunswick. <http://www.cptnb.ca/>

College of Physiotherapists of Ontario. <https://www.collegept.org/>

College of Psychologists of Ontario. <http://www.cpo.on.ca/>

College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario. <http://www.crpo.ca/>

College of Respiratory Therapists in Ontario. <http://www.crto.on.ca/>

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario. <http://www.ctcmpao.on.ca/>

Commission on Accreditation in Physical Therapy Education. <http://www.capteonline.org/home.aspx>

CORU (Ireland). <https://coru.ie/>

Council on Licensure, Enforcement, and Regulation (CLEAR). <https://www.clearhq.org/>

Federation of Health Regulatory Colleges of Ontario. <https://www.regulatedhealthprofessions.on.ca/courses.html>

Federation of State Boards of Physical Therapy. <https://www.fsbpt.org/>

Health and Care Professions Council UK). <https://www.hcpc-uk.org/>

Newfoundland and Labrador College of Physiotherapists. <http://nlcpt.com/>

Nova Scotia College of Physiotherapists. <http://nsphysio.com/>

Occupational English Test. <https://www.occupationalenglishtest.org/apply-oet>

Ontario College of Pharmacists. <http://www.ocpinfo.com/>

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Physiotherapy Alberta. Retrieved September 20, 2019 from <https://www.physiotherapyalberta.ca/>

Physiotherapy Board of Australia. Retrieved September 20, 2019 from <https://www.physiotherapyboard.gov.au/>

Physiotherapy Board of New Zealand. Retrieved September 20, 2019 from <https://www.physioboard.org.nz/>

Prince Edward Island College of Physiotherapists. <http://www.peicpt.com/>

Royal College of Dental Surgeons of Ontario. <http://www.rcdso.org/>

Royal College of Physicians and Surgeons of Ontario. <http://www.cpso.on.ca/>

Touchstone Institute. <http://www.touchstoneinstitute.ca>

Saskatchewan College of Physical Therapists. Retrieved September 20, 2019 from <http://www.scpt.org/>

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Appendix C: Details of good character requirements

Dimension of good character	Sub-dimensions	Notes
<p>Criminal background</p>	<p>Elements commonly included:</p> <ul style="list-style-type: none"> ▪ Charges ▪ Outstanding investigations ▪ Convictions / guilty pleas <p>Elements less commonly included:</p> <ul style="list-style-type: none"> ▪ Discharges ▪ Bail conditions ▪ Probation ▪ Court orders ▪ Pardoned convictions ▪ Criminal record as a minor 	<p>It appears that most regulators ask self-declaration questions about the applicant’s criminal background, though some Canadian PT regulators (NB, NS, PEI, SK) do not.</p> <p>Canadian PT regulators vary widely in whether they require a criminal background check. AB, NB, PEI, QC, and YK have no requirements, while NL requires a police information check, BC and SK require a criminal record check, and MB and NS require a vulnerable sector check. Ontario health regulators also vary widely in this; the Ontario regulators with the most stringent requirements (i.e. a vulnerable sector check) are: Chiropractors, Massage Therapists, Occupational Therapists, and Optometrists. There is a clear trend in the regulatory space towards greater stringency in this area, with several regulators having increased their requirements since 2017. CPO is investigating the possibility of introducing a criminal background check requirement.</p> <p>Some regulators (Ireland, Australia, New Zealand) additionally require criminal background checks in other countries that the applicant has lived in. For instance, New Zealand requires checks for any country the applicant has lived in for at least a year within the previous 10 years since turning 18.</p> <p>Vulnerable sector checks can be challenging to operationalize, for a variety of reasons (e.g. police may not believe that the regulator is entitled to see it, police may not do it for ITIs, etc.). Open communication with police jurisdictions, in advance of introducing the requirement, can mitigate these challenges.</p> <p>In deciding which charges, convictions, etc. should result in an application being refused or a licence revoked, the literature suggests that a case-by-case approach should be taken. The type of offense, how long ago it happened, how relevant to professional practice it was, how much remorse the offender shows, and so forth all need to be taken into account. The College of Kinesiologists of Ontario has a useful framework for this in its Good Conduct Policy. Making decisions based on e.g. pardoned convictions, minor offences, offences as a minor, etc. might constitute discrimination and will need to be carefully considered in light of legal requirements.</p>
<p>Civil proceedings that the applicant has been subject to</p>	<ul style="list-style-type: none"> ▪ Lawsuits ▪ Judgments ▪ Settlements ▪ Civil proceedings directly related to one’s professional life (i.e. malpractice, negligence) ▪ Civil proceedings <u>not</u> directly related to one’s professional life (e.g. bankruptcy) 	<p>Some regulators ask applicants questions about civil proceedings that resulted in judgments against the applicant for malpractice or professional negligence. For instance, this is done by the Ontario colleges for Chiropractors, Homeopaths, Massage Therapists, Nurses, OTs, Physicians/Surgeons, and TCMPs/Acupuncturists. Most PT regulators in Canada do not appear to do this, though CPO and Physiotherapy Alberta are exceptions.</p> <p>In certain European jurisdictions, a wider net is cast: the applicant is asked about any civil proceedings that they were subject to, whether or not a judgment was made against them (UK, Ireland). In the UK, the applicant is asked about <i>any</i> civil proceedings whether or not related to professional life (an exception is made for divorce proceedings).</p> <p>Civil proceedings are always ascertained based on self-declaration. We did not find any examples of regulators who have an objective way of determining an applicant’s history of civil proceedings, though such a way may exist.</p>



Dimension of good character	Sub-dimensions	Notes
Professional conduct	<p>Related to regulatory bodies:</p> <ul style="list-style-type: none"> ▪ Revoked licences ▪ Suspended licences ▪ Terms, conditions, limitations, and restrictions on licences ▪ Investigations ▪ Hearings ▪ Appeals ▪ Findings of misconduct ▪ Reprimands ▪ Refusal of an application for licensure ▪ Failing a licensing exam ▪ Failure to pay fees ▪ Failure to provide requested information or cooperate with an investigation <p>Other:</p> <ul style="list-style-type: none"> ▪ Employer disciplinary proceedings, restrictions, dismissals, etc. 	<p>All regulators that we investigated check on the applicant’s history of professional conduct. This is typically done in two ways:</p> <ol style="list-style-type: none"> 1. <u>Self-declarations about conduct in regulated professions</u>, or standing with professional regulators. Such self-declarations are required by every PT regulator in Canada, with the exception of PEI, and may include questions about any or all of the sub-dimensions listed to the left. There is no uniformity as to exactly what is asked about. 2. <u>Letters of good standing</u> from other regulators that the individual or has been licensed with. This is done by all Canadian PT regulators as well as at least some other health regulators in Ontario (the only exceptions we found were in the UK, Australia, and New Zealand, where only ITIs must do this). Regulators vary widely in the details of what they require, however: <ul style="list-style-type: none"> ▪ Most Canadian PT regulators only ask for letters of good standing from previous PT regulators (not other health regulators). CPO and Physiotherapy Alberta are unique in asking for letters of good standing from <i>any</i> professional regulator the applicant has been registered with. ▪ PT Regulators vary in how far back in time they require this check to extend. While BC and NB require letters of good standing from all regulators back to the beginning of the applicant’s career, some (AB, NL, PEI, QC, SK, YK) only require the most recent regulator. Note: As of 2018, CPO only asks for letters of good standing from the most recent Canadian jurisdiction as they assume that this jurisdiction would have asked about all previous jurisdictions. However, the jurisdictional scan reveals that this is often not the case. Is there something we misunderstand here? ▪ Regulators vary in how old they allow the letter of good standing to be. All regulators we investigated require the letters to be either 3 or 6 months old, except for the College of Medical Radiation Technologists of Ontario, which requires it to be just one month old. ▪ Most regulators do not require the letters of good standing to be received directly from the regulatory college, which creates the possibility of forgery/fraud. The PEI College of Physiotherapists and Australia do require this. CPO might consider requiring this. <p>Less commonly, regulators ask about disciplinary procedures by employers (rather than regulatory bodies). No PT regulator in Canada specifically asks about this, but the College of Physicians and Surgeons of Ontario asks 6 questions about this, as do the PT regulators in the UK, Ireland, and New Zealand (e.g. “Have you ever had your employment as a physiotherapist terminated on the grounds of misconduct or for reasons related to competence?”)</p>



Dimension of good character	Sub-dimensions	Notes
Medical capacity	<ul style="list-style-type: none"> ▪ Physical health conditions that could affect practice ▪ Mental health conditions that could affect practice ▪ Current and previous substance abuse/addiction and treatment 	<p>Some Canadian PT regulators (ON, MB, NB), international PT regulators (UK, Ireland, Australia, New Zealand), and Ontario health regulators (Chiropractors, Nurses, Opticians, Pharmacists, Physicians/Surgeons, TCMPs/Acupuncturists) ask specifically about physical (and/or mental) health conditions that might interfere with the safe and competent practice of the profession.</p> <p>A few regulators are more specific with their capacity questions. For instance, the College of Physiotherapists of Manitoba asks “Do you suffer from an addiction to alcohol or drugs?” and Ireland’s PT regulator asks “Have you ever been treated for alcohol or drug dependency?” The latter question appears discriminatory and denying an application based upon the answer could expose a Canadian regulator to legal liability.</p> <p>At least two foreign PT regulators (Ireland, Australia) request medical examinations or a physician’s letter if the applicant answers yes to a medical capacity question.</p>
Academic conduct / performance	<ul style="list-style-type: none"> ▪ Cheating ▪ Plagiarism ▪ Other unscrupulous behaviour during an academic program ▪ Fails/repeated courses ▪ Incomplete courses/withdrawals ▪ Marginal grades in courses ▪ Academic probation 	<p>There has been increasing pressure for regulators to assess the academic conduct of applicants in the wake of a 2014-2015 scandal at Dalhousie University in which 13 male students in the Dentistry program posted abusive comments about women on a Facebook page. The Ontario regulators for Dental Technologists, Opticians, and Pharmacists now include a self-declaration about this (e.g. “In the course of your post-secondary education, have allegations of misconduct, including academic misconduct, been made against you or have you been suspended, required to withdraw, expelled or otherwise penalized by an academic institution for misconduct?”); Physicians/Surgeons has included it for several decades.</p> <p>Nonetheless, it appears that no PT regulators have yet included a specific question to this effect. CPO might consider investigating the possibility of adding such a self-declaration question.</p> <p>Relatedly, a regulatory college may assess the academic <i>performance</i> of an applicant (i.e. grades, fails, etc.), beyond the fact of having completed the academic program. It was difficult to obtain information on this issue. While some regulators request transcripts, it is unclear whether they use them for anything other than confirming that the applicant completed the program, or what they would do if they saw low grades, multiple fails, etc. The College of Physicians and Surgeons of Ontario does ask a self-declaration question about academic remediation and probation, and if the answer is yes, requires a letter from the academic program explaining the reasons and circumstances.</p>
Other	<ul style="list-style-type: none"> ▪ Denial of professional liability insurance ▪ Custody or detention other than prison sentences ▪ Deportation or exclusion from entering a country 	<p>More rarely, regulators ask other self-declaration questions. These include:</p> <ul style="list-style-type: none"> ▪ Being denied professional liability insurance (College of Physicians and Surgeons of Ontario) ▪ “An offence resulting in a fine greater than \$1,000 or any form of custody or detention” (College of Denturists of Ontario, College of Homeopaths of Ontario) ▪ Being a “director of a company that was involved in insolvency proceedings” (Ireland) ▪ Being “deported or excluded from entry to another country” (Ireland)



Appendix D: Details of insurance requirements

Jurisdiction	Profession	Liability limit - per incident (minimum)	Liability limit - per year (minimum)	Deductibles (maximum)	Tail coverage (minimum)
ON	Physiotherapists	\$5 million	\$5 million	\$0	10 years
AB	Physiotherapists	\$5 million	\$5 million	<i>Not indicated</i>	Required. # of yrs not indicated.
BC	Physiotherapists	\$3 million	<i>Not indicated</i>	<i>Not indicated</i>	Recommended
MB	Physiotherapists	<i>Not indicated</i>	<i>Not indicated</i>	<i>Not indicated</i>	<i>Not indicated</i>
NB	Physiotherapists	Amounts "based on the industry standard as determined by Council"		<i>Not indicated</i>	<i>Not indicated</i>
NL	Physiotherapists	\$7 million, or at least amount in CPA's insurance plan	\$10 million, or at least amount in CPA's insurance plan	<i>Not indicated</i>	<i>Not indicated</i>
NS	Physiotherapists	\$5 million	\$5 million	\$0	<i>Not indicated</i>
PEI	Physiotherapists	<i>Not indicated</i>	<i>Not indicated</i>	<i>Not indicated</i>	<i>Not indicated</i>
QC	Physiotherapists	\$1 million	\$3 million	<i>Not indicated</i>	5 years
SK	Physiotherapists	\$5 million	\$5 million	<i>Not indicated</i>	<i>Not indicated</i>
YK	Physiotherapists	\$1 million	<i>Not indicated</i>	<i>Not indicated</i>	<i>Not indicated</i>
Australia	Physiotherapists	"Adequate" coverage based on scope and nature of your practice		<i>Not indicated</i>	"appropriate retroactive cover"
ON	Audiologists / SLPs	\$2 million	<i>Not indicated</i>	<i>Not indicated</i>	<i>Not indicated</i>
ON	Chiroprodists	Not mandated. \$1 million recommended.	\$2 million	<i>Not indicated</i>	<i>Not indicated</i>
ON	Chiropractors	\$1 million	\$3 million	<i>Not indicated</i>	Required. # of years not indicated.
ON	Dental Hygienists	\$1 million	\$5 million	\$4,000	2 years
ON	Dental Technologists	\$1 million	\$1 million	\$0	2 years
ON	Dental Surgeons	\$2 million	\$10 million	<i>Not indicated</i>	<i>Not indicated</i>
ON	Denturists	\$1 million	\$5 million	\$1,000	3 years
ON	Dietitians	\$2 million	\$5 million	\$1,000	<i>Not indicated</i>
ON	Medical Radiation Tech.	\$1 million	<i>Not indicated</i>	\$1,000	<i>Not indicated</i>
ON	Nurses	\$1 million for RNs/RPNs \$5 million for NPs	\$2 million for RNs/RPNs \$5 million for NPs	<i>Not indicated</i>	2 years (if a 'claims-made' policy)
ON	Optometrists	\$2 million	\$5 million	\$5,000	<i>Not indicated</i>
ON	Pharmacists	\$2 million	\$4 million	<i>Not indicated</i>	3 years (if a 'claims-made' policy)
ON	Psychologists	\$2 million	\$2 million (?)	\$0	<i>Not indicated</i>
ON	Respiratory Therapists	\$2 million	\$4 million	\$1,000	<i>Not indicated</i>
ON	TCMPs/Acupuncturists	\$1 million	\$5 million	\$1,000	<i>Not indicated</i>

Appendix E: Details of language examinations

Language exam	Lg.	Used/accepted by	Cut scores among Canadian PT regulators	Cut scores among other regulators
TOEFL (Test of English as a Foreign Language)	EN	Most regulators in scope for which we could find information, including CPO	92	As high as 100 (ON Dentists, UK PTs) and as low as 73 (ON Medical Radiation Technologists).
IELTS (International English Language Testing System)	EN	All regulators in scope for which we could find information, including CPO (except QC)	7.0	As high as 7.5 (ON Dentists, ON Optometrists, NZ PTs) and as low as 6.5 (ON Psychotherapists, RMTs, Dieticians)
CANTest	EN	Most regulators in scope, including CPO (except QC)	4.0 (4.5 for oral)	As high as 5.0 (ON Respiratory Therapists)
MELAB (Michigan English Language Assessment Battery)	EN	ON Pharmacists, ON Respiratory Therapists	<i>Not used</i>	85 (ON Pharmacists) 80 (ON Respiratory Therapists)
MELA (The Michener English Language Assessment)	EN	ON Massage Therapists, ON Medical Radiation Technologists, ON Respiratory Therapists	<i>Not used</i>	8 (ON Massage Therapists, ON Medical Radiation Technologists, ON Respiratory Therapists)
CLBA (Canadian Language Benchmark Assessment)	EN	ON Denturists, ON Psychotherapists	<i>Not used</i>	7.0 (ON Denturists, ON Psychotherapists)
CLBPT (Canadian Language Benchmark Practice Test)	EN	ON Denturists	<i>Not used</i>	7.0 (ON Denturists)
PTE Academic (Pearson Test of English Academic)	EN	Australia PTs	<i>Not used</i>	65 (Australia PTs)
CAEL (Canadian Academic English Language Test)	EN	ON Respiratory Therapists	<i>Not used</i>	70 (ON Respiratory Therapists)
Cambridge CEFR C1 Test	EN	Ireland PTs	<i>Not used</i>	C (Ireland PTs)
OET (Occupational Test of English) – Physiotherapy	EN	Ireland PTs, Australia PTs, New Zealand PTs	<i>Not used</i>	Grade B (350) overall score, Grade C+ (300) in each subcomponent) (Ireland PTs) Grade B (350) overall score (Australia PTs) Grade B (350) overall score <u>or</u> grade B (350) in each subcomponent (New Zealand PTs)
TestCAN	FR	Most Canadian regulators in scope, including CPO (except QC)	4.0 (4.5 for oral)	As high as 5.0 (ON Respiratory Therapists)
TEF (Test d’Evaluation de francais)	FR	MB PTs, ON Nurses, ON Respiratory Therapists	4 (for MB PTs)	As high as 5 (ON Respiratory Therapists)
TFI (Test de francais international)	FR	ON Dentists, ON Massage Therapists, ON Nurses, ON Psychologists, ON Respiratory Therapists	<i>Not used</i>	Generally about 1200
Examination of the Office Québécois de la langue francais	FR	QC PTs	“Successful completion”	<i>Not used</i>

Appendix F: Details of fees

Fees are rounded to the nearest dollar, and converted to Canadian dollars (indicated with a ~) if listed in other currencies

Application for licence

Ireland PTs	Free
YK PTs	\$40
SK PTs	\$75
ON Dental Hyg	\$75
ON Resp Therap	\$75
ON PTs	\$100
ON Midwives	\$100
UK PTs	~\$105
Australia PTs	~\$110
ON Med Rad Tech	\$113
ON Denturists	\$113
AB PTs	\$125
QC PTs	\$125
NB PTs	\$150
ON Dietitians	\$185
BC PTs	\$200
ON Audiol/SLPs	\$200
ON Chiropodists	\$200
ON Dental Tech	\$266
New Zealand PTs	~\$295
ON Nurses	\$339
ON Chiropractors	\$375
ON Dentists	\$450
ON TCMPs/Acup	\$450
ON Pharmacists	\$469
ON Optometrists	\$475
ON Psychologists	\$500

Registration (per year, for full/active/indep. licence)

Australia PTs	~\$125
Ireland PTs	~\$145
UK PTs	~\$150
YK PTs	\$200
ON Nurses	\$305
PEI PTs	\$325
NL PTs	\$325
NB PTs	\$400
ON Dental Hyg	\$400
NS PTs	\$430
New Zealand PTs	~\$465
SK PTs	\$490
BC PTs	\$500
ON Med Rad Tech	\$531
ON PTs	\$595
ON Resp Therap	\$620
ON Dietitians	\$629
ON Pharmacists	\$675
QC PTs	\$650-\$726
MB PTs	\$760
ON Audiol/SLPs	\$765
ON Psychologists	\$795
AB PTs	\$805
ON Chiropractors	\$1,050
ON Optometrists	\$1,068
ON TCMPs/Acup	\$1,300
ON Dental Tech	\$1,592
ON Chiropodists	\$1,700
ON Denturists	\$2,147
ON Dentists	\$2,360
ON Midwives	\$2,550

Exams

Australia PTs	No exam
Ireland PTs	No exam
NZ PTs	No exam
UK PTs	No exam
ON Audio/SLPs	No exam
QC PTs	No exam
ON Nurses	\$294-809*
ON Med Rad Tech	\$1,009
ON Resp Therap	\$1016-\$1065
ON Midwives	\$1,050
ON TCMPs/Acup	\$1400 TCMPs \$1100 Acup.
ON Psychologists	~\$1,660
ON Dental Hyg	\$1,665
ON Chiropodists	\$1,850
ON Dental Tech	\$2,396
ON Dentists	\$2450-\$2650
ON Pharmacists	\$2,731
ON PTs	\$2,815
BC PTs	\$2,815
AB PTs	\$2,815
SK PTs	\$2,815
MB PTs	\$2,815
NB PTs	\$2,815
NL PTs	\$2,815
NS PTs	\$2,815
PEI PTs	\$2,815
YK PTs	\$2,815
ON Dietitians	\$3,410
ON Chiropractors	\$3,430
ON Denturists	\$4,607
ON Optometrists	\$5,100

**Credentialing

ON Med Rad Tech	\$286
Ireland PTs	~\$595
ON Dietitians	\$425-\$850
QC PTs	\$747
ON Dental Hyg	\$800
UK PTs	~\$810
ON PTs	\$1,077
BC PTs	\$1,077
AB PTs	\$1,077
SK PTs	\$1,077
MB PTs	\$1,077
NB PTs	\$1,077
NL PTs	\$1,077
NS PTs	\$1,077
PEI PTs	\$1,077
YK PTs	\$1,077
ON Nurses	~\$860-1860?
NZ PTs	~\$1445
ON Pharmacists	\$1,873
ON Optometrists	\$2,147
ON Resp Therap	\$3,250
ON Dentists	\$12,050***

**This table does not include fees for third-party assessments (e.g., WES)

***Includes 3 assessments which might be considered examinations

*Fee depends on RPN or RN or NP

Preliminary comparative analysis Entry to practice program

for the College of Physiotherapists of Ontario

October 28, 2019



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The College's entry to practice program

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

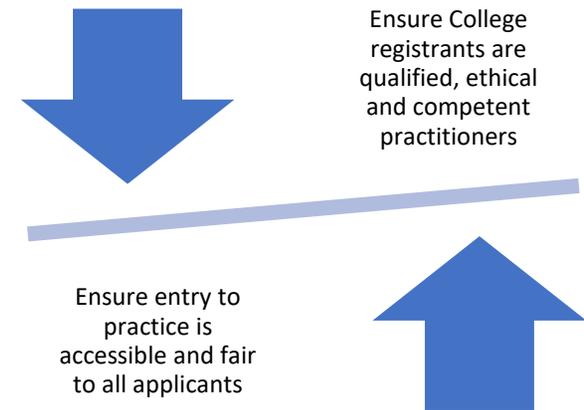
To practice PT in Ontario, individuals must hold a valid certificate of registration from CPO. CPO has established an entry to practice program to ensure that PTs who register for practice in Ontario are qualified, ethical, competent and safe practitioners. Applicants can register for three types of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

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

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

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

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



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

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

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

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

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

About this document

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. 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**. The tables on the next two pages summarize the results of the preliminary comparative analysis exercise. Further details are included in the subsequent section.

The preliminary comparative analysis is part of a broader review of CPO's entry to practice program that is being undertaken to ensure the program is effective, fair, evidence-based and compliant with legal obligations. It builds on two previous documents prepared by Cathexis:

- *ETP program description* (September 13, 2019)
- *Jurisdictional scan and literature review* (September 27, 2019)

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.**

Next steps

Based on the results of this analysis and discussion with CPO personnel Cathexis will prepare a final report that includes a summary of the work carried out, key findings and plans for more in-depth review of selected aspects of the program.

Summary of comparative analysis results

Program elements	CPO current practice	Summary assessment	Decisions/actions needed
Educational credentials	<ul style="list-style-type: none"> Canadian trained applicants must have a Masters degree from an accredited Canadian PT program ITIs must have a degree from a “substantially similar” program (as determined by CAPR credentialing process) and may need to complete a bridging program or specific courses to fill any gaps in training 	Further information is required. CPO may want to advocate for inclusion of telehealth in the academic programs so that PTs are more prepared to practice PT remotely. Some concern has been raised about cultural competence of ITIs – additional information is needed to determine extent and nature of the issue and most appropriate response.	Determine: <ul style="list-style-type: none"> How best to ensure that telehealth is included in academic programs Whether cultural competence should be assessed as part of credentialing Whether all ITIs should be required to complete a bridging program or alternative mechanism to ensure cultural competence
Entry exams	<ul style="list-style-type: none"> All applicants must pass the Physiotherapy Competency Exam (PCE), which includes written and clinical components that are completed at separate times. The PCE is developed and administered by CAPR. 	Working well. The PCE fills an important safeguarding function, but the timing and/or frequency of clinical component may not be sufficient. Some ITIs may be able to avoid the PCE by initially registering in Quebec.	Determine: <ul style="list-style-type: none"> Whether to add a third clinical testing date each year, or whether to adjust the timing of the clinical test dates to minimize the time between program graduation and independent practice. How to legally close the Quebec loophole.
Language proficiency	<ul style="list-style-type: none"> Applicants trained in Canada, Australia, France, New Zealand, Ireland, South Africa, UK or the United States are assumed to be proficient in English or French The language proficiency of other ITIs is determined by CAPR as part of the credentialing process. It is assessed through third party examinations (TOEFL, IELTS, CANTest, or TestCAN). 	Further information is required. The current approach to language proficiency assessment is consistent with other provinces (except Quebec), but Ontario PT communication skills continue to be a concern despite the 2012 increase in cut scores. It is not clear whether the current requirements are sufficient.	Determine: <ul style="list-style-type: none"> Whether to continue using general language proficiency tests or move to a PT-specific language test. Whether to adjust cut scores. Whether there is a better way to assess language proficiency
Good character	<ul style="list-style-type: none"> Self-declaration - 13 questions re: criminal history, mental fitness Letter of good standing from most recent regulator CPO is making changes to its good character assessment CPO plans to implement criminal background checks 	Changes are needed. The current approach to assessing good character is not onerous for applicants, but does not effectively screen for criminal background, mental incapacity or dishonesty/ criminality.	Determine: <ul style="list-style-type: none"> What aspects of good character to assess, how to assess them and whether verification is required What level of criminal background check to require How often to require criminal background checks What alternatives to allow for ITIs who cannot obtain criminal background checks
Insurance requirements	<ul style="list-style-type: none"> Applicants require professional liability insurance, as follows: <ul style="list-style-type: none"> Coverage: entire practice of physiotherapy Liability limits: at least \$5 million for a single incident, at least \$5 million for each year. Deductibles: none. Tail insurance: must cover claims made up to 10 years after the member ceases practice Other: exclusions, conditions, terms, etc. must be in line with standard practices in the insurance industry (mentioned in CPO’s by-law, but not on 	One change is needed. CPO may want to ask for proof of insurance (e.g., insurance certificate) within one year of entry, and at each renewal. This would ensure the public protection mechanism is in place, and would pose minimal burden on applicants.	<ul style="list-style-type: none"> Implement mechanism to get proof of insurance Alternatively, do a random audit of sample of registrants every 3-5 years (make response mandatory to ensure 100% response rate)

Program elements	CPO current practice	Summary assessment	Decisions/actions needed
Fees	<ul style="list-style-type: none"> ▪ Application fees for all types of registration is \$100, which is waived for emergency certificates ▪ Annual registration fees are \$595 for independent practice, \$100 for cross border, and \$75 for provisional practice ▪ There are other costs for applicants during the registration process, including at least \$2,815 for the PCE. ITIs may also incur large expenses (\$1,077 for credentialing, \$250-\$300 for a language exam and up to \$13,000 for a bridging program) 	<p>Working well. Fees seem reasonable and are reviewed annually.</p> <p>The national coordinator function that CAPR serves seems valuable and costs less than CPO would pay to fill the same function itself. However there does appear to be a tension in CPO's relationship with CAPR as a result of the funding and governance models. The decision to withdraw from CAPR is more complex that appears on its surface, potential consequences should be carefully considered.</p>	<p>Determine:</p> <ul style="list-style-type: none"> ▪ Whether the benefits of CAPR membership are worth the costs. ▪ Whether alternative CAPR funding and/or governance models are desirable.
Provisional practice & supervision	<ul style="list-style-type: none"> ▪ Provisional practice certificate allows applicants to work as "PT Residents" for a limited time after they pass the PCE written component and before they do the PCE clinical component ▪ PT Residents must be monitored by one or more fully registered PTs, who assess the Resident's abilities regularly and report to CPO only if requested or if they have concerns ▪ If the PT Resident fails the PCE clinical component, the provisional practice certificate is revoked (or restrictions placed, requiring 100% on-site supervision) 	<p>Changes are required. Closer supervision of provisional PTs may be warranted.</p>	<p>Determine:</p> <ul style="list-style-type: none"> ▪ Whether CPO should continue to offer provisional practice certificate ▪ If so, whether supervision/monitoring requirements for provisional practice should be adjusted and/or there should be additional restrictions/limitations for provisional practice ▪ If not, how the ripple effects will be addressed (e.g., need for more frequent clinical exams)
Registration decisions	<ul style="list-style-type: none"> ▪ The CPO Registrar makes affirmative decisions about straightforward applications, where the applicant clearly meets all of the requirements ▪ More complex applications are referred to the Registration Committee for adjudication. ▪ The applicant is informed of the decision in writing. If the applicant disagrees with the result, they can appeal to the Health Professions Appeals and Review Board (HPARB) ▪ The Registration Committee includes 5 members (3 PTs and two publicly-appointed councillors who are not necessarily PTs; 1-year term/9-year tenure). 	<p>Working well, with opportunities for improvement in the term and tenure of Registration Committee membership.</p>	<p>Determine:</p> <ul style="list-style-type: none"> ▪ Whether to extend the term of Registration Committee membership to 2-3 years. ▪ Whether to reduce the maximum tenure of Registration Committee membership to 6 years. ▪ Whether to adjust the size or composition of the Registration Committee
Transparency and information	<ul style="list-style-type: none"> ▪ CPO is obligated to provide clear and accessible information regarding about registration processes, requirements for registration, the amount of time the process usually takes, the fees charged, documentation required, and alternative documentation that is acceptable (RHPA ss.22.3,22.4(1)). CPO's website provides most of this information. 	<p>Working well but current entry to practice program manual should be updated with current practices, processes and requirements.</p>	<ul style="list-style-type: none"> ▪ Update entry to practice program/policy manual ▪ Publish entry to practice program/policy manual
Physiotherapy assistants (PTAs)	<ul style="list-style-type: none"> ▪ PT Assistants (PTAs) are not regulated in Ontario. 	<p>Working well. However CPO should continue to monitor PTA scope of practice and independence, and consider applying to HPRAC for an opinion if and when appropriate.</p>	<ul style="list-style-type: none"> ▪ Monitor PTA practice and role in healthcare

Detailed assessment of key elements

Educational credentials

What does CPO currently require?

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

Does it adequately protect the public?

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

In 2018, almost half (44%) of the newly-registered PTs were trained outside Canada. The CAPR credentialing for foreign qualifications ensures that applicants trained elsewhere would have equivalent qualifications, and that they are knowledgeable about the practice of PT in Canada specifically. CAPR must engage in a review of the credentialing process every 5 years to ensure it meets best practice and legal requirements. However, the comparatively low PCE pass rates for ITIs may indicate that the credentialing process is not as effective as it could be at ensuring that ITIs have equivalent training.

Is it reasonable and fair to applicants?

Yes. The requirement is quite straightforward for Canadian-trained applicants. For ITIs, the credentialing process can be onerous and expensive (\$1,000 for credentialing, and up to \$13,000 if a bridging program is required).

Does it align with effective/common practices?

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

Were any other considerations or concerns identified?

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

It has been suggested that all ITIs should complete a bridging program to ensure that they have the cultural competence, language abilities, and knowledge of Canada- and Ontario-specific laws, billing practices, etc. that they need to practice competently in Ontario.

Summary assessment

Working well. May want to advocate for inclusion of telehealth in the academic programs so that PTs are more prepared to practice PT remotely. Some concern has been raised about cultural competence of ITIs. – additional information is needed to determine extent and nature of the issue and most appropriate response.

Decisions to be made

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

Additional information required

- Whether telehealth requires a distinct set of competencies
 - Whether lack of cultural competence poses a significant risk to competent PT practice
 - Examine effective practices in assessing cultural competence
 - Feasibility and impact of mandating a bridging program
- Bridging programs are designed to fill gaps in training for foreign-trained applicants. They may also support the development of cultural competence for ITIs.

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

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

In the alternative, the UK has a “period of adaptation,” which is supervised practice or training for an ITI to make up for any shortfalls identified during the application.

Entry exams

What does CPO currently require?

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

Does it adequately protect the public?

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

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

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

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

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

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

Were any other considerations or concerns identified?

Yes. In Quebec, instead of writing the exam, ITIs can undergo a detailed assessment of practice within two years of registering. However, once certified in Quebec, before undergoing the assessment, they can transfer to Ontario and Ontario must treat the Quebec certificate as a full practice certificate. These applicants would neither need to write the PCE nor have a detailed assessment of practice.

Summary assessment

Working well. The PCE fills an important safeguarding function, but the timing and/or frequency of clinical component may not be sufficient. Some ITIs may be able to avoid the PCE by initially registering in Quebec.

Decisions to be made

- Whether to add a third clinical testing date each year, or whether to adjust the timing of the clinical test dates to minimize the time between program graduation and independent practice.
- How to legally close the Quebec loophole.

Additional information required

The following information is needed to make informed decisions:

- Explore the feasibility and cost (to all stakeholders) of changes to the clinical testing schedule
- Identify optimal timing for clinical exam so it best aligns with graduation timing
- Consult with Quebec Regulator to determine best approach to dealing with loophole (e.g., explore possibility of provisional practice certificate instead)

Language proficiency

What does CPO currently require?

- Applicants trained in Canada, Australia, France, New Zealand, Ireland, South Africa, UK or the United States are assumed to be proficient in English or French
- The language proficiency of other ITIs is determined by CAPR as part of the credentialing process. It is assessed through third party examinations (TOEFL, IELTS, CANTest, or TestCAN).

Does it adequately protect the public?

Unknown. The current cut scores are based on an external review in 2012 that recommended raising the required scores. It does not appear that the effect of the higher cut scores has been evaluated.

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

Other regulators build language proficiency assessment into the licensing exam. This is not practically or financially feasible for Ontario PTs, given the complexity and expense of the Physiotherapy Competency Examination.

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

Were any other considerations or concerns identified?

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

Summary assessment

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

Decisions to be made

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

Additional information required

The following information is needed to make informed decisions:

- Identify the most significant language / communications challenges faced by ITIs
- Assess trends in language proficiency-related complaints to determine the nature and extent of risk
- Evaluate the effect of the higher cut scores (pre and post 2012)
- Explore the efficacy of profession-specific vs. general language proficiency tests
- Explore interest and opportunities for a PT-specific language test (e.g., with CAPR and other Canadian PT regulators)

Good character

What does CPO currently require?

- Self-declaration - 13 questions re: criminal history, mental fitness
- Letter of good standing from most recent regulator
- CPO plans to implement criminal background checks

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

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

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

Were any other considerations or concerns identified?

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

Summary assessment

Changes are needed. The current approach to assessing good character is not onerous for applicants, but does not effectively screen for criminal background, mental incapacity or dishonesty. CPO does intend to implement criminal background checks.

Decision(s) to be made

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

Additional information required

The following information is needed to make informed decisions:

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

Insurance requirements

What does CPO currently require?

- Applicants require professional liability insurance, as follows:
- Coverage: entire practice of PT
- Liability limits: at least \$5 million for a single incident, at least \$5 million for each year.
- Deductibles: none.
- Tail insurance: must cover claims made up to 10 years after the member ceases practice
- Other: exclusions, conditions, terms, etc. must be in line with standard practices in the insurance industry (mentioned in CPO's by-laws, but not on application forms).

Does it adequately protect the public?

Not fully. The purpose of the insurance is to protect the public, by ensuring that financial assistance is available if something goes wrong. However, the insurance requirement is enforced only through self-declaration.

Currently, this non-exemptible requirement is enforced only through self-declaration. The applicant declares that they have insurance and provides the policy number, but this is not checked unless there is an investigation at a later date.

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

Were any other considerations or concerns identified?

No.

Summary assessment

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

Action needed

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

Additional information required

- N/A

Fees

What does CPO currently require?

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

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

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

Does it align with effective/common practices?

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

Were any other considerations or concerns identified?

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

Summary assessment

Working well. Fees seem reasonable and are reviewed annually.

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

Decisions to be made

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

Additional information required

The following information is needed to make informed decisions:

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

Provisional practice and supervision

What does CPO currently do?

- Provisional practice certificate allows applicants to work as “PT Residents” for a limited time after they pass the PCE written component and before they do the PCE clinical component
- PT Residents must be monitored by one or more fully registered PTs, who assess the Resident’s abilities regularly and report to CPO only if requested or if they have concerns
- If the PT Resident fails the PCE clinical component, the provisional practice certificate is revoked (or restrictions placed, requiring 100% on-site supervision)

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

Were any other considerations or concerns identified?

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

Summary assessment

Changes are required. Closer supervision of provisional PTs may be warranted.

Decisions to be made

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

Additional information required

The following information is needed to make informed decisions:

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

Registration decisions

What does CPO currently do?

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

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

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

Does it align with effective/common practices?

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

Registration committees should be small enough to allow for good communication and easy scheduling, but large enough to encompass a range of skills, perspectives, and backgrounds.^{1,2}

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

Were any other considerations or concerns identified?

No.

Summary assessment

Working well with opportunities for improvement in the term and tenure of Registration Committee membership.

Decisions to be made

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

Additional information required

The following information is needed to make informed decisions:

- Explore reasons that Registration Committee members do not serve more than one term.
- Determine if five members ensure a sufficient mix of skills, knowledge, perspectives and backgrounds required, using a skills matrix to identify any gaps.

1. Professional Standards Authority 2015. Rethinking regulation. Retrieved September 13, 2019 at <https://tinyurl.com/yxr4zv4h>

2. Flynn, C. (2015). Identifying risk: Right touch regulation. Presented at INPTRA 2015.

Transparency and information

What does CPO currently do?

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

Does it adequately protect the public?

N/A

Is it reasonable and fair to applicants?

Not fully. Information is meant to be clear, accurate, complete and easy to find. While the website contains all of the information that the vast majority of applicants would require, there are additional details that are located in various other documents.

Does it align with effective/common practices?

Not fully. The websites of some other regulators (e.g., College of Nurses of Ontario) have more comprehensive information all in one place, which makes it easier to access and digest.

Were any other considerations or concerns identified?

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

Summary assessment

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

Action needed

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

Additional information required

- N/A

Physiotherapy assistants (PTAs)

What does CPO currently do?

- PT Assistants (PTAs) are not regulated in Ontario.

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

N/A.

Does it align with effective/common practices?

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

The literature emphasizes that professional regulation can erect unnecessary barriers to entry, restrict public access, and raise the cost of care.¹ Ontario's Health Professions Regulatory Advisory Council (HPRAC) has stated that regulation is only justified when there is a risk to public safety and no other adequate mechanism to mitigate this risk. In Ontario, assistant-type professions are only regulated when they provide service independently (e.g., paralegals, Pharmacy Technicians, RPNs).

Were any other considerations or concerns identified?

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

Summary assessment

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

Action needed

- Monitor PTA practice and role in healthcare

Additional information required

- N/A

Final report and detailed review plan

for the College of Physiotherapists of Ontario

FINAL – November 22, 2019



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About this document

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

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

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

List of abbreviations used in this report

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

The College's entry to practice program

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

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

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

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

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

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



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

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

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

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

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

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

Governing legislation

Physiotherapy Act, 1991
Regulated Health Professions Act, 1991

Basic mandate of the College

Protect public safety: ensure that *only* qualified individuals can register

Be fair / promote access: ensure that *all* qualified individuals can register

Types of certificates

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

Independent Practice: full PT licence.

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

Courtesy: temporary licence for specific research or educational activity

Basic ETP pathway (see detailed pathway in Appendix A)



Alternative pathways and additional steps

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

Grandparenting: PTs who registered before 1994 exempt from certain requirements

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

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

Key organizations involved

College of Physiotherapists of Ontario

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

Health Professions Appeal & Review Board

Independent body that handles appeals of application results

Office of the Fairness Commissioner of Ontario

Ensures registration practices are fair, as per legislation

Canadian Alliance of Physiotherapy Regulators

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

Physiotherapy Education Accreditation Canada

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

Initial registration requirements

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

Renewal reqs (annual)

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

Summary results of the preliminary review

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

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

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

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

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

Summary results of the preliminary review

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

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

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

Insurance requirements: preliminary findings

What does CPO currently require?

Applicants require professional liability insurance, as follows:

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

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

Were any other considerations or concerns identified?

No.

Summary assessment

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

Action needed

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

Additional information required

None.

Transparency and information: preliminary findings

What does CPO currently do?

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

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

Were any other considerations or concerns identified?

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

Summary assessment

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

Action needed

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

Additional information required

None.

Physiotherapy assistants (PTAs): preliminary findings

What does CPO currently do?

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

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

This has no impact on applicant registration.

Does it align with effective/common practices?

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

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

Were any other considerations or concerns identified?

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

Summary assessment

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

Action needed

Monitor PTA practice and role in healthcare

Additional information required

None.

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

Educational credentials: preliminary findings

What does CPO currently require?

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

Does it adequately protect the public?

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

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

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

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

Were any other considerations or concerns identified?

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

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

Summary assessment

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

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

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

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

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

Educational credentials: recommended plans for additional review

Decisions to be made

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

Additional information required

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

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

Entry exams: preliminary findings

What does CPO currently require?

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

Does it adequately protect the public?

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

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

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

Is it reasonable and fair to applicants?

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

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

Does it align with effective/common practices?

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

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

Were any other considerations or concerns identified?

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

Summary assessment

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

Entry exams: recommended plans for additional review

Decisions to be made

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

Additional information required

The following information is needed to make informed decisions:

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

Additional review activity

Timing and/or frequency of clinical component

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

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

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

Language proficiency: preliminary findings

What does CPO currently require?

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

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

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

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

Were any other considerations or concerns identified?

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

Summary assessment

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

Language proficiency: recommended plans for additional review

Decisions to be made

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

Additional information required

The following information is needed to make informed decisions:

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

Additional review activity

Identify significant language-related challenges

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

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

Options for assessing language proficiency

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

Good character: preliminary findings

What does CPO currently require?

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

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

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

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

Were any other considerations or concerns identified?

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

Summary assessment

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

Current self-declaration questions

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

Good character: recommended plans for additional review

Decision(s) to be made

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

Additional information required

The following information is needed to make informed decisions:

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

Additional review activity

Assessment of good character

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

Fees: preliminary findings

What does CPO currently require?

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

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

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

Does it align with effective/common practices?

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

Were any other considerations or concerns identified?

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

Summary assessment

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

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

Fees: recommended plans for additional review

Decisions to be made

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

Additional information required

The following information is needed to make informed decisions:

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

Additional review activity

CAPR membership

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

Provisional practice and supervision: preliminary findings

What does CPO currently do?

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

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

Does it align with effective/common practices?

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

Were any other considerations or concerns identified?

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

Summary assessment

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

Provisional practice and supervision: recommended plans for additional review

Decisions to be made

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

Additional information required

The following information is needed to make informed decisions:

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

Additional review activity

Optimal level of supervision for provisional practice

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

Consequences of eliminating provisional certificate

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

Decision to continue or eliminate provisional practice

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

Registration decisions: preliminary findings

What does CPO currently do?

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

Does it adequately protect the public?

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

Is it reasonable and fair to applicants?

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

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

Does it align with effective/common practices?

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

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

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

Were any other considerations or concerns identified?

No.

Summary assessment

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

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

Registration decisions: recommended plans for additional review

Decisions to be made

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

Additional information required

The following information is needed to make informed decisions:

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

Additional review activity

Registration Committee term and maximum tenure

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

Registration Committee size and composition

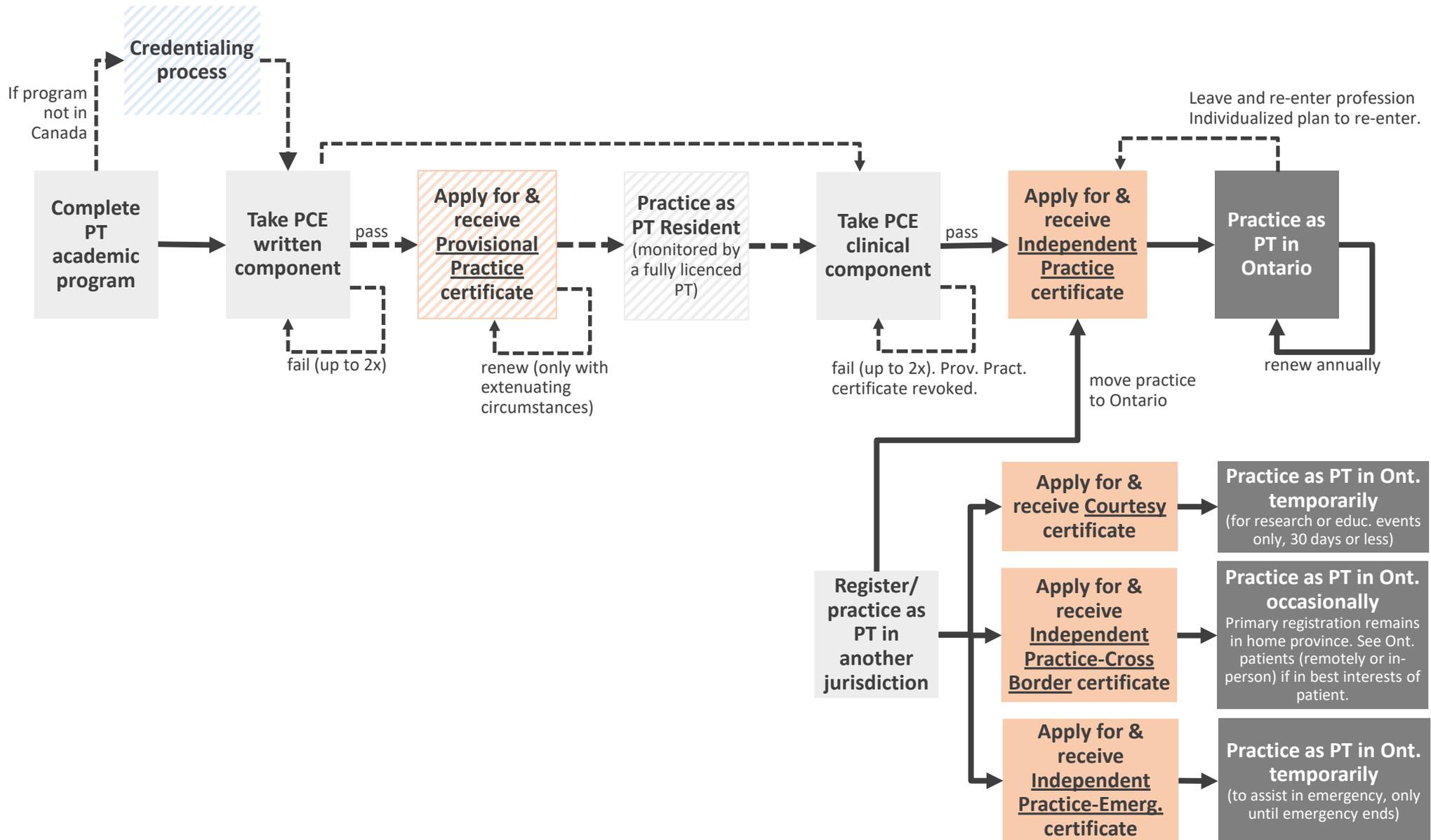
- Determine the requisite mix of skills, knowledge and perspectives for the Registration Committee, in light of the types of issues that arise and decisions that are required by the Committee (via review of minutes and consultation with current/past committee members, and considering findings from preliminary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

Appendices

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

Appendix A: CPO's ETP program pathways

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



Appendix B: Considerations for assessing good character

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

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

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

and seconded by

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

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